

**Practice Considerations for work  
with Gay, Lesbian, Bisexual,  
Transgendered & Questioning  
Youth and Families in Public Child  
Welfare**

**Participant's Manual**

**Bay Area Academy  
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## Preface

“When I came out, my stepmother hit me. I had never been hit before. And I just stood there and I was like shocked and then she hit me again and I was just like, why are you hitting me...I couldn't believe it. Things were never the same after that. I couldn't deal with it. I kept running away.”

- Albert

“I wasn't allowed to talk about homosexuality at all. They never let me address it in group meetings. I was told don't talk about it, it's not an issue, it's not to be discussed here, but it was a big part of my life. It was all discussed behind closed doors. These were people that I had spent two years with and I was not allowed to bring it up. At one point in a house meeting all of the other kids started saying “So she's gay, why can't we talk about that? What's the big deal,” but it was the staff, they couldn't deal with it...”

- Sharice

“As a teenager in the system, you have to get a lot of things set up. Having to hide the fact that you are gay adds to the pressure.”

- Trevor

“Staff didn't know I was gay because at the time, I tried to keep it to myself because I didn't know how people would react toward me being gay, so that was like a dark side of me, I would just keep it to myself, I wouldn't let nobody know, I would pretend I liked guys and I would go out with them, but deep in my heart, I knew I wanted to be with a female.”

- Sharice

These accounts, found in Mallon (1998), are from the growing number of GLBTQ youth who have experienced the child welfare system and out-of-home placements. Research conducted by the noted Alfred Kinsey (1948, 1953 in Mallon 2001) found that approximately 10% of the population is gay, lesbian, bisexual, transgendered or questioning (GLBTQ). Additional research, cited by the Child Welfare League of America (1991), finds:

- 50% of adolescent gay males reported negative parental responses when they revealed their sexual identity, and 26% were forced to leave home (Remafedi, 1985).

- 30% of gay clients experienced violence due to their sexual orientation, with 49% of them experiencing it at the hands of family members (Hetrick and Martin, 1987).

With this in mind, it is not a question of whether nearly every youth service agency in the United States serve some youth that have or will identify as GLBTQ. The question that does exist however, is do the providers recognize these youth?

When thinking about the profession of child welfare, one's thoughts may center on at-risk and abused children, risk assessments, voluntary services and out-of-home placements. The need to advocate for at-risk children is clear, as is the need to advocate for services to support the parents and the caretakers of the children. One's thoughts are not likely to turn to issues around human sexuality and the issues of gay, lesbian, bisexual, transgendered or questioning (GLBTQ) youth or individuals that are served by the child welfare system. In part, this is because issues of human sexuality, in general, evoke a wide range of emotional reactions in people. If this topic is discussed in a group or a class, it is likely to stir up a wide range of attitudes and experiences from the people who are talking about it.

Unfortunately, without this dialogue, professional knowledge can be limited, and professional skills cannot be enhanced. By developing more knowledge about the issues of gay, lesbian, bisexual and transgendered individuals, social work practitioners develop a broader range of cultural competence and can become more aware of their own personal reactions to various issues. This should assist the practitioner in defining, and ultimately separating, personal issues and reactions from clients' needs and effective service delivery. This is critical to both social work practice and public child welfare practice, as practitioners are focused on helping people understand where they are and assist them in their journey to get where and who they want to be.

"I wish there had been this type of information out there 10 years ago – this material will be great for me and my staff to have for our practice, and will benefit the GLBTQ community by enhancing the services provided to them."

- Daniel (Social Work Supervisor)

As a profession, social workers strongly value social justice. This value leads social workers to serve disadvantaged and oppressed individuals and groups in a variety of ways, including advocacy. In order to be effective advocates for the oppressed, the profession places a strong emphasis on a process to help social workers become more "culturally competent". It is believed that by becoming more culturally competent, professionals are able to

develop helping relationships with people that will allow them to better understand who their clients are, where they come from, where they are now and how that affects them.

While this movement of cultural competence has seen success in many areas, especially in terms of racial and ethnic groups, one arena that is often particularly difficult to address is that of gay, lesbian, bisexual and transgendered individuals. For many, the process of initiating dialogue between individuals from different racial or ethnic backgrounds or socioeconomic levels is possible, and can lead to an increase in understanding across cultures. However, the process of initiating dialogue about issues around human sexuality in general, let alone into specific areas of heterosexuality or homosexuality can be quite difficult for even the most skilled professional.

Over the course of the last twenty to thirty years, a variety of changes have occurred in regards to how the profession sees GLBTQ issues. This has been reflected in the 1973 elimination of homosexuality as a pathological behavior in the *Diagnostic Statistical Manual of Mental Disorders* and statements put out by National Association of Social Workers (NASW) that specifically address sexual orientation as an area of specific focus in social work practice. In 1996, NASW updated their Code of Ethics, which states that social workers should “...*obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color sex, sexual orientation, age marital status, political belief, religion and mental or physical disability*” (1.05(c)) and “*act to prevent and eliminate domination, exploitation, and discrimination against any person, group or class on the basis of ...sexual orientation...or any other preference, personal characteristic, or status*” (6.04(d)).

Even with these value statements in mind, it is important to know that many professionals in the field of child welfare, as well as other helping professions, are uncomfortable discussing sexually related issues. For many child welfare practitioners, even the thought of conducting an investigation with an allegation of sexual abuse or having to talk with an adolescent youth about issues around puberty or sexuality can create heightened levels of anxiety.

Often times the anxiety stems from fears and concerns that we will not know something that “everyone” seems to know or that we will say something that will be construed as inappropriate or offensive. It is important to remember that people come with a wide variety of experiences, and it is not likely that there is any “universal” attitude, preference, or experience. People have different experiences in the type of partners they choose, the nature of relationships they have, the intimacy that they experience and the physical acts in which they engage. What we are comfortable with is often shaped by the society we live in and the culture we have experienced.

## Definition of Terms

In order to really begin to discuss Gay, Lesbian, Bisexual, Transgendered & Questioning (GLBTQ) issues and how they impact child welfare practice, a common understanding of a few key terms and concepts must be achieved. The following are a series of terms that will be used throughout this curriculum. It is important to keep in mind that these are generally accepted terms at this time within the GLBTQ community. Usage of these terms may vary by generation, geographical location, socio-economic status and cultural sub-groups within the community. It is important to learn how individuals identify themselves and use those terms accordingly.

- Sex:** A person's biological maleness or femaleness  
Genetic Sex: the biological sex based on chromosomes  
X X Chromosomes = girl  
X Y Chromosomes = boy  
Anatomical Sex: the biological sex based on physical attributes
- Gender:** A term that moves beyond one's biological sex to begin to incorporate psychological and social issues that influence a person's attributes and begins to account for masculine and feminine qualities.
- Gender Role:** The behaviors and characteristics of people over a period of time based on their gender that reflect attitudes and beliefs; usually culturally defined and based on masculine or feminine roles
- Gender Identity:** A subjective term that reflects a person's definition of his/her gender, which may not match one's biological sex
- Sexual Identity:** A term used to describe a person's sense of self from a social and psychological perspective. The roles and practices of one's sexual identity is often culturally influenced as expectations are set within a social context
- Sexual Orientation:** The direction that expression of sexual attraction occurs in an emotional and/or physical sense. This includes heterosexuality (opposite gender attraction), homosexuality (same gender attraction) and bisexuality (attraction to both genders)

## Definitions, Continued

- Heterosexuality:** The sexual orientation of people who have an emotional and or physical sexual attraction to people of the opposite gender than their own
- Homosexuality:** The sexual orientation of people who have an emotional and/or physical sexual attraction to people of the same gender as their own
- Gay:** A word used to describe a person who identifies him/her self as having a homosexual sexual orientation. The term usually reflects a personal and social identity and is used to reflect pride in oneself and an acceptance of who they are.
- Lesbian:** A word used to describe a woman who identifies herself as having a homosexual sexual orientation. The term may also have social, political and cultural significance to a person
- Bisexuality:** The sexual orientation of people who have an emotional and/or physical sexual attraction to people of their same gender, and to people of the opposite gender of their own.
- Transgender:** A term used to describe a person who has a gender identity that is different from one's biological gender. They have feelings that they believe are those of the other sex, and often believes that a "mistake" was made. They may ultimately seek medical help to help their physical and psychological identity match. Also referred to as transsexual.
- Questioning:** A term often used to describe people who are exploring issues around their sexual orientation
- Hermaphrodite:** A term used to describe a person with the biological, hormonal and physical attributes of both the male and female gender. Also referred to as intersexed.
- Transvestite:** A term used to describe men or women who gain sexual and psychological pleasure from wearing clothing typically worn by someone of the opposite gender.  
*Note: Most transvestites are heterosexual and are often married. Transvestites should not be confused with female impersonators, which are men who dress up as women and perform in nightclubs for a living.*

## Definitions, Continued

- Cross Dressing:** A term used to describe when a person dresses in clothing usually worn by a person of the opposite gender
- Drag Queen:** A term used to describe a heterosexual or gay man who is a transvestite and will cross-dress in public for performance
- Drag King:** A term used to describe a heterosexual or lesbian woman who is a transvestite and will cross-dress in public for performance
- Queer:** A term now being used by some within the gay community to refer to gay men, lesbians, bisexuals, transgendered peoples and questioning people. *Note: This term has derogatory connotations to some within the gay community, especially from older generations, but is on the rise in use with a positive light within the younger generations as a term that refers not only to one's sexual identity/orientation, but as a way of thinking about sexuality that embraces diversity within the community.*

## Sexual Identity

With all of these terms before us, one may begin to wonder where we start in understanding human sexuality and the development of one's sexual identity. For some, there is difficulty in thinking about people as sexual beings throughout their lifespan. Many do not want to consider the very young in sexual terms. However, the formation of a person's sexual identity, or their sense of who they are as a sexual being, is known to be both biologically and culturally influenced, and begins at the time of conception.

### Sexual Identity: The Biological Influence

When a person is born, their biological sex is determined based on two factors: chromosomes/genetics and anatomical appearance. The chromosomes are present in the reproductive cells, the sperm and the ova, at the time of conception. The sex chromosomes are one of 23 sets of chromosomes found in humans, and in this one set of chromosomes lays the biological basis for men and women. The sex chromosomes are X and Y chromosomes, and when paired up, result in the following genetic combinations:

XX = female biological sex

XY = male biological sex

These chromosomes hold the instructions that lead to the development of their respective internal and external sexual organs as well as hormone levels that are produced within a developing person.

It is possible for some atypical combinations to occur at the chromosomal level that can significantly impact a person's biological sex determination as well as their anatomical appearance. The result of these combinations may impact one's sexual identity, as the genetic sex and anatomical structures may not correspond.

Turner's Syndrome occurs when only one of the expected two sex chromosomes is present: the X chromosome. There is a complete absence of a second chromosome in the pair. This condition results in the development of normal female external genitals, but a fully developed internal reproductive system does not. There is also an impact on their hormone systems, and they do not tend to develop breasts during puberty (without a hormone treatment), they do not menstruate and they are sterile. While their chromosomal sex could be unclear, they are considered to be female because of their anatomical appearance.

*Klinefelter's Syndrome* is a more common atypical combination that occurs when a combination is created that is XXY. The two X chromosomes come from the ovum, and the Y from the sperm. While female (XX) and male (XY) biological sex possibilities seem to exist, this combination results in the formation of the male anatomical and reproductive structure, and thus individuals are considered to be male. These men are often sterile and tend to have undersized sex organs. They also may have a lower sex drive, which may be related to the hormone levels produced. Their physical characteristics may also seem feminine, with breast development and rounded contours a possibility.

*Hermaphrodite* is a term used to describe an individual who is born with a combination of male and female reproductive organs and anatomical genitalia. It is also referred to as ***intersexed***. There are three main categories for these individuals:

- Basically male with female characteristics
- Basically female with male characteristics
- Both male and female characteristics present, creating a sexual ambiguity

## **Sexual Identity: The Social and Cultural Influences**

A person's biological and anatomical sex lays the foundation for a person's gender. The formation of an understanding of one's gender is the early process of forming one's sexual identity. This process often begins with the exclamation "It's a boy!" or "It's a girl!" at the time of birth. While this may not mean much to the child, the sex of the child will impact how the child is treated by those around him, and in turn, how the child experiences the world. These experiences are what helps the child develop an understanding of what it means to be a boy or a girl, and will influence their behavior. Consider the following two examples:

Allison, a 13-month old girl, bumped her head as she was attempting to walk around the room, and began to cry. She was picked up almost immediately by her mother, who was attempting to reassure her by holding her head and saying "It's okay, mommy's here." Within a minute or two, Allison was toddling around the room again.

Harvy, a 14 month old boy, fell down while playing with a ball outside. He skinned his knee and began to cry. His mother came over and sat down next to him asking what was wrong. He showed her his knee and continued to cry. She picked him up to comfort him and began rubbing his knee, telling him he is a big boy – he can handle a little scrape on the knee, and then asking if he was ready to go back and play. Within a minute or two, Harvy was playing with his ball.

In many cultures, the sex of a child begins to influence things such as the clothes that they wear, almost immediately. As the child begins to grow and develop, their gender may influence what they do, and with whom they are allowed to do it. Some children are expected to play nicely with certain types of toys and to help with household chores from a very young age, while others are expected to play with more rough and tumble toys and are cared for by others in the home.

As early as 18 months of age, children seem to have a clear understanding of their biological sex and gender, and have formulated the early stages of their gender identity. This can most easily be seen by watching a child play.

Mae, a three year old girl who lives with both of her parents, is playing quietly in the family room. She has found a small washcloth and is pretending to dust off the furniture and other items in the room. She then gets her pretend vacuum and cleans the carpet.

Alan, a 2 ½ year old boy, plays with the tools off of his tool-bench in his room. He has taken two of his toy cars over to the workbench and is trying to “fix” the cars, which he is pretending do not work any longer.

The behaviors exhibited during play help the child further reinforce and understand their gender identity and move them toward developing an understanding of the societal and cultural gender roles. By the age of 4, most children have a clear sense of their gender identity.

As children enter adolescence, their understanding of the societal and cultural expectations has further enhanced their gender roles. A variety of factors influence the shaping of the expectations including parents, family members, schools, teachers, religious affiliations and peers. As the expectations become more clearly a part of the adolescent, his/her roles and identity become more and more clear and the adolescent will set standards for behavior based upon the expectations and role. It will ultimately influence how the adolescent interacts with others in their environment, as the standards are used to guide friendships and relationships that become more intimate.

For all adolescent youth, there is a process of exploring and redefining who they are as an individual, which then leads to the exploration and redefining of their role in connection to their gender. As youth begin to formulate ideas about their own interest in sexuality, part of that formulation includes the creation of a sexual identity. For some youth, this transition is fairly simple as they begin to enter into heterosexual relationships. However, other youth experience this as a difficult process because they enter what can be perceived as being less “socially acceptable” relationships of gay, lesbian, bisexual and transgendered (GLBT) youth. There is now research dedicated to further understanding this process for youth, and a model of Sexual Identity Development is discussed below.

### **Stages of Sexual Identity Development for the Lesbian, Gay, Bisexual and Transgendered Youth**

This model, based on the work of Eli Coleman, suggests five stages of development that are unique to individuals with a predominantly same-sex orientation.

#### **Stage One: Pre-Encounter**

This is often referred to as the *baseline stage*, or the *pre-coming out stage*, because it occurs prior to the youth having any understanding of his or her own sexual orientation. Individuals (as children) during this stage are not conscious of same-sex feelings, although they experience feelings of conflict, often feeling somehow “different”.

#### **Stage Two: Encounter**

This stage often referred to as the *coming-out stage*, includes the initial exposure to various terms, feelings, or people who may be gay, lesbian, bisexual or transgendered. During this time, individuals acknowledge their homosexual feelings and begin to discuss them with others.

#### **Stage Three: Immersion**

This stage is often referred to as the *exploration stage*. During this time, the person explores either physically, sexually, intellectually, or emotionally their feelings about his/her sexual identity. It is the most dangerous time for youth because it can involve tremendous risk-taking, both in the relationships and in the acknowledgement of one’s sexual identity. It also potentially exposes the individual to loss of family, friends, and support groups. Individuals have their first major experiences of sexual and social activity with others. The tasks at this stage include

developing interpersonal skills, a sense of personal attractiveness, and a sense of sexual competence.

#### **Stage Four: Internalization**

This stage allows the individual to integrate information and become clear on who he/she is as a person. The development of stable committed relationships occurs, but is accompanied by a period of grief and loss as the person deal with the effects of the previous stage on other parts of their personal life. Depression can become quite acute during this period.

#### **Stage Five: Synthesis/Commitment**

This is also known as a stage of *integration*. The individual becomes comfortable with their sexual identity, and their sexual identity now becomes only one factor in defining who the individual is. Individuals incorporate their public and private identities into one self-image.

(Based on the work of Eli Coleman. (1981-1982). Developmental stages of the coming out process. *Journal of Homosexuality*, 7(2-3): 31-43.)

For some, this process can be a fairly smooth one, depending on their culture and the support systems around them. For others, however, this process is very difficult and can lead the youth to compartmentalize and hide parts of their social roles and sexual identity. Under the best of circumstances, individuals can move through this developmental process smoothly and at points in time that are under their own control. However, pre-mature confrontations, as well as hostility in coming out, can dramatically alter the process.

It is important to remember that this process is not one that happens all at once, but occurs over a period of time. The process can also create potential for psychological fragmentation as some people may feel that they are able to be who they want to be. Issues of shame and guilt are often present for them and they may need help in dealing with these issues to develop healthy coping mechanisms. The role of the professional social worker in these instances would be to understand where in the process a person is and centering on supporting and affirming the individual's identity and development.

## Special Topic: The Impact of Culture & Ethnicity

It is important to remember the influence of culture for any person on the development of their sexual identity. While the coming out process is similar for gays and lesbians across racial and ethnic groups, sexuality holds a different meaning in any culture. Values and attitudes vary, as does the importance of family to an individual over the lifespan. Rejection and isolation from the family system can have a different meaning to individuals within various cultural groups. Some ethnic gay and lesbian youth will face more than just one stigmatized identity, which can impact their ability to function within their community. Consider the following statements from a woman in an excerpt from Mallon (1998).

“It is definitely really, really difficult, as a lesbian woman of color. I have multiples of these difficulties – the same racism that there is in general society, is in gay communities. It multiplies the oppression I feel. It doubles it – if it’s not one, it’s the other. The only way we become visible is to accept ourselves openly and then become visible, but as a woman of color, there are even more issues to contend with.”

## Assessments of Risk and Safety

One may wonder how a person’s sexual orientation could possibly affect factors such as risk and safety for a child. This module will encourage child welfare professionals to think beyond the traditional assumptions of risk and safety, especially around adolescent youth. All too often, and whether we like it or not, when an initial investigation of child abuse or neglect comes into an agency and it is concerning an older youth or adolescent child, a variety of thoughts can come into mind for the child welfare practitioner that could include:

“They are old enough to protect themselves”

“It’s not that bad”

“If my 17 year old did that, I might have done the same thing too...”

“They know how to get away and do something about it”

“This kind of stuff is ‘normal’ for adolescent issues”

“What else were the parents’s supposed to do?”

There is a tendency to minimize the level of risk that adolescents may face for abuse and neglect. Even standardized and formal risk assessment tools put adolescent age children at a low level of risk when looking at their age alone. However, it is the child welfare practitioner’s job to assess all of the factors that

influence the level of risk that a child is experiencing in order to ensure their safety. Consider this case scenario.

Jose, a 12-year-old Spanish-speaking youth arrived in New York to live with his mother and stepfather after residing with his maternal grandmother since he was 3 months of age. His grandmother had contacted his biological mother and indicated that she could no longer care for him as she alleged he was engaging in same-gender activities.

Jose had never met his stepfather before, as Jose and his mother only had limited contact, typically by telephone. After being at his mother's home for 5 days, there was clear concern by the stepfather about Jose's perceived feminine mannerisms and his late hours. After arriving home late one night, Jose's stepfather became physically abusive toward him – punching him in the face and verbally abusing him, screaming: "I will not have a faggot in my house."

Jose left the house in an effort to find safety. Because he was unfamiliar with the area having only arrived a few days earlier, he wandered around looking lost and confused. He asked a stranger for assistance. The woman took Jose to her home and allowed him to remain until she was able to contact the police.

After talking with Jose, the police returned Jose to his parents' home. His mother refused to keep him in her home, saying she would not deal with him if he was "like that." His mother then took him to Family Court, where a petition was filed against him that cited his late hours and incorrigible behaviors as the reason that court supervision of Jose was needed.

Although the bruises were apparent on his arms and neck, no one made notice of the abuse the child had endured. Since the judge, the child's social worker, and his attorney were uncomfortable with the issue of Jose's sexual orientation, no one addressed the abuse in the courtroom. In fact, when the social worker was told by a Spanish-speaking colleague what Jose had experienced in his home, the social worker responded: "What do you want the parents to do? No parent wants his or her child to be 'like that.' Sometimes families try to beat it out of them."

Jose was separated from his family and placed into a group home where no one spoke Spanish and where no one was trained to deal with the unique issues that his sexual orientation presented. The issues related to his abuse and neglect were never addressed.

Case adapted from Mallon, Gerald P., *Let's Get This Straight*, 1999. Columbia University Press, New York.

This type of case is not an isolated one. Youth dealing with issues around their sexual identity, whether they are heterosexual or homosexual, oftentimes lead to an increase in additional stress in an environment.

It is well known that the child's behavior and a parent's attitude toward their child can impact risk and safety. When young children or adolescents are engaging in play activities or exploring things about their sexuality that are "outside of the family culture" and comfort level, heightened levels of stress and anxiety can be produced that can impact the child's safety. Consider the following case scenario.

### **Case Study: Chris**

Chris, an 11-year-old Hispanic child was born with genetalia for both a boy and a girl. At the time of his birth, the parents were given the option of having a surgical procedure done that would alter the external anatomy so that only one of the sets of genetalia would be present, although internally, the child would continue to have a mixture of organs. It was recommended that the child be given the surgery that would remove the penis and leave a vagina, as it is easier to remove tissue than to add tissue.

After much consideration, Chris's parents opted not to have the surgery. They felt that if they waited until he was older, then Chris could make a decision about gender. They decided to name the child Chris, and treat him as their son. They acknowledged this decision was heavily based on the strong Hispanic influence in their family, and the prestige that came within their family culture for having a son. The doctors recommended that a surgical procedure of some sort be done before the age of 10 so that there was some clear gender identity before adolescence began.

Chris's condition was kept a secret within the family and no relatives were told. By the age of 7, Chris's parents could see that he was struggling with his gender. Although he was raised as a boy, he had many feminine qualities and enjoyed many play activities that young girls enjoy. His parents explained his condition to him, and gave him the option of making a decision about his gender and encouraged him to make a decision so that a surgical procedure could be done. By the age of 10, Chris had decided not to have an operation at all and he would continue in a male gender role as he had been all of his life.

At age 11, child welfare services were contacted after a physical altercation between Chris and his father had occurred. Chris had bruises in multiple areas including his back and face. He had been hit by his father several times with his fist and also with a bat. Law enforcement had responded at the time of the incident and then forwarded a copy of their

report to CPS, which arrived a week later, marked “For Information Only”. No charges were filed and Chris remained in the home.

By the time the social worker responded, the bruising was gone. Chris, a soft-spoken young man, was very open about the family’s issues that led to the incident. He explained his history and his thoughts about not having the surgery. He discussed how he struggled with being a boy, but was very aware that his father did not want to have a daughter, but a son. This, he explained, was the basis for his decision as he did not want to disappoint his father. At the time he made the decision, he thought it would be okay, even though he was very clear that he feels much more comfortable as a girl. Now his father gets mad at him because he “acts like a girl” sometimes. When this incident happened, his father had found Chris pretending to dress up in some of his mother’s clothes and was very angry – yelling at him and hitting him numerous times. He said his father wanted to toughen him up and would “show him how to be a man”.

Chris’s parents were much less comfortable addressing the issues when talking with the social worker. Chris’s father was adamant that Chris had made a decision about his gender when he opted not to have surgery to alter his anatomy and become a girl. He felt that Chris made the choice to be a boy and indicated that Chris needed to stick with that decision. Chris’s mother was somewhat more open to dialogue and could acknowledge Chris’s struggle over the years. She said she felt like he had been struggling with his gender since he was 6 or 7 years old.

In this case, Chris is a hermaphrodite, and the family had been dealing with issues around gender, gender identity and sexual identity at a heightened level since Chris was born. Even when families may think that they have come to terms with the issues that have been present for many years, as the youth enters new developmental stages, new issues arise. As new issues come up for the youth, it in turn impacts the family.

Case based on an actual investigation conducted by the author in California. The name of the people and other specific information about the case has been altered to maintain confidentiality of the family.

### **Discussion Questions:**

What risk and safety factors do you see in Chris’s situation?

How might a social worker intervene in this type of situation?

What type of services could the family be linked with in your community?

How might the issues be different for the child if the child was transgendered; biologically a boy, but feeling like he should be a girl?

## **GLBTQ and Abuse**

Gay, lesbian, bisexual and transgendered youth face the risk of abuse just like other children, and during adolescence, a time when for many the risk goes down, the risk level may actually increase. The abuse may take place in a variety of forms discussed below.

### **Physical Abuse**

Many times, when allegations of physical abuse come in regards to adolescent youth, there is a perception that the youth were somehow responsible for an altercation. As many adolescent youth are struggling with the development of their identities, often times rebelling against their parents, it is not uncommon for conflict to arise. It is important for child welfare practitioners to understand the source of the conflict within the family that may have been a precipitating factor in an incident of physical abuse to truly assess safety and risk.

According to Mallon (1999), many gay and lesbian youths report physical abuse by their parents directly linked to their sexual orientation. While the previous case illustrations have shown the abuse to come at the hands of their parents, it is important to note that the abuse may not only come at the hands of the parents, but siblings or other family members as well. Physical abuse may include acts of hitting, punching, scratching, fighting or burning as a reaction to a disclosure, or for the purpose of “beating it out” of the youth, whether it is a planned or unplanned disclosure. Understanding not only what happened, but why it occurred will be essential to assessing safety and risk as well as looking at intervention strategies and coordinating services.

### **Emotional Abuse**

Emotional abuse is typically a child welfare issue where a child suffers, or is likely to suffer, serious emotional damage or harm based on actions of the parent or caregiver. It can result from words, actions or inactions of a parent or caretaker, but the words, actions or inactions, in themselves are not the basis for emotional abuse. There must be some serious emotional damage to the child for emotional abuse to occur. What impacts one child seriously can be very different from what impacts another.

Mallon (1999) indicates that most youth who are self-identified as gay or lesbian will report experiencing emotional abuse on a daily basis – sometimes with physical abuse or neglect, and other times on its own. It often includes derogatory statements, name calling and belittling behaviors by the parent toward the child. The emotional abuse can be very traumatic to the youth who is

in the coming out process where they are reaching a point of acceptance and understanding of who they are as a person. When emotional abuse occurs at this time, the derogatory comments, verbal assaults and belittling by the one's they love can have very serious emotional consequences. These emotional issues put gay and lesbian youth at risk for some very significant behaviors that reflect the emotional damage that could include:

- **Depression/Suicide**—as the youth attempts to handle the reaction of family members, strong feelings of sadness, loss of appetite and lethargy may arise. While some youth can handle the process, others may not, and it can be dramatically impacted by their family's reaction to their coming out. ***Youth questioning their sexual identity are three times more likely to attempt suicide than other youth.***
- **Running Away/Homelessness**—in several recent studies, over 35% of homeless youth acknowledge being gay or lesbian or questioning their sexual orientation. The homelessness may be a result of running away, but could also be a result of the youth being forced to leave home because of the family conflict over their sexual identity.
- **Psychiatric Hospitalizations-** Some youth may suffer from severe psychiatric disorders in addition to or as a result of the conflict that they are experiencing. This can lead to the need for high levels of treatment to ensure their safety and well being, or that of others around them. Transgender youth may be at heightened risk for this, as their behaviors may seem even more non-conforming than others.
- **Heightened Sexual Activity**— In the process of coping with the response of family members, people may turn for comfort to others in a sexual way and may not have information related to sexually transmitted diseases.

## Neglect

Neglect occurs when a child's basic needs are not being met. These needs cover the child's physical needs (food, clothing and shelter) as well as emotional needs and needs for supervision. Often child welfare practitioners are looking at the physical environment of the child's surroundings as well as the amount of support and nurturance that a child receives from his/her caretakers. There are a variety of reasons that children are neglected, including substance abuse, relationship conflicts, and stress, or other factors that impact a parent's ability to provide care. Other times, there are issues that cause a caretaker to not want to care for the needs of their child, and if a child is questioning their sexual identity, or operating out of the cultural expectations for a child, this can occur.

As we have mentioned, most children have a sense of their gender by the age of three, and a fairly clear gender identity by the age of 7. For the GLBTQ child, there is often some awareness of a “difference” between the age of 5 and 7. The differences are often based on the child’s understanding of family and cultural expectations of the child, and what the child as an individual is feeling as part of his/her developing gender identity. Some children will understand the differences and choose to hide their feelings about gender identity in an attempt to conform and seek approval of their parents. Others may exhibit behaviors that are more consistent with their gender identity and less consistent with the family/cultural expectations.

Sometimes the child’s behaviors are allowed, supported and nurtured by his/her parents. Other times, however, they are not. When children or youth begin to exhibit behaviors that are not consistent with the cultural expectations of the family based on the child’s gender roles and family expectations, parents can become anxious, frustrated and unhappy. Parents can ignore behaviors or children entirely and not interact with them in a nurturing way. If the child’s behavior is perceived as extreme, caretakers may have stronger responses, potentially including an unwillingness to care for the child until the behaviors are stopped.

If the youth makes a disclosure about his/her gender identity or sexual identity or sexual orientation, parents report feelings of shock and dismay. Many parents will be upset that they did not “see it coming”. This can be a reflection of neglect at an emotional level that children have experienced, or it can be a result of the child successfully hiding it from their parents. Either way, parents can be put into a state of “crisis” with some describing a feeling of “losing their child”. When this occurs, it is important to fully evaluate the parent/caretakers ability and willingness to care for the child.

## **Sexual Abuse**

Mallon (1999) reports that sexual abuse of GLBTQ youth is not uncommon. While some youth may experience sexual abuse at the hands of a parent or caretaker regardless of the youth’s sexual orientation, it is worth noting that there are some instances when the youth may be sexually abused because of their sexual orientation. This happens when the perpetrator has a pathology that would lead him/her to sexually abuse a child, and then compounds it with a belief that he/she can somehow change the youth’s sexual orientation through the sexual abuse. Consider the following case scenario.

### **Case Scenario: Leah**

“Oh, you’re a lesbian? All you need is a good man to show you what its like and then you’ll never want another woman again”. That is what my

stepfather said right before he came into my room, locked the door behind him, climbed on top of me and raped me. He had never done this before, and I never had expected him to do it. I was embarrassed, ashamed and hurt. I left home the next day to live with a friend. I was just trying to be myself – I wasn't hurting anyone. I never told anyone, until now, about what happened. Not even my mom.

Case adapted from Mallon, Gerald P., *Let's Get This Straight*, 1999. Columbia University Press, New York.

### The Inclusion of "Q"

Recently, the gay, lesbian, bisexual and transgendered community has begun to include "questioning" individuals within their community, and thus the acronym GLBTQ has developed. Questioning individuals are included in this section of risk and safety because they too may be at risk for abuse and/or neglect because they are questioning their sexual identities. These youth may be at risk for various reasons including 1) the stress created within a family system as the youth tries to sort through their feelings and create their own identity, and 2) the stress created as a youth questions the identities of the people around them. As youth have family or friends that are GLBTQ identified, this may bring about some anxiety for the questioning youth. If that anxiety leads to an increase of stress or conflict within the family system, the youth may be more at risk.

It is important to remember that all forms of abuse can happen to gay and lesbian youth at the hands of their parents or caretakers. The level of risk for the child or youth may be at its high point at the time the youth discloses or "comes out" about their sexual orientation, or as the family struggles with the child's behaviors.

It is also important to consider that as a family is initially dealing with the coming out process, they may not be willing or comfortable in talking about what the real issues are that led to some type of altercation. The real issues that led to some type of abuse or neglect may very well be treated as a "family secret". This secret could include not only the parents, but also the youth, who may feel a strong sense of guilt and/or shame as a result of their disclosure and the reaction of their family.

In the risk assessment process of fact finding, there are a variety of questions that social workers can use that are part of a GLBTQ affirming model. These questions are framed in a way that explores gender identity and sexual identity in a manner that is open, and communicates that the person asking them wants to hear what the person has to say. They may help lay a foundation for creating an environment where the youth or family members feel safe disclosing their "family secret". Even if it doesn't lead to some discussion of the real issues during the initial conversation, it may allow the individuals involved to talk with the social worker about it at a later point in time, when they are ready.

## Exploring Questions for Parents

The following are some possible questions that could be used when talking with parents about children or youth during any initial investigation to assess risk and safety – they are not designed to be all-inclusive, but to give some ideas for how questions could be framed in a GLBTQ affirming manner.

The initial questions are designed to look at the parent-child relationship and the parent's attitude about the child. In part the purpose is fact-finding, with the other part being to determine if there are any stressors in the parent-child relationship that could put the child at risk. The intent is not to find out what the child does to cause stress, but to understand the perceptions of the parent about the child. There is no right or wrong answer, just answers that are part of the risk assessment puzzle.

- Tell me about your child.
- What do you think about your child?
- What are your child's favorite activities? What does your child like to do?
- What do you think of your child's behaviors?
- Does your child have any behaviors or attitudes that you are concerned with?

The following questions begin to explore the parent's understanding of the child's gender & sexual identity. Select questions that are appropriate based on the age of the child.

- Does your child have friends?  
If yes, who are they and what do you think of them?  
what kinds of things do they do together?  
If no, why do you think that is?
- Have your child's friends begun to date?
- Do you have rules in your house about dating and relationships?
- Does your child have any special relationships or special friends?
- Does your child currently have someone that is special to them?  
If yes, what do you think about them?  
If no, has the child had someone special to them before? What was that like?

These questions can be used during any investigation to assess risk and safety. The idea is to work with the parents/caretakers to develop a heightened understanding of the parent-child relationship in a manner that would allow any parent to feel comfortable in addressing GLBT issues, questions or concerns if they are present within the family. Child welfare practitioners will not know these issues are present unless someone tells them!

### Special Topic: Bisexual Youth

Parents to bisexual youth may struggle somewhat with questions about special relationships that their child may have. One week, a bisexual youth may be seeing someone that is their same gender, while a few weeks later they may be seeing someone of the opposite gender. It is important to listen to not only what the parents are telling you about the nature of the youth's relationships with other people, but to also listen for the reactions that the parents may, or may not be having about their child's relationships. This is an important piece of any risk and safety assessment for adolescent youth.

## Exploring Questions for Children and Youth

The following are some possible questions that could be used when talking with children or youth during any initial investigation to assess risk and safety. These questions, like the questions for parents, are not designed to be all-inclusive, but to give some ideas for how questions could be framed in a GLBTQ affirming manner.

The initial questions are designed to look at the parent-child relationship and the child's attitude about the parent. The purpose continues to be in part fact-finding, with the other part being to determine if there are any stressors in the parent-child relationship that could put the child at risk. The intent is not to find out what the parent does to create stress, but to understand the perceptions of the child about the parent. There is no right or wrong answer, just answers that are part of the risk assessment puzzle.

- Tell me about your parent/caretaker
- What do you think about your parent/caretaker
- Do you do things with your parent/caretaker?  
If yes, what kinds of things?  
If no, how does that make you feel?

The next set of questions is to get a sense of who the child is, and what their self-perception is. Again, they are not all-inclusive, as there are other questions that can be used to address the same issue. The important part is that they remain GLBT affirming.

- What kinds of things do you like to do? Favorite games, TV shows, etc. What about each of them do you like?
- Do you have friends?  
If yes, who are they and what kinds of things do you like to do together?  
If no, what do you think about that? (does it bother him/her?)

The following questions begin to explore the child's understanding of the child's gender & sexual identity. Select questions that are appropriate based on the age of the child.

- Do you like playing with girls or boys more?
- What do your parents/caretakers think of your friends?
- Do you have rules in your house about dating/relationships?  
If yes, what do you think of them?
- Are any of your friends in relationships yet?  
If yes, what are their significant others like?  
If no, do any of them want to be?
- Are you in a relationship yet?  
If yes, what is your significant other like?  
If no, do you want to be?
- What would the perfect partner be like?

These questions start by gathering general information about the child and the family, and then move toward more specific and personal questions. The idea is to use information gained earlier to build upon later in the interview. After assessing the child's perception of the parent-child relationship, there may be more specific questions that can be asked about relationships and dating issues that would be appropriate. It is essential to remember when framing questions to children or youth to do so in a manner that allows the child to really tell you what they think.

If a six year old girl can tell based on the practitioner's words or actions that it is expected that she will talk about how she likes playing with Barbie and dressing up dolls, she is not likely to tell you that she hates being a girl and that she wishes she were a boy. If this is how she is feeling, and she has not

told anyone about that, including her parents, but she is acting out at home and school and the parents are unable to control her, a key piece of the assessment could be missed.

### **Applied Activity: Risk and Safety**

Review the information presented in the Background and Investigation Finding sections. Based on the information obtained, make a list of risk and safety concerns, and identify three possible intervention strategies.

#### Background:

Jorge is a 14 year old Hispanic male who lives at home with his father, Hector Allesandro (age 41) and his sister, Beatrice (age 17). Mr. Allesandro works full time as a construction worker and leaves early in the morning and works late into the day. He often returns home physically and emotionally tired from the long hours and strenuous work. Beatrice watches over her brother in the afternoons and is responsible for much of the housework including keeping their apartment clean and cooking meals for the family

Jorge is a soft-spoken teenager who does well in school. He is not involved in sports or many social activities. His father often teases him about being “too soft” and says Jorge needs to “toughen up” and be “more macho”. Jorge usually laughs the comments off, but he does admit that they hurt his feelings and he feels badly that his father does not approve of how he acts.

After school one day, Jorge went to the store to buy shampoo and other hair grooming products, including a can of hairspray with some money he received from his grandfather for his birthday. When he returned home, he began to put the items away. Jorge’s father saw the can of hairspray and Mr. Allesandro flew into a rage. He began screaming at Jorge, wanting to know “What is this garbage? What are you, a woman? Men don’t by this stuff! I’m not going to have any son of mine being a faggot! If I have to beat it out of you, I will!” With this, he began punching Jorge, who fell to the floor crying “its just hairspray, what’s the big deal? So what if I’m gay, is that what you’re afraid of?”

Beatrice tried to intervene and stop her father from hitting Jorge, but Mr. Allesandro just pushed her away. Jorge finally got loose and ran out of the house as fast as he could, ran to a phone and called the police. The police arrived at the home and arrested Mr. Allesandro and contacted Child Welfare Services. Jorge sustained several injuries, including a bruised rib, a cut requiring several stitches over his left eye and a sore back. Jorge did not want to return home. He was treated at the local hospital and placed into protective custody.

## Investigation Findings

The social worker assigned to the Allesandro family conducted a home visit to determine if Jorge had been abused and assess the risk in returning him to the home. She began by talking with Mr. Allesandro, who had been released from jail after one night about the alleged physical abuse and why it had occurred. Mr. Allesandro acknowledged the physical abuse and said that he was glad Jorge had been “put away.” He stated that if his son is a homosexual, that he does not want him in his home. He further indicated that he is Latino and that he was raised with physical discipline, and that he had every “right” to beat Jorge to try to change him. Mr. Allesandro was also furious that he had to spend a night in jail for what happened and blamed his son for that because he was the one who called. Mr. Allesandro further claimed pride in how he cares for his family, but was adamant that he would not tolerate homosexual behavior from his son.

In exploring Mr. Allesandro’s relationship with his son, Mr. Allesandro described Jorge as always being “soft”, even as a young child. He thought this was because he did not spend enough time with his son because he was always at work – which meant he could not show him “how to act like a man”. He said that he tries hard to be a good father and support his family, but “I just cannot have a son who is a faggot. It’s not right, what would everyone think of me as a father?”

When the social worker explained that sometimes parents do hurt their children when they are angry, feel stressed or perceive their child to be “different” somehow, and that it was her job to help him learn more about her son’s gay identity so that the physical abuse wouldn’t happen again. Mr. Allesandro responded, “Well, if you can’t change my son so that he is not a faggot, you can forget it! It will happen again, because if I need to beat him to change him, I will!”

The social worker found Beatrice to be very upset that her brother was hurt and away from home. She was really upset about her father’s behavior, and described her father as a “hothead” but said he had never done anything like this before. She stated he usually comes around after he has time to cool off. Beatrice wanted to be able to see her brother as soon as possible.

Case adapted from Mallon, Gerald P., 1999, Let’s Get This Straight: A Gay and Lesbian Affirming Approach to Child Welfare, Columbia University Press, New York.

## **Parents**

A person’s relationship status and sexual orientation is not a reason for a child to be removed. It is, however, something that needs to be considered in the process of assessing risk and safety. It is important for a variety of reasons including 1) it is not something practitioners want to have introduced as an issue in Court if a child has been removed, and 2) it enhances the practitioner’s ability to coordinate appropriate services to facilitate reunification.

According to Patterson (1995), it is estimated that there are between 2 and 8 million gay or lesbian parents raising 4 to 14 million children in the United States. While there are a variety of opinions about gays and lesbians and whether or not they should be parents, the child welfare practitioner must address a parent's sexual orientation from an objective stance and ask, "Could the parent's sexual orientation and their relationship status be a factor to consider in a risk or safety assessment?"

The answer is yes. Whether a person is heterosexual or homosexual, issues around sexual identity and relationships can easily present as a factor in a family that could create enough stress or conflict in a home to impact a child's safety and well being. Stress and conflict faced by a parent can impact the caretaker's ability to provide care for the child. Looking at and assessing this type of information is the child welfare practitioner's role. *This does not mean for every gay or lesbian parent that these issues do impact their ability to care for a child, but it does mean that it is a factor to consider.*

For families that have been headed by heterosexual caregivers, and one of the caregivers "comes out", a significant amount of conflict around a variety of issues including values and cultural change occurs for the family. In times of conflict and change, most couples and families manage through them without it leading to abuse and neglect of the children. However, child welfare practitioners must consider this a possible factor when evaluating risk and safety to children in a family. If these stressors are found, the role of the social worker will turn to helping the family seek resolution to the conflicts in a manner that is consistent with the culture of the family and the changing environment. The goal will be to help families solve these dilemmas without self-destructing (Hartman & Laird, 1983).

For households that are headed by a gay or lesbian couple, there are many stressors that the parenting couple can experience that are comparable to their heterosexual parenting counterparts. These stressors can include financial, religious, cultural, employment/job related, substance abuse and those that come from extended family. An additional stressor for any family system is around the issue of roles in the home of the partners. This can be a huge stress for any family system, and often leads to much conflict. The gay or lesbian couple faces this stressor like their heterosexual counterparts, but the stressor takes some unique twists for the homosexual couple.

These twists occur because for the heterosexual couple, often times the roles in the household are driven by the gender of each of the partners. However, for the gay and lesbian couple, this is not so easily done. In a group meeting that was lead by one of their colleagues, Hartman & Laird (1983), describe that the single most complicated and conflictual issue raised by a group of lesbian mothers and their partners is the ambiguity of roles within their families.

The nature of the partner's relationship must be considered, whether the parents are heterosexual or homosexual. When looking at the parent/caregiver relationship, some factors to consider include the following:

- Does each parent feel that their own role within the family meet their own expectations and desires? Are they happy in their role within the family?
- Are each of the parent's clear about what their partner's expectations are about their role? Does the partner feel that the other is meeting their expectations?
- Does the role of each parent in the relationship fit with the other person so that all the tasks and responsibilities are met? This includes roles of homemaker, breadwinner, nurturing partner, nurturing parent, disciplinarian, etc.
- Is the parent able to actually perform the role that they are in?
- Are the roles in the relationship flexible? Can they be changed or altered if needed?

These factors can help child welfare practitioners determine whether or not the parent's relationship is experiencing areas of stress or conflict that could impact each parent's ability to care for their children. Additionally, it can assist in finding existing strengths that are in the relationship between the parents that can be built upon to ensure the safety and well being of the children.

It is interesting to note that there is no research currently that would suggest gay or lesbian parents are more or less likely to abuse children, and in fact gay and lesbian couples tend to more equally share parenting and household responsibilities, than heterosexual couples (study by Hand, 1991 in D'Augelli & Patterson, 1995) and report greater satisfaction with their couple relationships (study by McPherson, 1993 in D'Augelli & Patterson, 1995).

Another factor that is worth considering in the risk assessment process is the child's attitude toward the parent when the parent "comes out". In a study by Paul, 1986 in D'Augelli & Patterson, 1995), it was found that the age that a child is told about their parent's gay or lesbian identities appears to impact how well they cope with the information. It seems that children who were told either in childhood or late adolescence found the news easier to cope with than those who were informed during early adolescence. The attitude and response of the child to the parent can impact their relationship in either a supportive or stressful manner, which is another factor to consider when looking at risk and safety of the child.

## Special Topic: Difficulties of the Transgendered Person

While there are a number of issues that can arise for any GLBTQ person, the transgendered individual faces some unique issues. This, in part, is because their behavior tends to go against cultural expectations from a very young age. As earlier mentioned, transgendered individuals are often aware of their feelings of a “mistake” having been made between their anatomical/biological sex and their feelings of what gender he/she is at a very young age. For these individuals, the historical method of intervention has been to put them into counseling services to fix their behaviors and make the child act more like their biological/anatomical gender. However, this has been found to be very unsuccessful in helping transgendered people. What is now a more widely practiced course of action is to help the person change his/her anatomical body to match what they are feeling should be their gender. This is often referred to as a sex change operation.

The process of obtaining a sex change has typically been very difficult, often due to expenses associated with the operation, and it has been a long process to complete. Even when completed, legal difficulties continue. More recently, health insurance companies are beginning to cover the costs associated with the surgical procedure for individuals, but the process continues to be lengthy and legal difficulties can continue for some time.

There are several steps that typically must occur before the surgical procedure can occur that include: extensive screening and interviewing to understand the basis for undergoing the procedure (people questioning their identity or who are just recently thinking this is something they want to do are often excluded); hormone therapy is then initiated, which will accentuate the sex traits of the gender to be after the surgical process occurs; typically people are required to live as the other gender for a year while the hormone therapy continues; finally the surgery occurs.

Legal difficulties which may occur are created because insurance companies and the courts continue to struggle with changing a person’s sex at birth as a result of surgery. This continues to be an area of struggle for transgendered individuals, even after the surgical procedure. Research conducted by Lundstrom, et al, 1984 cited in Crooks & Baur(1990) finds that 9 out of 10 individuals report experiencing positive outcomes as a result of the surgical procedures.

For individuals who are also parenting that are undergoing these types of stressors, there can be a tremendous amount of stress on all parties within a family system. These stressors may not easily be relieved, even after a surgical procedure alleviates some of the stressors for the transgendered person. The impact of these issues on the family system must be considered during the risk and safety assessment process.

## Placement Issues

Gay, lesbian, bisexual, transgendered and questioning (GLBTQ) youth enter foster care for a variety of reasons, not all of which are connected to their sexual identity or orientation. According to Mallon (1999), the majority of youth entering foster care do so prior to or during the onset of adolescence, and are placed there for many of the same reasons other young people enter foster care; physical abuse and neglect, parental substance abuse, death or illness of a parent, divorce and family disintegration. With this in mind, there are two different ways of looking at GLBTQ youth in placement: 1) those who have identified themselves as GLBTQ prior to entering placement and, 2) those who are hiding or are unaware of their GLBTQ identities at the time of entering foster care.

### Placement and Youth who Identify Themselves as GLBTQ

For youth such as Jorge from the case scenario above, who enter into foster care with his sexual identity and sexual orientation as a part of the reason for entering into foster care, it is imperative that child welfare practitioners address issues of sexual orientation in the placement process. This means that the youth's sexual identity and orientation must be considered and discussed with prospective caretakers.

In trying to identify placement homes, child welfare practitioners should consider the placement resources that they are aware of and try to think of environments that will be GLBTQ affirming in their work with the youth. In some cases, this may mean that care providers that are GLBTQ are considered, but it does not mean that care providers must be GLBTQ. Mallon (1998) found three key factors closely linked in finding a good fit with an out of home placement. These factors were:

- Caretakers willing to understand and be responsive to the youth's need
- Peers who were like them or able to deal with personal differences
- Visible signs and symbols that showed an acceptance and indicate the environment is safe

The implication of these factors in the child welfare practitioner's quest to find a GLBTQ affirming placement lead to the importance of having a dialog with the caretaker to assess not only their willingness to have a GLBTQ youth in their homes, but also their attitudes, and the attitudes of others in the home about the placement.

## Talking with the Caretaker

Some important things to discuss with the caregiver include:

- Information about the child that includes what is known about the child's sexual identity and orientation, and where they are emotionally. This includes:
  - Where they are in the coming out process
  - Was their coming out an unplanned discovery or have they come out on their own
  - What has the family of origin's response been
  - Do the youth's peers/friends know about their sexual orientation? If yes, what was their reaction? If no, do they want them to know, and what help does the youth need with that process?
- What experience has the potential care provider had in working with GLBTQ youth or other individuals in their personal life?
  - Do they know other people who are GLBTQ? Friends, family members, church members, etc.
  - Do they know resources available in the GLBTQ community?
- How comfortable is the caregiver in talking with the youth about their feelings and behaviors?
  - Can the youth talk to them about their thoughts, feelings and relationship issues?
  - Will everyone in the house know, or would it be kept from other children or adults in the home?

These questions, and others will allow the child welfare practitioner to assess the caretakers ability to care for the GLBTQ youth in an open, respectful manner to meet their needs. They may also facilitate a process of setting expectations about working with the child, and how to best involve the social worker when assistance is needed. By discussing these issues with the potential caregiver, a standard of openness to discussing these issues is also set so that if the caregiver needs help in the future, they know the practitioner is willing to discuss these issues.

Keep in mind that most foster parents participate in a variety of training sessions prior to receiving a license to provide foster care and are required to continue throughout their career as foster parents with ongoing training and development. However, not much of the training addresses issues around human sexuality and even less, if at all begins to address issues about caring for GLBTQ youth. This means that much of the information may need to be provided to the foster parents after the placement of a child is made, either by the

social worker directly, or coordinated through other area resources. Ongoing contacts with the caregivers should include a checking in process on how the caregiver is doing in dealing with the youth around issues specific to the youth's sexual orientation.

### Special Topic: Kin/Near-Kin or Group Home Placements

If a child is able to be placed in the home of family members or other people that have been determined to be appropriate for placement because they are close family friends, special considerations may need to be made in conversations with the potential caregiver. Some factors to consider will include whether or not the potential caregiver is aware that the youth is GLBTQ, or whether or not the child is comfortable with information being shared with the potential caregivers. This may be impacted by where the youth is in the coming out process.

If a relative or foster home placement cannot be located, or is not appropriate for some reason and the youth must enter into group home or shelter care, the same information is applicable to be discussed with those placements as well. It is imperative that the information is discussed not only with group home administrators and/or those who make decisions about whether or not placements can be made, but also with staff that are at the group home itself – providing the direct care and supervision for the youth. It is also important to check back with group home staff during later contacts.

### Talking with the Youth

While much of the information shared with the caregiver will be gathered from the contacts with the youth prior to finding the caregiver, it is important that prior to starting to look for the caretaker that what information about the youth will be shared is discussed. If for some reason the youth is concerned about their GLBTQ issues being discussed, it may be helpful to explore their concerns and talk about the benefits of sharing the information with the youth. Some of the benefits can include:

- finding a placement where they and the caretakers will be comfortable
- being able to be oneself in placement
- not feeling like information has to be hidden
- being able to openly discuss issues or concerns in the placement

It is strongly recommended that information about the youth's sexual identity and orientation is discussed with potential caregivers to ensure that a good, supportive and appropriate placement is found.

Whatever the decision is, it is important to come back to the youth after finding a placement and discussing what the placement options are for the youth. Here are some suggested points of discussion with the youth prior to making the placement:

- Summarize information that the caregiver was provided with about the youth and their sexual identity and orientation.
- Discuss the assessment of the caregiver's willingness and attitude to care for the youth. This could include things such as:
  - Why the caregivers are wanting to care for the youth
  - What the caregiver's apparent reaction to the child's sexual identity/orientation was, as perceived by the child welfare practitioner
  - What the caregiver's previous experience with GLBTQ people has been (this could include that the caregiver or someone in the home is GLBTQ, if applicable)
  - What the other children and adults in the home have been or will be told
- Discuss any expectations that were set by the child welfare practitioner with the caregiver, including
  - Is it okay for the youth to talk about feelings, behaviors and relationships with the caregiver?
- Discuss the importance of the youth communicating with the social worker if problems or issues arise in the relationship with the caregiver for any reason, including issues around their sexual identity/orientation.

By giving this type of information to the youth, the child welfare practitioner helps assure the youth that the environment they are walking into appears safe – not only in a manner that will meet their physical needs of food, clothing and shelter, but also in meeting their emotional and developmental needs as well. It further allows the youth to feel like it is acceptable to discuss these issues in the future. It will be important for the social worker to check back in with the youth around issues specific to the youth's sexual identity/orientation during future contacts.

### **Placement and Youth who do not Identify Themselves as GLBTQ**

The title of this section may strike some as odd, because if the youth do not identify themselves as GLBTQ, then how does one address the issues in placement. The reality of this dynamic is that we do not address their issues well if we don't consider the possibility that it could exist. All adolescent youth are struggling with issues around their sexual identity, and you never know if a youth

is hiding information about their sexual orientation. This means as professional social workers, child welfare workers must look at their **overall practice**.

Many youth are “in hiding” about their sexual identity/orientation because as a society, Americans are not always open to this community. This creates an environment where GLBTQ youth and individuals conceal their sexual identification as a means of survival. In their daily life, most GLBTQ individuals have witnessed and experienced a variety of very strong attitudes and opinions about GLBTQ people, and/or seen how GLBTQ people have been treated horribly by other people. For those individuals, they are constantly living a life of fear and isolation where they are not able to truly be themselves.

For youth in foster care, this is then compounded by being removed from their family and possibly the friends and support systems they have developed over time, often as a result of some traumatic crisis having occurred. They are then put into homes where they do not know anyone or any of the attitudes of the people around them. If they are put into a placement where there are strong attitudes and opinions about gender roles and sexual identities, this can create a very difficult experience for the GLBTQ youth, and it can ultimately lead to multiple foster care placements and feelings of rejection. Consider the following statements adapted from a youth in placement cited by Mallon (1998):

“I’ve had so many placements, I can’t even remember them all. Too many to remember, all of those overnights...a lot of placements. I was 14 when I went to my first one, but I kept running away. I just couldn’t live there. I didn’t want them to know that I was gay.”

The following is a list of steps that child welfare practitioners can take to help create safe environments for all youth, including GLBTQ.

1. Recognize and acknowledge that some of the people, children and adults, that you are working with are gay, lesbian, bisexual, transgendered or questioning.
2. Enhance your personal/professional knowledge about gays and lesbians through readings, speakers, or by talking with openly gay or lesbian professionals who are willing to act as a “cultural guide” and teach you about gay and lesbian issues.
3. Use gender-neutral language such as “partner”, “significant other” or “someone special in your life” when talking about people and relationships – and talk about relationships!
4. Include Gays and Lesbians as a group when talking about diverse groups and other cultures of people (e.g.: Latinos,

African Americans, Asian Americans, Developmentally Challenged, Gays & Lesbians).

5. Interrupt and stop or walk away from derogatory comments, slurs or jokes that are at the expense of any group.
6. If a person you are working with tells you that they are gay, lesbian, bisexual, transgendered, or questioning, acknowledge it and discuss it with them. Explore what it means to them and how it connects to their identity and behaviors.
7. Be clear on the differences between transgendered, transsexual and transvestite. While each is a member of a sexual minority community, transgendered people, transvestites and transsexuals may not be gay or lesbian, and would require different services.
8. Research and stay current on resources for gay, lesbian, bisexual, transgendered and questioning individuals in your community. It may be good to visit them and be prepared to escort a person to them who is using the agency for the first time!

Material adapted from Mallon, Gerald P., 1999, Let's Get This Straight: A Gay and Lesbian Affirming Approach to Child Welfare, Columbia University Press, New York.

### **Applied Activity: Youth In Placement**

Nam Kim is a 13 year old girl that has been in placement since the age of 8. She was removed from her mother for neglect related to her mother's substance abuse (heroin and methamphetamine) and being sexually abused by her stepfather and possibly also her uncle, although that was never proved.

Nam has had 14 placements in her 5 years in placement, ranging from foster homes to group home care. She appeared to transition into her first foster home placement fairly well, and for the first 9 months, no problems or concerns arose in the placement around her behavior or her academic progress. She appeared to be doing well, but then was moved after allegations of physical and alleged sexual abuse by the foster father. The physical abuse was substantiated, as welt marks and bruises were left from the incident, and the sexual abuse was unsubstantiated. Since that time, Nam has had difficulty in her placements. She has acted out and had a lot of difficulty adjusting to them. She was eventually placed in group homes, and she has run away from her last three placements.

Nam has been in counseling on and off since the age of 9. She currently attends counseling, but refuses to interact with the therapist. She has been treated for anxiety and depression. She has had several casual relationships with boys in school or when she has been on the streets, and was concerned she was

pregnant at one time. She has been involuntarily hospitalized for psychiatric reasons on three occasions for making statements about wanting to die and planning to kill herself. She has been inflicting wounds and injuries to herself for the last 8 months. When she came into see her social worker, she disclosed that she thinks that she is gay.

#### Discussion Questions:

What do you think of Nam's current disclosure?

What types of things might you want to discuss with Nam as a result of her statements about her sexual identity?

Would you want to coordinate new services for Nam, or talk with her current therapist? What would you say to either one when contacting them?

How much of this information would you want to give to group home staff in an effort to help them meet her needs?

#### **What if it is the Care Provider Who is GLBTQ?**

According to a recent study conducted by the Bay Area Social Services Consortium (BASSC), (Brooks, Goldberg, Berrick & Austin, 1996), it is known that the United States has experienced a large increase in the number of children in foster care in the last ten years – with the numbers going from 262, 000 children in foster care in 1982 to 428,000 children by 1993, and over 500,000 believed to be in care today. With such an increase in the number of children in out of home care, one of the difficulties faced by child welfare agencies throughout the country is finding appropriate homes to care for the children.

Sullivan (1995) notes that since 1975, movement has been made to expand two areas:

1. the people able to be qualified to adopt children, and
2. the children that are considered adoptable

Previously, adoption services were seen as services for infertile, Caucasian couples who were financially secure, and adoptable children were Caucasian infants. However, with the increase in children in foster care, Sullivan estimates that about 35,000 children are currently waiting for adoption, and 70,000 to 85,000 more will soon need adoption services in the near future. The composition of these children now includes not only infants, but also pre-school, school age and adolescent children of various racial and ethnic backgrounds.

This movement has broadened the scope of the people who are able to adopt children, and has lawmakers and policy makers now looking to be more inclusive rather than exclusive. State agencies are now applying a “best interest of the child” standard to decide about placements, and this has opened the door for gay and lesbian people to become foster and adoptive parents. As noted earlier, gays and lesbians have been parenting for some time now. However, there are still concerns for many child welfare professionals and people in the general public, about placing children in gay and lesbian homes. These concerns are based on myths, including the following:

- **MYTH:** *Children might be molested by homosexual caretakers:* It is important to understand that homosexuals who have adopted a child are no more likely to sexually molest a child than it is for the general population. 90% of all child molesters (pedophiles) are heterosexual males. A study by Groth & Birnbaum in 1978 (as reported in D’Augelli & Patterson, 1995), finds that gay men are no more likely than heterosexual men to perpetrate child sexual abuse. There are no empirical foundations for this concern.
- **MYTH:** *Children will become gay, or pressured to become gay:* D’Augelli & Patterson (1995) note that several studies have been conducted to determine if the sexual orientation of the parent(s) influenced the sexual orientation of the child and that none of the evidence to date has suggested that the children of gay or lesbian parents are any more likely to become gay or lesbian than those raised by heterosexual parents.

After reviewing a wide range of research that addressed these issues and others including research on gender identity, personal development and social relationships, D’Augelli & Patterson (1995) conclude that the “results of the empirical research provide no reason, under the prevailing ‘best interest of the child’ standard, to deny or curtail parental rights of lesbian or gay parents on the basis of their sexual orientation; nor do systematic studies provide any reason to believe that lesbians or gay men are less suitable than heterosexuals to serve as adoptive or foster parents.”

With the data above in mind, it is important to remember that the placement of a child in a foster or adoptive home is based on the “best interest of the child”. Things that might be worth considering could include:

- **The age of the child**
  - Can the caretaker handle the issues presented as a result of the child’s age (i.e.: diaper changing, helping with homework, the adolescent’s need for independence)
- **The physical needs of the child**

- Are there special medical needs; dietary needs, environmental needs?
- **The emotional needs of the child**
  - Does the child need nurturance, support, understanding, someone to talk to? Someone to get them to counseling or extracurricular activities?
- **Will the caretaker work toward reunification?**
- **What strengths does the caretaker have? Will they be helpful to the child?**
- **What resources does the potential caretaker have available to them?**

Placement decisions are not about whether or not a person is gay or lesbian, but about whether or not the person can meet the needs of the child. With 10% of the population believed to be GLBTQ, there is a tremendous resource of potential care providers for children in foster care if this group is tapped into by child welfare professionals. With the number of children entering foster care every year in need of short term or adoptive homes, can we really look the other way?

If placements are made into homes where caretakers are GLBTQ, it is important to talk about issues of sexual orientation with the caregivers and the children, depending on their age. It is important to talk to the caretakers about a specific child being placed into their home about their sexual orientation to see if there are any issues or concerns that come up for the caretaker that he/she see impacting his/her ability to care for a child. Depending on the needs of the child, various systems may need to be accessed, including medical, educational, and mental health settings, all of which are based on the needs of the child. While the caretaker may have some systems in place for meeting the needs around these issues, the child's needs may require accessing new systems. Being sure the caretaker is willing and able to do this is important. Additionally, by having these conversations, if concerns arise in the future, the caretaker will know that it is okay to talk about them with the child welfare practitioner.

It is also important to talk to the child about the structure of any family that they are placed into, whether it is a heterosexual or a homosexual couple, or a single parent family. Any foster care or adoptive placement is going to be a new environment for the child, and steps should be taken to help them understand where they are going. This may mean a conversation about the "mommy and daddy" in the home, or how there are "two mommy's" or "two daddy's" in the home, or there is "just a mom" or "just a dad" in the home. What this conversation looks like will be dependent on the age of the child, with less needing to be said to a preschool age child, and more needing to be said to an adolescent youth. With older children it is important to give them what information you can and answer their questions as best you can. The child's reaction to the conversation should be taken into consideration when determining if the placement is a good match.

### Special Topic: Talking with the Parents

When considering placement of a child in a gay, lesbian, bisexual or transgendered (GLBT) home, it is important to talk with the child's birth parents about the placement. This conversation needs to emphasize what about the placement will be of benefit to the child.

The parent's reaction to the placement must be considered, as must the nature of the case. If placement in a GLBT home could impact the facilitation of reunification in a reunification case, this must be evaluated further. If reunification services are not being offered and the home is a potential permanent placement, this must also be considered.

#### **Applied Activity: To Place or Not To Place**

Read the following home evaluation conducted by a child welfare practitioner, and then identify the areas of strength and concern about the possible placement with your group and make a recommendation about whether or not placement of the child is appropriate.

#### Child Information: Alicia

Alicia is an 8 year old African American child who just started the third grade. She has two half-siblings that currently live with her former stepfather. Alicia was removed from the care of her mother after being sexually abused by her mother's current boyfriend. The mother does not believe the statements of the child, or the medical findings that supported Alicia's statements. Alicia is currently residing in a foster care placement, awaiting the findings of this home evaluation in regards to her stepfather, Michael Thompson, who lives out of the county.

Alicia is in good physical health and has recovered from serious injuries that resulted from sexual abuse that occurred over a period of six months. She has some special learning needs at school and receives resource services from the school in which she is currently enrolled. Alicia is also participating in weekly therapy with an individual therapist, as well as group therapy for girls who have been sexually abused. She appears to interact well with other children, but has a lot of anxiety that makes her unwilling to try new things.

Alicia enjoys reading and riding her scooter. She has played in a variety of sports activities through the local parks and recreation department before, but she is unwilling to do these activities now. Alicia would like to live with Mr. Thompson but does not really want to move because she will not be able to see her best friend very often, if at all.

#### Potential Caretaker: Mr. Thompson

Mr. Thompson is a 34 year old African American male who currently lives about four hours away from Alicia in a 4 bedroom mobile home with his two children, Chris and Ben, ages 4 & 6 respectively. Also in the home is his partner, Gary and his 9 year old daughter Isabel.

Mr. Thompson was married to Alicia's mother for 7 years. He has known Alicia and had an active role in parenting Alicia since she was born as he and her mother were dating at the time. Alicia's mother left the home and requested a divorce from Mr. Thompson 2 years ago. She moved out of the area that they lived in to be with another man, who is the man that molested Alicia. Mr. Thompson describes the marriage as happy at first, and then after Chris was born, there were a lot of difficulties. While he feels Alicia's mother was partly responsible, he acknowledges that he was really struggling with his sexual identity at the time, and it too significantly impacted his relationship with her.

Mr. Thompson has maintained regular contact with Alicia, visiting with her at least two weekends a month and extended visits occurred over summer and other school vacations prior to Alicia's placement into foster care. Mr. Thompson heard from Alicia's maternal grandmother that Alicia was placed into foster care, and he contacted the Department of Social Services immediately. He has come to see her weekly since her placement, and is requesting to have her placed in his home.

Mr. Thompson's background check through DOJ is clear, with no criminal or child abuse history located. His partner, Gary also has no criminal background history. Alicia likes Mr. Thompson's partner Gary as well as his daughter Isabel. Their home is a four-bedroom home, with Chris and Ben sharing a room, and Isabel in her own room. As the fourth bedroom serves as a home office, it is likely that Alicia and Isabel would share a room. Isabel and Alicia both like the idea of sharing a room. A safety inspection of the home finds no hazards or concerns.

Mr. Thompson has a work history as a mechanic and has had steady work history over the last 15 years. He is currently on disability after hurting his foot on the job. Mr. Thompson has had some health problems and is HIV positive. He takes medication, which appears to have the HIV stable at this time. He has told his family as well as the children of his illness. His mother and father, who live nearby, plan to assist him with any needs he may have if his illness worsens. The maternal grandparents are also aware of his illness and although they live out of the area, are willing to provide support for him and Alicia when it is needed. He provided the name of his doctor and the medication that he is taking. His doctor confirms that his HIV is stable at this time.

Mr. Thompson has contacted the local school district and indicates the school Alicia would be attending offers Special Day Classes, which Alicia would be eligible for based on her current academic needs. He further indicates that an

IEP would be needed from this school upon her arrival, so the school can accurately identify and meet any additional needs Alicia may have. Mr. Thompson also talked with the school about tutoring for Alicia, which is also available.

Mr. Thompson has also obtained information from the local mental health department, which offers individual counseling services and has a group for girls who have been sexually abused. He indicates that Alicia can be assessed by the department so that her counseling can continue once she is here. He has a car, and will be able to transport her there for appointments on a regular basis. He is also hopeful that he can help Alicia get involved in recreational activities again, mentioning that Isabel plays soccer and swims.

Case based on an actual assessment conducted by the author in California. The name of the people and other specific information about the case has been altered to maintain confidentiality of the family.

## Case Management Issues

### Coordinating Services

When children are placed into foster care, services are often coordinated to help meet their needs. For all youth, including gay, lesbian, bisexual, transgendered and questioning (GLBTQ) youth, services will also need to be coordinated, services just like any other youth might need. They will need services for a variety of issues including:

- Mental Health/Counseling
- Tutoring
- Recreation
- Sports
- Extracurricular activities (Music, Art)
- Life skills/Independent Living
- Substance Abuse Treatment
- Vocational Services
- Medical/Health

Child welfare practitioners must look at the specific needs of the child when coordinating services. Most child welfare agencies have other agencies that services are contracted through, or agencies that are more often used within the community. While in many cases, the services provided are appropriate and beneficial to the child, sometimes special considerations must be made based on the needs of the child.

When coordinating services for GLBTQ youth, some factors to consider when looking at service providers are:

- Does the youth need the support and safety of being with a group of people who are addressing similar issues and experiences?
- Can the youth get services from the agency that will allow them to be who they are?
- Will the youth be able to disclose information about their sexual identity and orientation if he/she wants to?
- Will the youth be stigmatized, labeled, teased or made to feel like an outsider by staff or other participants in the program because of their sexual identity or orientation?

In order to answer some of these questions about another agency and services that are coordinated, it means that some discussions may need to occur between agency personnel. Child welfare practitioners must take the lead in this dialogue,

as they are the one charged with the coordination of services. This information can be gathered by visiting other agency personnel to see if they appear open to a variety of sexual identities and orientations or by having dialogues with other professionals to see if the population they serve is primarily heterosexual, homosexual or a mixture of youth. This information should then be communicated to the youth before sending them for services, so that the youth is adequately prepared upon arrival.

Child welfare practitioners should also research services within the community that are available for gay, lesbian, bisexual and transgendered individuals. Knowing these resources will allow you to discuss them with youth whenever it is needed. If you have talked with someone at the agency or actually visited the agencies, even more information can be provided about what the youth can expect if they go there.

### **Monitoring Services**

A second part of case management includes the monitoring of the services that are coordinated. Conversations with youth, families, care providers and service providers must occur to ensure that issues are being addressed and work is being done toward achieving agreed upon goals. Conversations with GLBTQ youth should address:

- Are they comfortable with where they are receiving services? Why or why not?
- Do they like the services? Why or why not?
- Are the services helping? Why or why not?
- Do they feel like they can talk about issues related to their sexual orientation? Why or why not?

In asking the why or why not part to each of these questions, the child welfare practitioner can do some further assessment of the services that have been coordinated. Services are most effective when the provider and the youth are working together toward a goal. If the youth, or the service provider, is putting up some type of barrier to this process, it must be addressed, either with the youth, the service provider, or both. While with adolescent youth, it can be easy to assume that the youth is putting up the barriers, it may not be the case. Keep in mind that for the GLBTQ youth, other professionals may have unexpected difficulty, and new services may need to be coordinated.

## Disclosure & Issues of Personal Privacy

For adolescent youth who enter the child welfare system, or who have “come out” while in the system and are openly gay, lesbian, bisexual, transgender or questioning (GLBTQ), many questions can arise for the child welfare practitioners around their role in relation to the youth’s privacy. The answers to these questions can be tricky, and child welfare practitioners are strongly encouraged to discuss them with their supervisors, administrators and legal counsel for specific directions.

The following contains some suggestions of things to keep in mind for some of the questions:

- **Should I document anything about the youth’s sexual identity/orientation?**

When thinking about this question, consider whether the information that could be documented are observations, comments/concerns from other people, or based on statements or discussions with the youth directly.

If the information is coming from other people – consider who they are in relation to the child and services being provided and coordinated for them. If the service provider or caretaker is giving you information, or a parent is discussing information that is of concern to them, some documentation in the case record may be appropriate, and helpful if another worker needs to take over the case.

Documentation typically serves as a paper trail for other staff within the department and is a tool that allows a supervisor to review work. It is also something that can be accessed by other professionals in some instances, including attorneys. When documenting information, only put what is absolutely necessary to maintain the flow of information.

If the information is coming from the youth directly, make sure the conversation includes some discussion about your role in working with them, part of which includes keeping track of how they are doing. Let them know that some of the discussion will be included in their case record, and what it might look like.

- **Should I tell my supervisor or coworker’s about the youth’s sexual identity/orientation?**

Again, consider the source of the information. In most any case, discussion about a case related matter is more than appropriate for discussion with a supervisor. Where you may want to ensure more privacy is amongst other staff and co-workers. A good guide for deciding

whether or not someone needs to know is the following: ***Will the information, if provided, allow the person receiving the information to more effectively serve the youth's needs?*** If yes, then giving the information is likely to be appropriate. If no, then it is not likely that it is necessary to share the information.

- **Should I tell the foster parent?**

As with co-workers, the question – “Will the information, if provided, allow the person receiving the information to more effectively serve the youth's needs?” should serve as a guide. If yes, then giving the information is likely to be appropriate. If no, then it is not likely that it is necessary to share the information.

Often times, the answer to that question for foster parents will be yes. What becomes very important is that the youth knows that a discussion with the foster parent is occurring, so that they can raise objections, share concerns, or ask for you to wait. They may also indicate that they are comfortable with some information being shared, and prefer that some not be shared. This can be discussed and negotiated with the youth. If questions or concerns arise for the child welfare practitioner, talk with the youth about them, and let them know the plan is to seek out assistance from your supervisor before doing anything.

- **Should I tell service providers?**

With service providers, the question – “Will the information, if provided, allow the person receiving the information to more effectively serve the youth's needs?” needs to be applied to each specific service provider. If the answer is yes, then share the information. If the information is shared, however, it is again important to talk with the youth about what information is being shared, with whom, and for what purpose. The youth may have some suggestions, or ask that some information not be shared. They may also want to be the one that gives the information to certain providers as well.

- **Should I tell family members?**

Talking with family members is likely to be a very personal and private process, and if this is necessary, it is strongly recommended that the youth is part of a discussion around how to talk with family members. One time where it may become important to talk with family members is if the care provider and service providers are aware of the information, and the information is likely to be included in a court report that the parents or family members will receive.

- **Should I put information into the court report?**

Keep in mind that information recorded in a court report is visible to a number of individuals. Depending on the nature of the case and how much information is openly discussed with family members, service providers and care providers the amount of information disclosed in a court report will vary. Consult with your supervisor and/or the Department's legal counsel when contemplating these issues.

If information is being put into the court report, be sure to advise the person the information is about that it will be in the report. It may be helpful to them to have that awareness and it will help build and maintain a trusting and helping relationship.

When child welfare practitioners suspect that a youth is struggling with issues around their sexual identity or orientation, similar questions may arise as well. In those cases, keep in mind what information you have specifically gotten from what people. Vague and general information may be documented, but not included in more formal documents like court reports. Conversations between professionals and service providers may also occur, but if the youth has not directly provided the information or "come out" in a formal way, one cannot impose upon the youth to do so. Keep in mind that this does not mean that conversations with the youth about their sexual identity or sexual orientation could not, or should not occur.

## Conclusion

With all of the information presented in this training, there is still much more out there. Child welfare practitioners must take it upon themselves to continue to enhance their knowledge and skills in this area, and challenge their agencies to do the same. In 1991, the Child Welfare League of America (CWLA) facilitated a colloquium on serving gay and lesbian youth, and the following are some strategies and recommendations for helping social service agencies better meet the needs of gay and lesbian youth. Consider advocating for the following which have been adapted from CWLA's recommendations within the agencies that serve children and families.

1. Provide opportunities for building professional competencies at all levels within the agencies on the issues facing gay and lesbians through materials, workshops, seminars, conferences and interagency sharing.
2. Recognize that gay and lesbian youth and individuals are part of the client group that organizations serve.
3. Add "sexual orientation" to agency policies, bylaws and program descriptions wherever appropriate.
4. Encourage organizations to re-look at their forms and consider using "partner" instead of spouse. (Even if it says spouse, it may be possible to cross out spouse and write in partner, letting the person know their partner is important in a GLBTQ affirming manner.)
5. Integrate the needs of gay and lesbian youth into service planning as a specific issue to be addressed.
6. Create an agency environment that is safe and nurturing for all youths, regardless of their sexual orientation. Utilize posters, flyers and informational sheets in lobbies and other areas accessed by the public so that any person can obtain information.
7. Encourage and support networking with other service providers to help assure that the needs of gay and lesbian individuals are properly met.
8. Become familiar with and access resources within the community that are available to gay and lesbian youth.

## Resources

Listed below are some resources that may help child welfare practitioners obtain additional information for themselves, youth or other family members. For literary/book resources, please refer to the reference page following this section.

### Web sites:

[www.outproud.org](http://www.outproud.org) is the website for Out Proud!, which is also known as the National Coalition for Gay, Lesbian, Bisexual and Transgendered Youth.

[www.youth.org](http://www.youth.org) is the website for the Youth Assistance Organization, which is also known as Youth Action Online (YAO). This website has links to other sites.

[www.pe.net/~bidstrup/parents.htm](http://www.pe.net/~bidstrup/parents.htm) is a website that has information for parents of GLBTQ youth and will provide advice, questions and answers and additional resources.

[www.peds.umn.edu/Centers/YAP](http://www.peds.umn.edu/Centers/YAP) is the website for Youth and AIDS Project (YAP), which is designed to help prevent HIV and care for those individuals and families living with HIV.

[www.virtualcity.com/youthsuicide](http://www.virtualcity.com/youthsuicide) is the website that has research findings on gay and bisexual youth males and suicide.

### Organizations:

**Gay and Lesbian Adolescent Social Services (GLASS)** is a social service agency in Los Angeles that includes 3 foster family agencies, 5 residential group homes that house 36 youth and an outreach program for youth living on the streets.

650 Robertson Boulevard  
West Hollywood, CA 90069  
(310)358-8727  
(310)358-8721 (fax)  
[www.home.glassLA.org/glass](http://www.home.glassLA.org/glass)

**Gay, Lesbian, Straight Education Network (GLSEN)** is a program that advocates for youth in the educational systems for respect and fair treatment regardless of sexual orientation. It has a network of local chapters with the National office in New York and a western field office in San Francisco.

21 West 27<sup>th</sup> Street  
New York, NY 10001  
(212)727-0135  
(212)727-0254 (fax)  
[www.glsen.org](http://www.glsen.org)

**Parents and Friends of Gays and Lesbians (PFLAG)** is an organization with over 70,000 members and a national office in Washington DC. Local chapters are found worldwide. They provide support, education and advocacy services for gay, lesbian, bisexual and transgendered persons and their family and friends.

1101 14<sup>th</sup> Street, NW, Suite 1030  
Washington DC 20005  
(202)638-4200  
(202) 638-0243 (fax)  
[www.pflag.org](http://www.pflag.org)

Other Organizations:

**Boston Alliance of Gay and Lesbian Youth (BAGLY)**  
P.O. Box 814  
Boston, MA 02103  
(617)227-4313  
(800)42-BAGLY (toll-free automated information line)  
[www.bagly.org](http://www.bagly.org)

**Central Toronto Youth Services**  
65 Wellesley Street East, 3<sup>rd</sup> Floor  
Toronto, Ontario M4Y 1G7  
(416)924-2100  
[www.interlog.com/~lgbyctys/](http://www.interlog.com/~lgbyctys/)

**Green Chimneys Children's Services**  
456 West 145 Street, Suite 1  
New York, NY 10032  
(212)491-5911  
(212)368-8975 (fax)  
[www.greenchimneys.org](http://www.greenchimneys.org)

**National Network for Youth**

1319 F Street, NW  
Suite 401  
Washington, DC 20004  
(202)783-7949  
[www.nn4youth.org](http://www.nn4youth.org)

**Sexual Minority Youth Assistance League (SMYAL)**

410 7<sup>th</sup> Street, SE  
Washington, DC 20003-2707  
(202)544-1306(fax)  
(202)546-7796(TTY)  
[www.smyal.org](http://www.smyal.org)

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