

LGBTQ

A Guide for Working with Youth and Families



SPRING 2015

LGBTQ

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This Guide can be consulted in its entirety, or sections may be accessed individually. Sections A, B, K and L include general information intended to supplement Sections C through J which may be accessed individually.

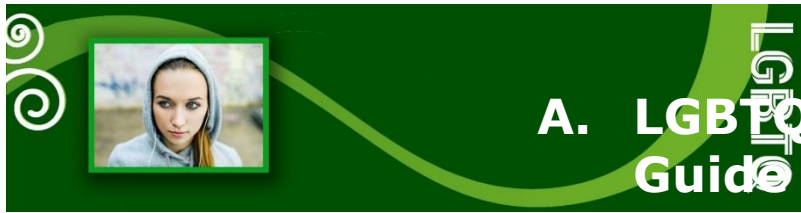
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**Prepared by the DCF Statewide LGBTQ Liaisons
Spring 2015**

Massachusetts
Department of
Children & Families

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DCF Main Number 617-748-2000
Child-at-Risk Hotline 1-800-792-5200
DCF Office of the Ombudsman 617-748-2444
SafeLink Domestic Violence Hotline 1-877-785-2020
Parental Stress Line 1-800-632-8188



"My dream is to live in a family that will accept me and where I can just be a kid."

Youth in care

Quoted in the Child Welfare League of America and Lambda Legal's "Getting Down to Basics: Tools to Support LGBTQ Youth in Care"

"How can we support our LGBTQ children/youth?"

DCF'S COMMITMENT TO DIVERSITY

DCF recognizes that issues of identity and diversity are central to children's welfare and that, to succeed, any comprehensive plan on identity and diversity must be grounded deeply in our work to protect children and support families. As a result, the agency's diversity vision goes beyond workforce demographics to encompass our connections with families, communities, and providers.

DCF is committed to cultural competence in our work with families. DCF seeks to heighten awareness of diversity issues in order to create a learning environment that respects and embraces cultures, races, ethnicities, languages, religions, sexual orientations, gender identities and expressions, and physical abilities.

As stated in DCF's Massachusetts Approach to Parenting Partnership (MAPP) curriculum: As in any birth family, there is the possibility that the child you are parenting (or working with) may one day share with you their identity as a LGBTQ person. It is important that you have a base knowledge of how to be supportive of LGBTQ youth so that you can avoid responses or reactions that may be potentially harmful. LGBTQ youth need the same love, support, acceptance, consideration and help as any other child/youth that comes into care. It is our role as social workers, foster parents and pre-adoptive parents to be sensitive to the needs of children/youth who are LGBTQ. Youth who identify as LGBTQ may be constantly trying to figure out how to act, what to do, who will care for them, who will hate them, etc. They may be wondering if "this" is a safe place and if those around them are safe people. The main question we need to ask ourselves is, "How can we support our LGBTQ children/youth?" DCF does not tolerate homophobia or transphobia, in the same way it does not tolerate racism.

Supporting this work are the Statewide LGBTQ Liaisons: DCF's Statewide LGBTQ Liaisons are staff of all levels, not necessarily LGBTQ themselves, who volunteer to support LGBTQ work across the agency. The mission of the Liaisons is to assist our child welfare agency in promoting acceptance and creating a safe, respectful and supportive atmosphere for people of all sexual orientations and gender identities and expressions. The Liaisons are committed to the development of LGBTQ affirmative practice in conjunction with the Department's core values. In carrying out their roles and responsibilities, Liaisons participate in Area Office Diversity Leadership Teams, attend quarterly statewide LGBTQ Liaison meetings, distribute to staff resources and materials that enhance LGBTQ affirmative practice, work collaboratively with community organizations and assist the agency in structural change initiatives that improve outcomes for LGBTQ youth and families involved in the child welfare system.

When the Guide is not being consulted in its entirety, this section, along with Sections K – LGBTQ Glossary of Terms and L – Information about LGBTQ Resources, are designed to provide general information that supplements any other section being accessed individually

OVERVIEW OF THE GUIDE

DCF's LGBTQ Liaisons have adapted this guide from a model "toolkit" created by the Child Welfare League of America and Lambda Legal (see "Getting Down to Basics: Tools to Support LGBTQ Youth in Care" at www.lambdalegal.org/publications/getting-down-to-basics). It includes the following 13 separate handouts that can be used with different "target" populations separately or in various combinations:

- A. LGBTQ Guide Vision and Introduction
- B. Having Affirmative LGBTQ Conversations
- C. Social Workers with LGBTQ Clients
- D. Working with Transgender or Gender Nonconforming Youth
- E. Families Supporting an LGBTQ Child
- F. Information for LGBTQ Youth in Care
- G. Information for Transgender & Gender Nonconforming Youth
- H. LGBTQ-Affirming Family Resource Work
- I. Foster Parents Caring for LGBTQ Youth
- J. Community-Connected Residential Treatment of LGBTQ Youth
- K. LGBTQ Glossary of Terms
- L. Information about LGBTQ Resources

When the guide is not being consulted in its entirety, Sections A, K and L are designed to provide general information that supplements any other section being accessed individually. The guide will be available electronically and in printed form, through DCF's internet site at www.mass.gov/DCF.

WHY THE GUIDE IS NEEDED

Lambda Legal estimates that 5-10% of the population is LGBTQ and that LGBTQ adolescents are in foster care at a disproportionately higher rate.

This means that DCF staff must be prepared to do positive, affirming and helpful work with families, children and youth with whom we become involved. Risk and resiliency data identified by The Gay, Lesbian, Bisexual, and Transgender Support Project and *OutHealth* highlights the importance of LGBTQ competency in child welfare work:

Risk Statistics

- Many LGBTQ youth feel they have nowhere to turn. Four out of five can't identify a single supportive adult at school. (*National Mental Health Association*)
- LGB youth are three times more likely than heterosexual peers to:
 - have used cocaine at least once,
 - be daily smokers of cigarettes,
 - have contracted an STD,
 - experience dating violence and
 - have gotten pregnant or to have impregnated someone.(*2011 Massachusetts Youth Risk Behavior Survey*)
- Of LGBTQ youth in school in Massachusetts:
 - 80% report facing verbal harassment,
 - over one in ten has been punched, kicked or injured with a weapon and
 - over half of those youth never reported the incident to school staff.(*GLSEN 2011 School Climate Survey – Massachusetts*)
- Among youth who identify as transgender:
 - 90% feel unsafe at school and
 - 55% report having been physically harassed at school because of their gender expression.(*Transgender Law Center*)

Resiliency Statistics

- Several thousand U.S. school districts now have Gay-Straight Alliances (GSAs) that are seen as a protective factor even for LGBTQ youth who are not involved. (<http://www.samhsa.gov/obhe/docs/FAP-GSAs-Young-Adult-Well-Being.pdf>)
- LGBTQ students in schools with GSAs report feeling safer in school and skipping school less frequently than in schools without a GSA. (<http://www.samhsa.gov/obhe/docs/FAP-GSAs-Young-Adult-Well-Being.pdf>)
- Programs designed to increase support for LGBTQ youth have a significant positive impact on school dropout rates, alcohol and drug use and other important markers of mental and physical health. (<http://www.samhsa.gov/obhe/docs/FAP-GSAs-Young-Adult-Well-Being.pdf>)
- Marriage equality in Massachusetts and other states, along with civil unions in other states, have shown LGBTQ youth and their parents that being LGBTQ does not mean giving up dreams of having a loving spouse or partner, children and community. (A current map of states with marriage equality can be found at www.freetomarry.org/states/) (www.hcsam.org/glys and www.outHealth.net)

THE LEGAL LANDSCAPE

LGBTQ youth have the right to be free from discrimination and harassment based on their sexual orientation or gender identity or expression in schools, child welfare placements, and juvenile justice facilities. This extends to the right to safe and supportive caregivers; to equal treatment and access to appropriate services; and to have their sexual orientation, gender identity and gender expression respected in all services.

State Law

Massachusetts anti-discrimination laws prohibit discrimination in employment, housing, credit, services, and schools based on sexual orientation and gender identity. In addition, Executive Order 526, issued by Governor Patrick in February 2011, provides that “all programs, activities, and services provided, performed, licensed, chartered, funded, regulated, or contracted for by the state shall be conducted without unlawful discrimination” based on, among other things, “sexual orientation” and “gender identity or expression.” The Massachusetts Declaration of Rights also provides rights to youth in DCF care, including guarantees of equality, liberty and due process.

DCF Regulations

The DCF Foster Child Bill of Rights states that every child “[s]hall be treated with respect by DCF staff, foster parents and providers without regard to race, ethnicity, sexual orientation, gender identity, religion and/or disability.” In addition, DCF licensing standards for foster and pre-adoptive parents require that, in order to be licensed, foster and pre-adoptive parents demonstrate the ability “to promote the physical, mental, and emotional well-being of a child placed in his or her care, including supporting and respecting a child’s sexual orientation or gender identity.” 110 CMR 7.104.

Laws & Regulations

Massachusetts Constitution: <https://malegislature.gov/laws/constitution>

Executive Order 526: <http://www.mass.gov/governor/docs/executive-orders/executiveorder526.pdf>

G.L. c. 151B anti-discrimination law:

<http://www.malegislature.gov/Laws/GeneralLaws/PartI/TitleXXI/Chapter151B>

G.L. c. 76, § 5 public schools law:

<http://www.malegislature.gov/Laws/GeneralLaws/PartI/TitleXII/Chapter76/Section5>

G.L. c. 71, § 37O bullying prevention law:

<http://www.malegislature.gov/Laws/GeneralLaws/PartI/TitleXII/Chapter71/Section37O>

110 CMR 7.104 DCF standards for licensing foster and pre-adoptive parents:

<http://www.mass.gov/eohhs/docs/DCF/regs/110cmr7.pdf>

LGBTQ ABC's

Commonly used definitions. Every person has the right to self-definition.

Lesbian A woman who is emotionally, romantically and sexually attracted to other women.

Gay A person who is emotionally, romantically and sexually attracted to persons of the same gender. Sometimes used to refer to gay men only. We prefer the word *gay* to *homosexual*, which has clinical overtones that some find offensive.

Bisexual A person who is emotionally, romantically and sexually attracted to more than one gender.

Transgender A person whose gender identity or gender expression does not match society's expectations of how an individual of that gender should behave in relation to their gender. A transgender person may identify as heterosexual, lesbian, gay, bisexual or questioning.

Questioning A person, often an adolescent, who has questions about their sexual orientation or gender identity. Some questioning people eventually come out as LGBT; some don't.

Sexual Orientation A person's emotional, romantic and sexual attraction to persons of the same and/or different gender.

Gender Expression The manner in which a person expresses their gender through clothing, appearance, behavior, speech, etc.

Gender Identity An individual's internal view of their gender; one's innermost sense of being male, female, both or neither.

[This guide was developed by the Department of Children and Families Statewide LGBTQ Liaisons and received broad internal vetting.]

The following resources informed the guide:

- Child Welfare League of America and Lambda Legal's "Getting Down to Basics: Tools to Support LGBTQ Youth in Care" at www.lambdalegal.org/publications/getting-down-to-basics;
- *Breaking the Silence*, National Center for Lesbian Rights;
- *Hidden Injustice: Lesbian, Gay, Bisexual, and Transgender Youth in Juvenile Courts*, The Equity Project;
- *LGBTQIA Glossary*, University of California, Davis, Lesbian Gay Bisexual Transgender Resource Center;
- *Trans Action Guide*, Gay Lesbian Straight Educational Network;
- "Promoting a Safe and Respectable Environment for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth and their Families Involved in the Child Welfare System," NYC Administration for Children's Services, Memo Dated 7/27/2011;
- Child Welfare Gateway Information, "Working with Lesbian, Gay, Bisexual and Transgender (LGBT) Families in Adoption," at www.childwelfare.gov;
- MA DYS Guidelines for Practices with LGBTQI and GNC Youth;
- Training and materials of Chris A. Miller, Consultant.

The following external entities provided valuable review and comment:

- GLAD (Gay & Lesbian Advocates & Defenders) (www.glad.org)
- Health Imperatives (The Health Imperatives LGBTQ Support) (www.healthimperatives.org)
- Massachusetts Commission on Gay, Lesbian, Bisexual, Transgender, Queer and Questioning (LGBTQ) Youth (www.mass.gov/cgly/youth.htm).]



"There is an institutional desire that LGBTQ youth remain invisible and silent. That way the system can go on ignoring them."

Adult participant

"A lot of people think that offering kids information is going to make them gay or transgender, or whatever. But that's not the way it is. It's about giving them information."

Adult participant, Jacksonville

Quoted in "Out of the Margin – A Report on Regional Listening Forums Highlighting the Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth in Care", project of the Child Welfare League of America and Lambda Legal, Inc.

Develop your ability to talk about LGBTQ information with families, children and youth in ways that support a positive, productive working relationship with them.

Every one of us has a sexual orientation, gender identity and gender expression, and they are integral to our understanding of who we are in the world. As they are such important aspects of who we are, it is important to include them in our interviews with children, youth and adults. Individuals define their own identities and these may change over time. For these reasons, DCF should not make presumptions about someone's sexual orientation, gender identity or gender expression, must not label individuals and must be prepared to have ongoing conversations.

Conversations which may reveal LGBTQ information occur in many aspects of DCF work, for example:

- During initial intake efforts to understand a child's needs for safety, permanency and well-being, it is necessary to identify the household members, their relationships with the child and with each other, any non-resident parents or siblings, kin and others with whom the household members maintain kin-like affectional ties, such as godparents. This process may reveal a child, household member or other case-related person's LGBTQ status.
- During work with older children or adolescents who are in DCF care or custody, it may become evident that they are coping with sexual orientation, gender identity and/or gender expression issues.
- During the process of licensing a family who is seeking to provide foster care or adoption, it is necessary to know how they feel about caring for youth who are or may later come out as LGBTQ, and it may be important for them and their objectives as foster or adoptive parents to share with you their own LGBTQ status.

In these situations and others, you will want to engage the family or individual and support them in achieving jointly defined objectives that provide safety, permanency and well-being for specific children/youth.

Section B is for all DCF and contracted provider staff. The Guide can be consulted in its entirety, or those

Some Guidelines

To do this work in a LGBTQ-affirmative way, you will need to become comfortable engaging family members in conversations about their sexual orientation and gender identity/expression. Some guidelines to follow:

- Learn LGBTQ terminology and then use the words in appropriate ways. (*Please refer to "K – LGBTQ Glossary of Terms"*)

LGBTQ ABC's

Commonly used definitions. Every person has the right to self-definition.

Lesbian A woman who is emotionally, romantically and sexually attracted to other women.

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Questioning A person, often an adolescent, who has questions about their sexual orientation or gender identity. Some questioning people eventually come out as LGBT; some don't.

Sexual Orientation A person's emotional, romantic and sexual attraction to persons of the same and/or different gender.

Gender Expression The manner in which a person expresses their gender through clothing, appearance, behavior, speech, etc.

Gender Identity An individual's internal view of their gender; one's innermost sense of being male, female, both or neither.

- When completing an intake or family assessment, explain that knowing who lives in and visits the home regularly and the nature of their connections helps you understand who is important to the safety and well-being of the child and how.
- Respectfully let them know that you don't make assumptions or judgments.
- Learn to ask what the individual's preferred pronouns are, then use them (e.g., "she" or "he"). Some youth who do not identify as male or female may use a different pronoun [e.g., "they" or "ze" (pronounced *zee*)]. If you are unsure of the youth's preferred pronoun or struggle to change pronouns, try using the youth's name in place of a pronoun (e.g., "I saw Ryan yesterday. Ryan said that Ryan wanted to go to the mall.")
- **Use supportive, gender-neutral language** when speaking with your clients about their relationships until they confirm their sexual orientation. For example, instead of asking a teenage boy if he has a girlfriend, ask if he has "someone special" in his life. Never use slurs.
- Don't assume you can identify LGBTQ people by mannerisms or other characteristics.

Sample dialogues to assist you in incorporating sexual orientation, gender identity and gender expression into your conversations in a holistic way.

For additional support in how to have such conversations, contact your local office's LGBTQ Liaison or the resources that can be found in L – Information about LGBTQ Resources. Consider setting the stage for the conversation by displaying stickers, posters or other décor that show you are a safe resource (in the field this might be a small sticker on your paperwork or a pin).

With clients of every age, start with an age- or developmentally-appropriate version of the following: I'm just getting to know you, so I need to ask you some questions. These are questions I ask of every child/youth/adult when I first meet them. Some of these questions might seem strange to you. Please remember that there are no right or wrong answers.

Sample scripts for children, teenagers and young adults

Talking with a Child under Age 12

- What is your name? What would you like me to call you? How do you spell your name?
[Is there a difference between the child's given & preferred names? What accounts for the difference – gender identity, gender expression or something else?]
- Do you think of yourself as a boy or a girl or in some other way? What are things you like about that? Can you tell me any things you don't like?
[Gender identity – better than asking “What gender (or sex) are you?”]
- What do you like to play with? What is your favorite color? Who are your friends? What are they like? What do you like to do for fun? How old are you? What is it like being a __ year old person such as yourself?
[Gender expression]
- Have you ever felt unsafe because you are a boy/girl (or because you think of yourself differently)?
[Safety of gender identity and/or gender expression]

Talking with Teenagers and Young Adults

- What is your name? How do you spell it? Is that what you'd like me to call you, or do you have a different name you'd like me to use?
[Given & preferred names]
- Do you think of yourself as a boy or a girl or in some other way? What are things you like about that? Are there things you don't like?
[Gender identity]
- What gender pronoun (that is, “he,” “she,” “they,” “ze” or something else) do you prefer?
[Gender identity & preferred pronouns]
- How old are you? What is it like being a __ year old _____ (*insert “boy”/“girl” or the term the teenager used*)? What do you like to do for fun? Who are your friends? What are they like? What kinds of things do you like to do together? Thinking of your friends and the things you like (clothing, movies, activities), do you see yourself as more feminine (girly) or masculine (boyish) or in some other way?
[Gender expression]
- Have you ever felt unsafe because you are a _____ (*insert “boy”, “girl” or the term the teenager used*)?
[Safety of gender identity and/or gender expression]
- Are you sexually active? With boys/men, girls/women or both?
[Sexual behavior]
- Do you think of yourself as straight, bisexual, gay, lesbian or something else?
[Sexual orientation]
- Have you ever felt unsafe [because you are straight/bisexual/gay/lesbian or something else]?
[Safety of sexual orientation, gender identity and/or gender expression]
- Is there anything else you want to discuss about sexuality, gender or relationships?

[Based on the Child Welfare League of America and Lambda Legal's "Getting Down to Basics: Tools to Support LGBTQ Youth in Care" at www.lambdalegal.org/publications/getting-down-to-basics and "Talking About Gender Identity/Expression & Sexual Orientation," by Chris A. Miller]

Script based on one used by the Massachusetts Department of Youth Services

Asking about Gender Identity

- I have that your name is _____. Is there a different name you prefer to use?
- Do you use the pronoun “he,” “she,” “they” or another pronoun? A pronoun is the word someone uses instead of your name, for example, “He has a nice sweater.” If someone was talking about your sweater, would you want them to say he, she, they or something different?
- Do you identify as a boy, girl or another gender?
- Do you identify as transgender or intersex?

If they answer “I don’t know” or “What does that mean?”, say: For some people, their sense of themselves as a boy, girl or another gender doesn’t always match their body parts in ways that it typically does for other people. When that happens, some people use the term “transgender” for themselves. There are also some people who are born with variations of reproductive sexual anatomy which is called an intersex condition. For us, it is important that everyone is safe and supported, so we ask about this to make sure we are meeting everyone’s needs. Do you have any questions about this?

If they answer yes to identifying as transgender or intersex, ask:

- Would you describe your biological sex as male, female, intersex or prefer not to answer?
- Some people like “transgender”, “genderqueer”, “gender nonconforming”, “intersex” or other words to describe their identity. Do you use any words like this?
- Are you uncomfortable or unhappy when you are treated as a _____ (*biological sex*) rather than _____ (*insert the gender they identify with or their preferred name*)?
- If yes, has this discomfort or unhappiness caused you trouble at school, with your friends or with your family?
- Have you talked to anyone else about your identify? A parent or guardian, friend, teacher, therapist?
- How long have you been thinking about your identity?
- Have you been living as _____ (*preferred name*) at school, home or with friends?
- Are you out to your parent(s)/guardian(s)? If yes, are they accepting? If no, do you think they would be accepting if they found out?
- Is there a different name or pronoun that we should use when interacting with your family than _____ (*preferred name*) and _____ (*preferred pronoun*)?
- *If teenager is entering placement:* Would you feel comfortable with a roommate or would you prefer to have your own room? What kinds of accommodations will help you feel safe – Separate showers? Using the bathroom when no one else is around? A boys or girls unit in residential treatment? We try our best to fulfill requests with the availability we have.

Asking about Sexual Orientation

- Do you identify as straight, gay, lesbian, bisexual, queer, questioning or any other identities? *If they answer “I don’t know” or “Do I have to answer?”, say:* We ask everyone this. You don’t have to answer. This information helps us to know if people have special needs or concerns. We want to make this a safe experience for everyone. You can talk to us or to your therapist about these types of things if you want to, too. Do you have any questions?

For all LGBTQ Teenagers

- Do you want to openly identify as (*gender identity and/or sexual orientation teenager has used*) to others who will be involved with you? It may be helpful with some people (*identify them and give reasons why*). We will do our best to not tell people you do not want told. If someone has been told, we will let you know. You are allowed not to be out. I just want you to know that we will arrange support for you if you want it.
- If there are people you agree you want to be out with, like our staff, family members, your placement resource, other youth in the placement, do you want to tell them yourself, or do you want us to tell them, or tell them together?
- Do you have any other questions or concerns?

IF SOMEONE COMES OUT TO YOU:

- Thank them for trusting you and acknowledge their courage.
- Ask what their needs are about sharing this information.
- Let them know you want to support them and ask what specifically they might want help with.
- Help them make a safety plan if they have not yet come out to parents or at school and want help.
- Discuss relationships, including dating and break-ups. You can ask, “Is there someone special in your life?” or “Are you seeing anyone these days?”
- Suggest additional resources and sources of support (see “Section L – Information about LGBTQ Resources”).

Use LGB or straight, transgender or nontransgender information with youth to have developmentally-appropriate conversations about sexual health and behavior.

DCF needs to be supportive of the sexual health of all DCF-involved youth, regardless of their sexual orientation, gender identity and/or gender expression. At a minimum, all youth need to be supported in obtaining sexual health information and medical care. Opportunities for romantic relationships appropriate to the youth’s age and developmental status need to be allowed or even encouraged (e.g., participation in school or community-based LGBTQ support groups). At the same time, appropriate expectations regarding behavior should be established. The goals are to support the youth in establishing positive romantic relationships, a good self-image and high hopes for adulthood.

When having conversations with youth who may be LGBTQ, remember these 5 facts:

1. It’s not “just a phase” – they may be still learning who they are, but that doesn’t mean this is an experiment or a plea for attention.
2. They may recognize their same-sex attractions or true gender identity, but may not have determined what to do with that self-knowledge or what identity label feels comfortable.
3. They may have never heard anything positive about being LGBTQ; you may be the first person to tell them they are normal and healthy. You can help them connect with other LGBTQ youth or adult role models.
4. A young person who identifies as LGBTQ may be sexually active with a person of any gender, or may not be sexually active at all. Offer information and resources relevant to their needs, not their identity.
5. Don’t make assumptions based on dress or behavior. It’s okay to ask respectful questions. Be clear you are trying to understand so you can support youth in all the ways they may need it.

[Based on the cue card developed by GLYS and SPHERE, programs of Health Care of Southeastern Massachusetts, Inc., that can be found at www.hcsm.org/glys.htm or www.hcsm.org/sphere]

Learn to respond appropriately and effectively to homophobic/biphobic /transphobic behavior and comments of others.

When you do, you create safety for those who are being targeted, remind the offender that respect for others is an important DCF practice value and establish that you will not accept anti-gay or anti-transgender forms of discrimination. You can help defuse the situation and serve as a role model. Appropriate responses include:

- Let the offender know why their language or behavior is offensive to you.
- Refer to DCF’s policy on harassment.
- Call the person’s attention to the meaning of their words or behavior – they may have spoken or acted without thinking.
- Support any person at whom the behavior or comment was targeted in a way that allows them to regain control and feel safe.
- Be clear about the consequences of using derogatory language – and follow through.

(Source: Health Imperatives LGBTQ Support, www.healthimperatives.org)

WHAT TO DO IF A YOUTH IS BULLIED

- Document the incident. Encourage the youth to also record the incident. Include as many details as possible (what happened, when, who saw, what the response was). Ensure that teachers, administrators, group home staff or foster/pre-adoptive parents, parents, therapists, social workers and other adults in the youth's life are aware of what has happened.
- Talk with the target of bullying and ask what they would like to see happen.
- Develop a safety plan with the youth (may include ensuring that trusted friends and adults are present and the youth is not alone).
- Develop an "eyes on" approach toward the bully/bullies, instead of focusing solely on the target.
- Train all youth and adults to be someone who intervenes when bullying happens. Ensure that all can recognize bullying and cyber-bullying behaviors. Teach how to safely and respectfully speak out against bullying and gateway behaviors, such as letting people know when behavior is offensive to you and asking that it stop.

DOCUMENT LGBTQ INFORMATION & INCLUDE IT IN WRITTEN COMMUNICATIONS WHERE IT IS RELEVANT AND SUPPORTIVE OF SERVICE PLAN OBJECTIVES.

As you generally do, use the individual's own words when documenting LGBTQ information in dictation and other DCF records. With regard to names, be aware that Massachusetts recognizes common law name changes. An individual may adopt a name that is different from the name that appears on their birth certificate provided the name change is done for an honest reason, with no fraudulent intent. Nothing more than usage is required. Hence, when requested, schools have been instructed to accurately record the student's chosen name on all records, whether or not the student, parent or guardian provides the school with a court order formalizing the name change.

(Source: ESE, Guidance for Massachusetts Public Schools, Creating a Safe and Supportive Environment, Nondiscrimination on the Basis of Gender Identity, 2013)

PRACTICE TIPS

- In the electronic record (i.e., dictation) and elsewhere, the client's preferred name can be used as the "primary name" and the given name can be used as the "AKA name." The client's preferred gender identity and self-reference pronouns ("she," "he," "ze") should also be used.
- In court documents, the name known to the court may need to be identified in the header and a sentence added that the document is using the client's preferred name, gender identity and self-reference pronouns.

When planning placements, it is important to the child or youth's safe and positive experience for the provider family or facility to have LGBTQ information. The placement can use the information to support the child/youth's sexual orientation, gender identity and gender expression, provide for their privacy in appropriate ways and promote respectful interactions within the family or facility.

If there are concerns about how to handle the disclosure of LGBTQ information in DCF records or documents, the Social Worker or Supervisor should consult with a manager.



"My old caseworker changed the subject the one time I tried to let on I was a lesbian. After that he treated me differently, too – like there was a cold wind blowing in the room. Then I got transferred to my new caseworker. The minute I walked into her office I knew things were going to be better. She had this poster about gay people over her desk and some rainbow beads hanging on her lamp. It was okay to tell her who I am."

Youth participant

Quoted in "Out of the Margin – A Report on Regional Listening Forums Highlighting the Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth in Care", project of the Child Welfare League of America and Lambda Legal, Inc.

Whether you are aware of it or not, you probably have clients (children, youth and parents) who are lesbian, gay, bisexual, transgender or questioning their sexual orientation and/or gender identity ("LGBTQ"). People who identify as LGBTQ can be at high risk of harassment, abuse and self-destructive behaviors. How you support your LGBTQ clients will have an enormous impact on the quality of your relationship with them. Your knowledge of relevant resources may help you make a positive difference in their lives.

Being LGBTQ inherently poses no obstacle to leading a happy, healthy and productive life.

The vast majority of LGBTQ people function well in the full array of life activities and interpersonal relationships. Thinking there is something wrong with an LGBTQ child that needs to be fixed is misguided. Efforts to change LGBTQ individuals such as "reparative" or "conversion" therapies are regarded by leading health mental health experts (such as the American Medical Association, the American Psychological Association and the American Psychiatric Association) as ineffective, unethical and the cause of increased risk of depression, anxiety and self-destructive behaviors. Research has shown that promoting an LGBTQ child's well-being with family behaviors that support them has a significant and meaningful impact on their overall health, decreasing likelihood of suicide, unsafe behavior, drug and alcohol use, and the other potential outcomes of outwardly rejecting behaviors.

Share with your foster parents and parents/guardians information that can assist them in supporting the children in their care. Practice guidance has been developed for family members and foster parents that can be distributed and reviewed (*see Guide, Sections E – Families Supporting an LGBTQ Child and I- Foster Parents Caring for LGBTQ Youth*). If you have any questions, your office's LGBTQ Liaison can assist you in preparing to speak with youth and family members on these topics.

ACKNOWLEDGE THAT LGBTQ INDIVIDUALS ARE IN YOUR MIDST.

Don't assume that every person in your caseload or every co-worker is heterosexual or comfortable in their assigned gender. Many LGBTQ individuals, especially young people, fear the negative reactions that come from revealing this aspect of their identity and carefully hide that they are LGBTQ.

Section C is for all DCF and contracted provider social workers and other staff who are involved, directly or indirectly, in work with families and youth. These staff should also consult Sections A – LGBTQ Guide Vision and Introduction, B – Having Affirmative LGBTQ Conversations, K – LGBTQ Glossary of Terms and L – Information about LGBTQ Resources.

Lambda Legal estimates that 5-10% of the population is LGBTQ and that LGBTQ adolescents are in foster care at a disproportionately higher rate.

Be aware of your own beliefs, prejudices and gaps in knowledge surrounding issues of sexual orientation and gender identity. Regardless of your personal beliefs, remember that you have a professional responsibility to provide a safe, nonjudgmental and respectful environment for all your clients, including those who are LGBTQ. As a DCF social worker, law, regulation and policy prohibit you from discriminating on the basis of a client's sexual orientation, gender identity or gender expression.

TREAT YOUR LGBTQ CLIENTS WITH THE SAME DIGNITY AND EXPECTATIONS AS YOU DO ALL OTHERS. EXAMINE YOUR BELIEFS AND ATTITUDES THAT MIGHT IMPACT YOUR PROFESSIONAL RESPONSIBILITIES TO YOUR LGBTQ CLIENTS.

DCF practice is that all clients and families should be treated with dignity and respect. Your LGBTQ clients are more than their LGBTQ identity. Most of your clients' personal traumatic experiences have occurred separate from their sexual orientation, gender identity or gender expression. Don't assume that all of the behaviors of your LGBTQ clients are related to their sexual orientation, gender identity or gender expression. Treat each individual as a whole person and do not over-emphasize or focus specifically on their actual or perceived sexual orientation, gender identity or gender expression. You will want to establish ground rules for acceptable behavior for all clients aimed at achieving safety and well-being, whether they are LGBTQ or not. For example, the boundaries set for age-appropriate dating and displays of affection should be consistent for all youth.

BE AWARE OF YOUR LANGUAGE AND DON'T STEREOTYPE.

In order to work with clients in a LGBTQ-affirmative way, you will need to become comfortable engaging all adults and youth in conversations about their sexual orientation, gender identity and gender expression. Respectfully let them know that you don't make assumptions or judgments. Learn the differences between *sexual orientation*, *gender identity* and *gender expression*. Use the words *gay*, *lesbian*, *bisexual*, *transgender* and *questioning* in appropriate contexts. Never use slurs. Learn to ask what the individual's preferred pronouns are, then use them. Use supportive, gender-neutral language with all of your clients. For example, instead of asking a teenage boy if he has a girlfriend, ask if he has "someone special" in his life. Don't assume you can identify LGBTQ people by mannerisms or other characteristics.

BE PREPARED TO WORK EFFECTIVELY WITH TRANSGENDER YOUTH.

Support transgender youth in expressing their gender identities in ways that are most comfortable for them, including dressing in the manner they choose, identifying and using the names and pronoun references they prefer. Don't assume that you know their sexual orientation. Transgender youth may have unique medical needs. Transgender youth must have their needs for access to bathrooms, locker rooms and other sex-segregated facilities consistent with their gender identity addressed in their placement, school, housing and other situations. It's important that you seek out services and placements that know how to address the needs of transgender youth appropriately.

ENCOURAGE YOUTH TO PARTICIPATE IN LGBTQ SUPPORT GROUPS

Participation in peer support groups is very beneficial to the well-being of LGBTQ youth. An LGBTQ Liaison in your office can provide you with information about groups and events that the youth you are working with may benefit from participating in. Ensure that youth, parents and foster parents are aware of local resources for LGBTQ youth. For youth in DCF placement, DCF may need to coordinate transportation. Participation in such activities should not be contingent upon the youth's good behavior or other achievements.

SHARE INFORMATION FROM THE FAMILY ACCEPTANCE PROJECT WITH FAMILIES AND FOSTER PARENTS CARING FOR LGBTQ YOUTH:

Promote your LGBTQ child's well-being with family behaviors that help:

- Talk with your child about their sexual orientation and gender identity questions
- Express your affection when your child tells you or when you learn that your child is gay or transgender; if you missed that opportunity, do so now
- Support your child's LGBTQ identity even though you may feel uncomfortable
- Advocate for your child if they are mistreated because of their LGBTQ identity
- Require that other family members respect your LGBTQ child
- Bring your child to youth-oriented LGBTQ support groups, organizations and events (They're beneficial!)
- Talk with your clergy and help your faith community support LGBTQ people
- Connect your child with an LGBTQ adult role model to show them options for the future
- Welcome your child's LGBTQ friends and partners to your home
- Support your child's gender expression
- Assure your child that they can have a happy future as an LGBTQ adult

Avoid family behaviors that increase your LGBTQ child's risk for health and well-being problems:

- Hitting, slapping or physically hurting your child because of their LGBTQ identity
- Verbally harassing or name-calling because of your child's LGBTQ identity
- Excluding your LGBTQ child from family and family activities
- Blocking access to LGBTQ friends, events and resources
- Blaming your child when they are discriminated against because of their LGBTQ identity
- Pressuring your child to be more (or less) masculine or feminine
- Telling your child that God will punish them because they are LGBTQ
- Telling your child that you are ashamed of them or that how they look and/or behave will shame the family
- Making your child keep their LGBTQ identity a secret in the family and not letting them talk about it

***[Based on information from ©2009, Caitlin Ryan, Family Acceptance Project.
For more information, go to <http://familyproject.sfsu.edu/>]***

SEEK SAFE, AFFIRMING PLACEMENTS AND SERVICES FOR LGBTQ YOUNG PEOPLE.

Below are some specific ways in which you can be supportive:

- Use the guide handouts with your clients.
- Monitor placements closely to ensure the safety of and support provided to LGBTQ youth.
- LGBTQ youth (especially those who are transgender) often face serious safety challenges at school, so monitor their school situation and advocate for their safety when necessary.
- Inform family resources and providers that they must allow youth in their care to use their clothing checks to buy clothing that they are comfortable with, including clothing and accessories that are gender nonconforming.
- Encourage participation of LGBTQ youth in youth-oriented, school and community based LGBTQ support groups and events; such participation has been shown to be beneficial for them.
- Support LGBTQ youth in obtaining positive connections to role models with whom they can identify and who will provide positive, long-term connections.
- Massachusetts law recognizes common law name changes. Individuals may adopt a name that is different from the name that appears on their birth certificate provided the change of name is done for an honest reason, with no fraudulent intent. Nothing more formal than usage is required. Hence, when requested, schools (and DCF!) should accurately record the student's (youth's) chosen name on all records, whether or not the student (youth), parent or guardian provides the school with a court order formalizing the name change.

(Source: ESE, Guidance for Massachusetts Public Schools, Creating a Safe and Supportive Environment, Nondiscrimination on the Basis of Gender Identity, 2013)

- Assist transgender youth to obtain proper legal identity documents like state identification cards and driver’s licenses, school IDs and MassHealth cards that reflect the gender with which they identify. Young adults may also need help to obtain a formal name change from the court.
- Use the youth’s chosen name and gender identity in DCF records and communications, including previous name and/or gender identity only when necessary to avoid confusion, e.g., in a court report or service referral.
- Safeguard LGBTQ youth in DCF care or custody from so-called “reparative” or “conversion” therapies; leading medical, psychological and psychiatric professional organizations regard these therapies as unethical and potentially dangerous.
- Support LGBTQ youth to transition successfully to adulthood by assessing their readiness and helping them to obtain education, vocational training, employment and life skills preparation.

EXPAND YOUR KNOWLEDGE OF LGBTQ ISSUES AND COMMUNITY RESOURCES.

Resources you may find helpful include:

- DCF LGBTQ Liaison (Contact your DCF Office or 617-748-2000)
- “AGLY” (Alliance of Gay, Lesbian, Bisexual and Transgender Youth) – Link to local peer support groups and other LGBTQ youth services (617-727-4313; www.bagly.org)
- Greater Boston Parents, Families and Friends of Lesbians and Gays (PFLAG) Chapter (781-891-5966, Toll Free Helpline: 866-427-3524; www.gbpflag.org)
- Fenway LGBT Family and Parenting Services (Toll Free LGBT Helpline: 888-340-4528, Toll Free Peer Listening Line: 800-399-PEER; www.fenwayhealth.org)
- The Trevor Project (Toll Free Lifeline: 866-488-7386 or www.thetrevorproject.org)

For additional information about these and other resources, please refer to the Guide, L – Information about LGBTQ Resources.

LGBTQ ABC’s

Commonly used definitions. Every person has the right to self-definition.

Lesbian A woman who is emotionally, romantically and sexually attracted to other women.

Gay A person who is emotionally, romantically and sexually attracted to persons of the same gender. Sometimes used to refer to gay men only. We prefer the word *gay* to *homosexual*, which has clinical overtones that some find offensive.

Bisexual A person who is emotionally, romantically and sexually attracted to more than one gender.

Transgender A person whose gender identity or gender expression does not match society’s expectations of how an individual of that gender should behave in relation to their gender. A transgender person may identify as heterosexual, lesbian, gay, bisexual or questioning.

Questioning A person, often an adolescent, who has questions about their sexual orientation or gender identity. Some questioning people eventually come out as LGBT; some don’t.

Sexual Orientation A person’s emotional, romantic and sexual attraction to persons of the same and/or different gender.

Gender Expression The manner in which a person expresses their gender through clothing, appearance, behavior, speech, etc.

Gender Identity An individual’s internal view of their gender; one’s innermost sense of being male, female, both or neither.



"Sensitivity training on transgender issues is needed for all child welfare staff, across the board."

Youth participant.

"The child welfare system needs to respect the maturity of transgender young people and the decisions they make."

Youth participant.

Quoted in "Out of the Margin – A Report on Regional Listening Forums Highlighting the Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth in Care", project of the Child Welfare League of America and Lambda Legal, Inc.

Transgender and gender nonconforming youth, like all youth in care, are entitled to informed attention to their unique needs and safety. Social workers, providers of foster/pre-adoptive care or community-connected residential treatment and other child welfare professionals each play an important part in creating and sustaining a safe and supportive environment.

Gender Terminology

- **Birth Sex:** The designation of a person’s sex as either male or female, typically assigned at birth or shortly after birth based on observation of anatomy.
- **Gender:** A social construct based on a group of emotional, behavioral and cultural characteristics. While historically known as the binary classifications of male and female, gender is increasingly understood as a spectrum having at least 2 aspects:
- **Gender Identity:** An individual’s internal view of their gender; one’s innermost sense of being male, female, both or neither. May be shown by providing evidence including, but not limited to, medical history, care or treatment of the gender-related identity, consistent and uniform assertion of the gender-related identity or any other evidence that the gender-related identity is sincerely held as part of a person’s core identity; provided, however, that gender-related identity shall not be asserted for any improper purpose.
- **Gender Expression:** The manner in which a person expresses their gender through clothing, appearance, behavior, speech, etc. May vary from the norms traditionally associated with their assigned birth sex. Is a separate concept from sexual orientation and gender identity. For example, a male may exhibit an effeminate manner but identify as a heterosexual male.
- **Gender Nonconforming:** A person who does not follow other people’s ideas and/or stereotypes about how they should look or act based on the male or female sex they were assigned at birth.
- **Transgender:** A person whose gender identity or gender expression does not match society’s expectations of how an individual of that gender should behave in relation to their gender. A transgender person may identify as heterosexual, lesbian, gay, bisexual or questioning.

Section D is for all DCF and contracted provider social workers and other staff who are involved, directly or indirectly, in work with families and youth and for DCF foster/pre-adoptive parents. These individuals should also consult Sections A – LGBTQ Guide Vision and Introduction, B – Having LGBTQ Affirmative Conversations, K – LGBTQ Glossary of Terms and L – Information about LGBTQ Resources.

Understanding Gender Identity

Transgender youth are those whose assigned birth sex does not match their internalized sense of their gender. A transgender boy (or “FtM” or “boi”), for example, is a youth who was assigned the sex of female at birth and has a clear and persistent identity as male. A transgender girl (or “MtF”) is a youth who was assigned the sex of male at birth and has a clear and persistent identity as female.

Gender nonconforming youth are those who do not follow other people’s ideas and/or stereotypes about how they should look or act based on the male or female sex they were assigned at birth. Gender nonconforming youth range in the ways in which they identify as male, female, some combination of both, or neither. The gender identity and/or gender expression of gender nonconforming youth is less linear than transgender youth, often taking them to a place that may be regarded as “gender neutral.”

Gender identity is an innate, largely inflexible characteristic of a person’s identity that experts agree is generally established by age four, although the age at which individuals come to understand and express their gender identity may vary based on each person’s familial and social development. For some, gender identity is well-established and persistent by an early age, while others may vary their gender expression or experiment with their gender identity for a relatively longer period. As a result, the person best situated to determine a youth’s gender identity is that youth.

In most situations, determining a youth’s gender identity is simple. A youth who says she is a girl and wishes to be regarded that way throughout the day and throughout every, or almost every area of her life, should be respected and treated like a girl. So, too, with a youth who says he is a boy and wishes to be regarded that way throughout the day and throughout every, or almost every, area of his life. Such a youth should be respected and treated like a boy.

Gender Transition

Many, though not all, transgender youth will undergo the experience of gender transition at some point in the development of their transgender identity. The term “gender transition” describes the experience by which a person goes from living and identifying as one gender to living and identifying as another. For many youth, the experience of gender transition involves no medical intervention. Rather, most transgender youth will undergo gender transition through a process commonly referred to as “social transition,” whereby they begin to live and identify as the gender consistent with their gender-related identity. Some transgender youth who are close to reaching puberty, or after commencing puberty, may complement social transition with medical intervention that may include hormone suppressants, cross-gender hormone therapy, and, for a small number of young people, a range of gender-confirming surgeries. Some youth come into DCF out-of-home care having begun this process, while others may raise the issue for the first time after coming to DCF. The decisions about whether and how to undergo gender transition are personal and depend on the unique circumstances of each individual. Those involved with the youth’s placement should speak directly with trained medical and healthcare providers with relevant expertise regarding questions related to gender transition.

“Transgender young people need the freedom to dress in ways that express their gender identities.” Adult participant, San Diego

Quoted in “Out of the Margin – A Report on Regional Listening Forums Highlighting the Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth in Care”, project of the Child Welfare League of America and Lambda Legal, Inc.

Key Responsibilities Related to Placement

ENSURE TRANSGENDER YOUTH ARE SAFE IN THEIR PLACEMENTS.

Advocate for housing decisions and room assignments based on a youth’s gender identity, not based on assigned birth sex unless the youth raises a safety-based objection (in other words, placement should be consistent with a youth’s gender identity). In placements that involve sex-segregated facilities, ensure youth have access to bathrooms, locker rooms, etc. consistent with their gender identity. Ensure that the youth in placement is safe from so-called “reparative” or “conversion” therapies that purport to change a person’s gender identity or gender expression; leading psychological and psychiatric professional organizations regard these therapies as unethical and dangerous. Also ensure that they are not subjected to disparaging comments about their gender identity or told to change it. Speak up if family members, staff or other youth make transphobic remarks or jokes. Use preferred pronouns.

ENCOURAGE YOUTH TO PARTICIPATE IN LGBTQ AND TRANSGENDER SUPPORT GROUPS

Let youth, parents and placement providers know that participation in peer support groups is very beneficial to the well-being of LGBTQ youth and that specialized support groups for transgender and questioning youth exist. Tell them that DCF can provide them with information about groups/events that might be appropriate. For youth in DCF placement, DCF can assist with transportation or other assistance. Make sure that neither you nor the youth's parents or placement providers make participation in such groups contingent upon the youth's good behavior or other achievements.

ALLOW TRANSGENDER YOUTH TO EXPRESS THEIR GENDER IDENTITY.

Allow transgender youth to express their gender identity through their chosen attire, hairstyles, names, mannerisms and other physical presentations without punishment or ridicule. Don't assume that transgender youth are "acting out" or being "flamboyant" when they express their gender identity. The clothing and personal style that an individual chooses are important aspects of self-expression. DCF provides a quarterly clothing allowance that youth should be allowed to spend on clothes and accessories consistent with their gender identity. Inform family resources and providers that they must allow youth in their care to use their clothing allowances to buy clothing that they are comfortable with, even if others think it is not gender appropriate.

UNDERSTAND OPTIONS FOR SUPPORTING TRANSITIONING YOUTH.

Many barriers to gender transition exist: who has custody of the youth and why, access to transition resources, financial limitations, health issues, age of consent for various medical procedures, personal and religious reasons. Despite these barriers, some youth initiate or go through gender transition. When working with a transitioning youth, the DCF social worker and supervisor should seek management support. It is recommended that a clinical review team meeting be held in which the DCF LGBTQ liaison participates; inviting a representative of DCF's Integrated Clinical Services Team should also be considered. Gender transition may be medically indicated in some cases for transgender youth. It is essential that the DCF social worker ensure that a transgender youth be provided with medical support including evaluation and care by medical professionals knowledgeable about medical care of transgender youth.

Some of the simplest ways you can lend support include:

- Using the youth's preferred name and gender pronoun when speaking and in writing and requesting that others do the same.
- Referring transgender youth to online and in-person peer support groups and resources, organizations and transgender-knowledgeable and affirming medical and mental health providers.
- Asking, rather than assuming, you know their sexual orientation.
- Providing living situations and support services that explicitly address the needs of transgender youth.
- Obtaining documents such as school IDs, MassHealth cards, state IDs, driver's licenses, etc., which reflect the transgender youth's preferred name and gender marker.

The next level of gender transition support might include:

- voice and communication therapy (i.e., altering pitch, range and patterns);
- hair removal;
- breast binding [*NOTE: Transgender male youth interested in binding should be assisted to find a "binder" which is specially designed to prevent medical ramifications.*];
- breast inserts, bras, girdles, penile prostheses (sometimes known as "packers") or hip/buttocks padding and other items as requested.

Medical transition is likely to be the recommended treatment for some children and youth who are in DCF care or custody. As delaying medical transition holds the potential to create medical and mental health problems, support for gender transition might include the following:

- mental health assessment for eligibility and readiness;
- puberty-suppressing hormones at the start of puberty (typically age 10 to 13);
- cross-gender hormones;
- gender-affirming surgery.

Ally Behaviors Supportive of Transgender Youth

- Know what it means to be transgender and gender nonconforming.
- Educate yourself and others on Gender Dysphoria and its differences in children and adolescents.
- Do not assume that transgender youth are necessarily gay or straight, or bisexual.
- Be aware of healthcare protocols for transgender youth and adults.
- Discuss and plan with youth for disclosure of transgender status that maximizes safety, respect and privacy.
- Use youth's preferred names and pronouns.
- Assist transgender youth to access trained medical and mental healthcare providers with relevant expertise.
- Assist transgender youth to access gender transition related care and treatment.
- Advocate for room assignments and housing decisions based on a youth's gender identity as the determinant of that youth's sex and not based on assigned birth sex unless the youth raises a safety-based objection (in other words, placement should be consistent with a youth's gender identity).
- Ensure youth have access to bathrooms, locker rooms and other sex-segregated facilities consistent with their gender identity.
- Assist transgender youth to be safe in their schools – *like lesbian, gay and bisexual youth, transgender youth often face serious challenges at school*. Monitor their school situation and advocate for their safety, when necessary.
- Protect transgender youth from physical and emotional abuse.
- Provide transgender-friendly role models and mentors.
- Locate and develop transgender-specific resources and share information with caregivers.
- Support transgender youth to transition successfully to adulthood by assessing their readiness and helping them to obtain education, vocational training, employment and life skills preparation.

Resources You May Find Helpful

- DCF LGBTQ Liaison (Contact your DCF Office or 617-748-2000)
- “AGLY” (Alliance of Gay, Lesbian, Bisexual and Transgender Youth) – Link to local peer support groups and other LGBTQ youth services (617-727-4313; www.bagly.org)
- Fenway LGBT Family and Parenting Services (Toll Free LGBT Helpline: 888-340-4528, Toll Free Peer Listening Line: 800-399-PEER; www.fenwayhealth.org)
- GeMS (Gender Management Service) Clinic at Boston's Children's Hospital (617-355-2420).
- Greater Boston Parents, Families and Friends of Lesbians and Gays (PFLAG) Chapter (781-891-5966, Toll Free Helpline: 866-427-3524; www.gbplag.org)
- I Am, Trans People Speak (www.transpeoplespeak)
- Massachusetts Transgender Political Coalition (MTPC) (617-778-0519; www.masstpc.org)
- The Trevor Project (Toll Free Lifeline: 866-488-7386 or www.thetrevorproject.org)
- World Professional Association for Transgender Health (www.wpath.org)

For additional information about these and other resources, please refer to the Guide, L – Information about LGBTQ Resources.

LGBTQ ABC's

Commonly used definitions. Every person has the right to self-definition.

Lesbian A woman who is emotionally, romantically and sexually attracted to other women.

Gay A person who is emotionally, romantically and sexually attracted to persons of the same gender. Sometimes used to refer to gay men only. We prefer the word *gay* to *homosexual*, which has clinical overtones that some find offensive.

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Transgender A person whose gender identity or gender expression does not match society's expectations of how an individual of that gender should behave in relation to their gender. A transgender person may identify as heterosexual, lesbian, gay, bisexual or questioning.

Questioning A person, often an adolescent, who has questions about their sexual orientation or gender identity. Some questioning people eventually come out as LGBT; some don't.

Sexual Orientation A person's emotional, romantic and sexual attraction to persons of the same and/or different gender.

Gender Expression The manner in which a person expresses their gender through clothing, appearance, behavior, speech, etc.

Gender Identity An individual's internal view of their gender; one's innermost sense of being male, female, both or neither.



"You have to start with the family. Now we know how harmful it is for gay kids not to be accepted, not to be loved, and to be victimized. The more we talk about it, and the more people embrace their gay children and form families where they are accepted and loved – and not discriminated – they will thrive, the kids will thrive."

Leonora, mother of a lesbian daughter, with 2 grandchildren

Quoted in Ryan, C., Supportive families, healthy children – Helping families with lesbian, gay, bisexual & transgender children. San Francisco, CA: Marian Wright Edelman Institute, San Francisco State University, 2009.

Being LGBTQ inherently poses no obstacle to leading a happy, healthy and productive life.

For some parents, learning that a child is lesbian, gay, bisexual, transgender or questioning his/her sexual orientation or gender identity (“LGBTQ”) is a challenging experience that can create feelings of anxiety, confusion or even anger. For others, a child “coming out” to them about their LGBTQ identity is welcomed and regarded as a sign of trust. How a parent responds to their LGBTQ child has an enormous impact on the child’s healthy development and on the quality of the parent-child relationship.

YOU ARE NOT ALONE.

Whatever your reaction to learning that your child is LGBTQ, it’s important for you to know that you are not alone in this experience. In fact, approximately one in every four families in this country has a family member who is LGBTQ. Finding supportive resources for your child and yourself may help you develop acceptance and understanding of how best to support your child. Most importantly, reassure your child of your unconditional love.

WORK ON ACCEPTING YOUR CHILD’S GENDER IDENTITY, GENDER EXPRESSION AND SEXUAL ORIENTATION.

Being LGBTQ inherently poses no obstacle to leading a happy, healthy and productive life. The vast majority of LGBTQ people function well in the full array of life activities and interpersonal relationships. Thinking there is something wrong with your child that needs to be fixed is misguided. Efforts to change LGBTQ individuals such as “reparative” or “conversion” therapies are regarded by leading health and mental health experts (such as the American Medical Association, the American Psychological Association and the American Psychiatric Association) as ineffective, unethical and the cause of increased risk of depression, anxiety and self-destructive behaviors.

ENCOURAGE YOUR CHILD TO PARTICIPATE IN LGBQ AND TRANSGENDER SUPPORT GROUPS.

Participation in peer support groups is very beneficial to the well-being of LGBTQ youth. DCF can provide you information about groups and events that your child may benefit from participating in. For youth in placement, DCF may be able to provide transportation or other assistance. Participation in such groups should not be contingent upon the youth’s good behavior or other achievements.

EXPAND YOUR KNOWLEDGE OF LGBTQ ISSUES.

Perpetuating unfounded myths and stereotypes about being LGBTQ is detrimental to the health and well-being of LGBTQ youth. Literature and resources specifically intended for parents of LGBTQ youth can help you develop a better understanding of issues your child may face. Expanding your knowledge of LGBTQ issues may improve your relationship with your child, and will ensure that you and your child have access to support.

Section E is intended for all families and should be provided, at the beginning of any assessment, with Sections A- LGBTQ Guide Vision and Introduction, K – LGBTQ Glossary of Terms and L – Information about LGBTQ Resources.

CONSIDER THIS INFORMATION FROM THE FAMILY ACCEPTANCE PROJECT.

The Family Acceptance Project found that gay and transgender teens who were highly rejected by their parents and caregivers were at very high risk for health and mental health problems when they become young adults (ages 21-25). Young people who were highly rejected because of their gay or transgender identity were:

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

compared with gay and transgender young adults who were not at all or only rejected a little by their parents and caregivers. The Project found that families from all ethnic groups were shocked to learn that reactions they thought would help or would protect their children from being gay or transgender – instead put their children at very high risk for health and mental health problems. Their research has identified many ways to express support that can help your gay or transgender child and show them that you love them, even if you disagree with their being gay or transgender. The Project tells parents and caregivers to be honest about their feelings, because children know how their parents/caregivers really feel. If you are conflicted about having a gay or transgender child, be honest with your child about your feelings and concerns. And *be sure* to tell your child that you love them.

Here are some specific ways the Project has found that parents and other caregivers can be supportive of their LGBTQ children:

Promote your LGBTQ child's well-being with family behaviors that help:

- Talk with your child about their sexual orientation and gender identity questions
- Express your affection when your child tells you or when you learn that your child is gay and/or transgender
- Support your child's LGBTQ identity even though you may feel uncomfortable
- Advocate for your child if they are mistreated because of their LGBTQ identity
- Require that other family members respect your LGBTQ child
- Bring your child to youth-oriented LGBTQ support groups, organizations and events (They're beneficial!)
- Talk with your clergy and help your faith community support LGBTQ people
- Connect your child with an LGBTQ adult role model to show them options for the future
- Welcome your child's LGBTQ friends and partners to your home
- Support your child's gender expression
- Assure your child that they can have a happy future as an LGBTQ adult
- Call or attend a meeting of PFLAG (Parents, Friends and Families of Lesbians and Gays) or other parental support group

Avoid family behaviors that increase your LGBTQ child's risk for health and well-being problems:

- Hitting, slapping or physically hurting your child because of their LGBTQ identity
- Verbally harassing or name-calling because of your child's LGBTQ identity
- Excluding your LGBTQ child from family and family activities
- Blocking access to LGBTQ friends, events and resources
- Blaming your child when they are discriminated against because of their LGBTQ identity
- Pressuring your child to be more (or less) masculine or feminine
- Telling your child that God will punish them because they are LGBTQ
- Telling your child that you are ashamed of them or that how they look and/or behave will shame the family
- Making your child keep their LGBTQ identity a secret in the family and not letting them talk about it

***[Based on information from ©2009, Caitlin Ryan, Family Acceptance Project.
For more information go to <http://familyproject.sfsu.edu/>]***

When having conversations with a teen who may be LGBTQ, remember these 5 facts:

1. It's not "just a phase" – they may be still learning who they are, but that doesn't mean this is an experiment or a plea for attention.
2. They may recognize their same-sex attractions or true gender identity, but may not have determined what to do with that self-knowledge or what identity label feels comfortable.
3. They may have never heard anything positive about being LGBTQ; you may be the first person to tell them they are normal and healthy. You can help them connect with other LGBTQ youth or adult role models.
4. A young person who identifies as LGBTQ may be sexually active with a person of any gender, or may not be sexually active at all. Offer information and resources relevant to their needs, not their identity.
5. Don't make assumptions based on dress or behavior. It's okay to ask respectful questions. Be clear you are trying to understand so you can support your child in all the ways they may need it.

[Based on the cue card developed by GLYS and SPHERE, programs of Health Care of Southeastern Massachusetts, Inc., that can be found at www.hcsm.org/glys.htm or www.hcsm.org/sphere]

IF YOUR CHILD COMES OUT TO YOU:

- Thank them for trusting you and acknowledge their courage.
- Ask what their needs are about sharing this information.
- Let them know you want to support them and ask what specifically they might want help with.
- Help them make a safety plan if they have not yet come out to other family members or at school or elsewhere and want help.
- Discuss relationships, including dating and break-ups. You can ask, "Is there someone special in your life?" or "Are you seeing anyone these days?"
- Suggest additional resources and sources of support (see "Resources You May Find Helpful" below).

RESOURCES YOU MAY FIND HELPFUL: For additional information about these and other resources, please refer to the Guide, L – Information about LGBTQ Resources.

- DCF LGBTQ Liaison (Contact your DCF Office or 617-748-2000)
- "AGLY" (Alliance of Gay, Lesbian, Bisexual and Transgender Youth) – Link to local peer support groups and other LGBTQ youth services (617-727-4313; www.bagly.org)
- Greater Boston Parents, Families and Friends of Lesbians and Gays (PFLAG) Chapter (781-891-5966, Toll Free Helpline: 866-427-3524; www.gbflag.org)
- Fenway LGBT Family and Parenting Services (Toll Free LGBT Helpline: 888-340-4528, Toll Free Peer Listening Line: 800-399-PEER; www.fenwayhealth.org)
- The Trevor Project (Toll Free Lifeline: 866-488-7386 or www.thetrevorproject.org)

LGBTQ ABC's

Commonly used definitions. Every person has the right to self-definition.

Lesbian A woman who is emotionally, romantically and sexually attracted to other women.

Gay A person who is emotionally, romantically and sexually attracted to persons of the same gender. Sometimes used to refer to gay men only. We prefer the word *gay* to *homosexual*, which has clinical overtones that some find offensive.

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Transgender A person whose gender identity or gender expression does not match society's expectations of how an individual of that gender should behave in relation to their gender. A transgender person may identify as heterosexual, lesbian, gay, bisexual or questioning.

Questioning A person, often an adolescent, who has questions about their sexual orientation or gender identity. Some questioning people eventually come out as LGBT; some don't.

Sexual Orientation A person's emotional, romantic and sexual attraction to persons of the same and/or different gender.

Gender Expression The manner in which a person expresses their gender through clothing, appearance, behavior, speech, etc.

Gender Identity An individual's internal view of their gender; one's innermost sense of being male, female, both or neither.

"Families love their children and want the best for them."

"When we hold out baby in the nursery for the first time, no one tells us that our baby might be gay. By the time we know who our children are, we may have hurt them in many ways.

No one teaches us how to help and protect our gay or transgender children. We may think we can help by trying to change them – but we need to love them for who they are."

Erica, mother of a 14 year-old transgender youth

"We found that young adults whose parents ...supported their gay or transgender identity had better overall health, and mental health. They had higher self-esteem and were much less likely to use illegal drugs, or to think about or try to kill themselves."

Quoted in ©2009, Caitlin Ryan, Family Acceptance Project.
For more information, go to <http://familyproject.sfsu.edu/>



"It's all about having an open mind. LGBTQ youth want foster parents who will support them and treat them like they belong. They're normal. Just because they call themselves something else doesn't mean anything. They just want somebody to accept that, 'I am Mary. This is me. This is how I am.'"

Youth participant

Quoted in "Out of the Margin – A Report on Regional Listening Forums Highlighting the Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth in Care", project of the Child Welfare League of America and Lambda Legal, Inc.

As a youth in DCF care or custody, you deserve support and respect from your social worker, caregivers and other adults in your life.

It is the role of DCF social workers to be supportive and responsive to children and youth who are lesbian, gay, bisexual, transgender or questioning ("LGBTQ"). It is the responsibility of DCF social workers to ensure that LGBTQ children and youth placed outside their homes are in settings that provide them access to services that respect and support their sexual orientation, gender identity and gender expression.

You are also entitled to receive LGBTQ-affirming services. You have a right to be heard, to feel supported and to be safe and free from harassment based on your sexual orientation, gender identity or gender expression. DCF does not tolerate homophobia or transphobia, in the same way it does not tolerate racism.

YOUR SOCIAL WORKER AND THE OTHER ADULTS IN YOUR LIFE HAVE AN OBLIGATION TO SUPPORT YOU.

The adult professionals in your life have a legal duty to support and protect you from anti-LGBTQ harassment and mistreatment. State laws and regulations prohibit DCF, its foster and pre-adoptive families and its contracted providers from discriminating on the basis of sexual orientation, gender identity or expression. If your placement is not safe, your DCF social worker must take steps to protect you, which may include moving you to a more appropriate placement.

Your DCF social worker and caregiver should also stick up for you in school if you are experiencing harassment, bullying or mistreatment there. Within the bounds of school dress codes, you are allowed to dress in ways that you are comfortable with, including gender nonconforming attire, and to use your DCF clothing allowance to do so.

PARTICIPATING IN LGBTQ PEER SUPPORT GROUPS IS LIKELY TO BE BENEFICIAL FOR YOU.

Your DCF social worker or caregiver can provide you with information about school or community-based groups and events for LGBTQ youth that you may find supportive and enjoyable. If you are in a DCF placement (with a family or in a residential setting), DCF may need to coordinate transportation or other assistance. Your ability to participate in such activities should not be based on whether your behavior is good or you have achieved some specific goal; let your DCF social worker know if your caregiver is trying to set up that kind of expectation.

Section F is for all youth aged 10 and older. Youth should also be provided Sections A – LGBTQ Guide Vision and Introduction, G – Information for Transgender & Gender Nonconforming Youth, K – LGBTQ Glossary of Terms and L – Information about LGBTQ Resources.

TELL A TRUSTED ADULT IF YOU FEEL UNSAFE.

It is important to tell someone if you feel unsafe or are being bullied. If you are being mistreated, tell a trusted adult immediately. Whether or not you are LGBTQ, or others assume you are, doesn't matter. If you're being targeted because others think you're LGBTQ, you are entitled to protection. Some people who can help you are:

- your DCF Social Worker
- your DCF Supervisor and/or Area Program Manager (APM) (call the DCF Area Office for name and contact information)
- your parents or kin
- your foster parents
- DCF's Judge Baker Child-at-Risk Hotline (call 800-792-5200)
- your Area Office's DCF LGBTQ Liaison (the receptionist can provide name and contact information)
- your school's counselor or social worker, principal or teacher you trust
- your therapist
- your attorney (ask your DCF Social Worker for the attorney's contact information or call the Clerk Magistrate's Office in the juvenile court that is hearing your case)
- your doctor or other medical provider such as the nurse practitioner
- a Gay-Straight Alliance advisor (call Massachusetts Commission on LGBTQ Youth: 617-624-5495)
- local law enforcement

KNOW YOUR LEGAL RIGHTS IN CARE.

You have many legal rights while you are in care, including the right to be free from verbal, emotional and physical harassment in your placement, school and community.

You have the right to be open about your sexual orientation, gender identity and gender expression.

The adults involved in your care have a legal and ethical obligation to ensure you are safe and protected. You also have the right to be treated equally, to express your gender identity and to be open about your sexual orientation.

Transgender youth have the right to be identified by the name and pronouns that accord with their gender identity (DCF will still use your legal name when necessary) and to wear clothing consistent with their gender identity.

You cannot be excluded from or discriminated against in admission to any Massachusetts public school, or in obtaining equal enjoyment of the public school's advantages, privileges and courses of study based on your sexual orientation or gender identity or gender expression.

You have more rights as discussed below. (*See the attached Foster Child Bill of Rights*)

If you are experiencing difficulties and are in DCF custody, you will have been assigned an attorney who may be able to take legal action on your behalf. Your conversations with your attorney are confidential, and you do not have to come out to receive protection and legal advocacy. Your attorney also has an obligation not to discriminate against you based on your sexual orientation, gender identity or gender expression. If you do not have an attorney, the following organizations can help you find one: GLAD (Gay & Lesbian Advocates & Defenders) (1-800-450-GLAD; www.GLADAnswers.org) or Lambda Legal (toll free hotline: 1-866-LGBTTeen or 1-866-542-8336 or www.lambdalegal.org).

THE ADULTS IN YOUR LIFE SHOULD ACCEPT YOU FOR WHO YOU ARE AND NOT TRY TO CHANGE YOUR SEXUAL ORIENTATION, GENDER IDENTITY OR GENDER EXPRESSION.

Leading mental health and child welfare experts have concluded that so-called "reparative" or "conversion" therapies (i.e., treatments, often identified as based on religious doctrine, designed to change you or your way of thinking) are unethical and potentially harmful. You are likewise entitled to maintain your own religious beliefs and to be free from efforts to convert you. You have the right to be free from religious indoctrination that condemns or puts down your sexual orientation or gender identity or expression. No one should make negative comments to you about your sexual orientation, gender identity or gender expression.

BECOME AN AUTHORITY ON YOUR OWN HEALTH CARE NEEDS.

All youth should have access to sexual health education, medical care and materials suited to their needs (e.g., any health education should be inclusive of LGBTQ needs). DCF requires your social worker to help you find them. Be sure to seek out their assistance if it has not been offered to you. Transgender youth must be provided with medical support, including evaluation and care by medical professionals knowledgeable about medical care of transgender youth. For a referral to supportive health care professionals in your community, contact:

- Fenway LGBT Family and Parenting Services (Toll Free LGBT Helpline: 888-340-4528; Toll Free Peer Listening Line: 800-399-PEER; www.fenwayhealth.org)
- GeMS (Gender Management Service) Clinic at Boston Children’s Hospital (617-355-2420)
- TapestryHealth in Western MA (413-586-2016, Toll Free: 800-696-7752; www.tapestryhealth.org)
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LOCATE LGBTQ SUPPORT GROUPS AND OTHER RESOURCES IN YOUR COMMUNITY.

Resources you may find helpful are:

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- It Gets Better Project (www.itgetsbetter.org and www.youtube.com/user/itgetsbetterproject)
- MAP for Health (617-426-6755; <http://mapforhealth.org>)
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- Youth on Fire (617-599-0231; www.ccaa.org/youth_on_fire.html)

For additional information about these and other resources, please refer to the Guide, L – Information about LGBTQ Resources.

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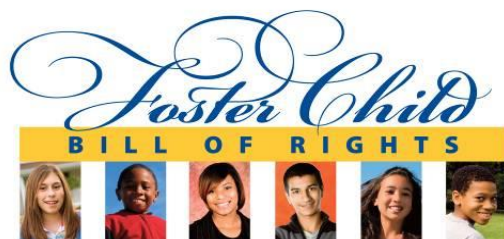
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Preamble: The Department of Children and Families recognizes the following rights of children and youth in foster care. These rights are intended to guide the Department and its providers in the delivery of care and services to foster youth with the commitment to permanency, safety and well being. This Bill of Rights was developed by the Department's Youth Advisory Board.

Every Foster

Shall be treated with respect by DCF staff, foster parents and providers without regard to race, ethnicity, sexual orientation, gender identity, religion and/or disability.

Shall have family and relatives explored first as potential placement providers.

Shall have reasonable access to a caseworker who makes case plan decisions. Reasonable access shall include the social worker and supervisor's office telephone numbers and email addresses as well as, a minimum, monthly visits by social worker.

Shall participate in the development and review of the service plan and have input into changes to the plan that affect permanence, safety, stability or well being. Youth age 14 and older should also be presented with the service plan for their review and signature.

Shall be informed in a manner appropriate to age and level of understanding of the reason(s) the Department of Children and Families became involved with his/her family and why he/she is in care.

Shall be included in the Foster Care Review meeting, Permanency Hearing and Lead Agency Team meeting if age 14 and older, unless documented by court order or service plan that participation would be detrimental to the youth. If

Shall receive support from social worker, foster family/provider in maintaining positive contact with significant people (relatives, teachers, friends and community supports) including assistance with contact information and visitation.

Shall be treated as a family member and, whenever possible, be included in a foster family's activities, holidays and rituals and be able to freely discuss reason(s) with social worker and foster family if choosing to not participate.

Shall have access to medical, dental, vision, mental and behavioral health services regularly and more often as needed.

Shall have access to information contained in medical, dental, and educational records held by DCF as well as personal documents such as social security card, birth certificate, green card, etc. When youth leave DCF, they shall be given copies of medical, dental and educational records held by DCF and original social security card, birth certificate, and green card.

Shall have the opportunity to have private conversations with social worker on a regular basis. Foster youth should also be made aware of the process for contacting the supervisor and attorney regarding any questions or concerns.



"My dream is to live in a family that will accept me and where I can just be a kid."

Youth participant

Quoted in "Out of the Margin – A Report on Regional Listening Forums Highlighting the Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth in Care", project of the Child Welfare League of America and Lambda Legal, Inc.

As a transgender or gender nonconforming youth, you deserve support and respect from your social worker, caregiver and other adults in your life.

It is the role of DCF social workers to be supportive and responsive to children and youth who are lesbian, gay, bisexual, transgender or questioning ("LGBTQ"). It is the responsibility of DCF social workers to ensure that LGBTQ children and youth placed outside their homes are in settings that provide them access to services that respect and support their sexual orientation, gender identity and gender expression. You are also entitled to receive LGBTQ-affirming services. You have a right to be heard, to feel supported and to be safe and free from harassment based on your sexual orientation, gender identity or gender expression. DCF does not tolerate homophobia or transphobia, in the same way it does not tolerate racism.

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If you are experiencing difficulties and are in DCF custody, you will have been assigned an attorney who may be able to take legal action on your behalf. Your conversations with your attorney are confidential, and you do not have to come out to receive protection and legal advocacy. Your attorney also has an obligation not to discriminate against you based on your sexual orientation, gender identity or gender expression. If you do not have an attorney, the following organizations can help you find one: GLAD (Gay & Lesbian Advocates & Defenders) (1-800-450-GLAD; www.GLADAnswers.org) or Lambda Legal (toll free hotline: 1-866-LGBTTeen or 1-866-542-8336 or www.lambdalegal.org).

Section G is for all youth age 10 and older. Youth should also be provided Sections A – LGBTQ Guide Vision and Introduction, D – Working with Transgender or Gender Nonconforming Youth, F – Information for LGBTQ Youth in Care, K – LGBTQ Glossary of Terms and L – Information about LGBTQ Resources.

YOUR SOCIAL WORKER AND THE OTHER ADULTS IN YOUR LIFE HAVE AN OBLIGATION TO SUPPORT YOU.

The adult professionals in your life have a legal duty to support and protect you from anti-LGBTQ harassment and mistreatment regardless of how you identify. Whether you are LGBTQ, or others assume you are, state laws and regulations prohibit DCF, its foster and pre-adoptive families and its contracted providers from discriminating on the basis of sexual orientation, gender identity or gender expression. If you are in a placement that is not safe, your DCF social worker must take steps to protect you, which may include moving you to a more appropriate placement.

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Your DCF social worker or caregiver can provide you with information about school or community-based groups and events for transgender and gender nonconforming youth that you may find supportive and enjoyable. If you are in a DCF placement (with a family or in a residential setting), DCF may need to coordinate transportation or other assistance. Your ability to participate in such activities should not be based on whether your behavior is good or you have achieved some specific goal; let your DCF social worker know if your caregiver is trying to set up that kind of expectation.

TELL A TRUSTED ADULT IF YOU FEEL UNSAFE.

It is important to tell someone if you feel unsafe or are being bullied. If you are being mistreated, tell a trusted adult immediately. Whether or not you are out, or whether or not you are transgender, doesn't matter. If you're being targeted because others think you're transgender, you are entitled to protection. Some people who can help you are:

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- your DCF Supervisor and/or Area Program Manager (APM) (call the DCF Area Office for name and contact information)
- your parents and kin
- your foster parents
- DCF's Judge Baker Child-at-Risk Hotline (call 800-792-5200)
- your Area Office's DCF LGBTQ Liaison (the receptionist can provide name and contact information)
- your school's counselor or social worker
- your therapist
- your attorney (ask your DCF Social Worker for the attorney's contact information or call the Clerk Magistrate's Office in the juvenile court that is hearing your case)
- your doctor or other medical provider such as the nurse practitioner
- a Gay-Straight Alliance advisor (call Massachusetts Commission on LGBTQ Youth: 617-624-5495)
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THE ADULTS IN YOUR LIFE SHOULD ACCEPT YOU FOR WHO YOU ARE AND NOT TRY TO CHANGE YOUR TRANSGENDER OR GENDER NONCONFORMING IDENTITY.

You are not required to go along with any efforts to change your gender identity or sexual orientation. Like LGB youth, you should know that leading mental health and child welfare experts have concluded that so-called "reparative" or "conversion" therapies (i.e., treatments, often identified as based on religious doctrine, designed to change you or your way of thinking) are ineffective, potentially dangerous and unethical. You are likewise entitled to maintain your own religious beliefs and to be free from efforts to convert you. You have the right to be free from religious indoctrination that condemns or puts down your sexual orientation or gender identity or gender expression. No one should make negative comments to you about your sexual orientation or gender identity.

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LOOK FOR SUPPORT GROUPS AND SUCCESSFUL MENTORS IN YOUR COMMUNITY FOR TRANSGENDER AND GENDER NONCONFORMING YOUTH.

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Shall be informed in a manner appropriate to age and level of understanding of the reason(s) the Department of Children and Families became involved with his/her family and why he/she is in care.

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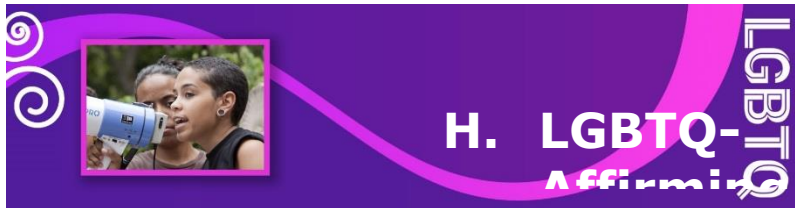
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Shall have the opportunity to have private conversations with social worker on a regular basis. Foster youth should also be made aware of the process for contacting the supervisor and attorney regarding any questions or concerns.



"Just because someone's not LGBTQ doesn't mean you can't match them with someone who is. Placement matching should emphasize pairing LGBTQ youth with people who are open-minded and accepting, whether they identify as LGBTQ or not."

Youth participant

Quoted in "Out of the Margin – A Report on Regional Listening Forums Highlighting the Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth in Care", project of the Child Welfare League of America and Lambda Legal, Inc.

It is the role of DCF social workers to support foster and pre-adoptive families with members who are lesbian, gay, bisexual, transgender or questioning ("LGBTQ").

It is also our responsibility to support all foster and pre-adoptive families with whom LGBTQ children and youth are placed. A foster or pre-adoptive parent does not need to identify as LGBTQ to provide a safe and affirming home to an LGBTQ-identified child or youth. DCF does not tolerate homophobia or transphobia, in the same way it does not tolerate racism.

DCF WELCOMES LGBTQ INDIVIDUALS AND COUPLES INTERESTED IN BECOMING FOSTER AND PRE-ADOPTIVE PARENTS.

DCF has and does approve LGBTQ individuals and couples as foster/pre-adoptive parents for unrestricted, kinship and child-specific placements. Children placed in homes headed by an LGBTQ parent(s) may be of any sexual orientation, gender identity or gender expression.

Be aware that information about an applicant's sexual orientation, gender identity and gender expression is not specifically solicited on the Family Resource Application and so it may not be disclosed on that form. Many LGBTQ individuals fear the negative reactions that come from revealing this aspect of their identity and carefully hide that they are LGBTQ. Let prospective applicants know that you understand that asking for prior names and household members for the purpose of completing background records checks (CORI and DCF history) may have a differential impact on LGBTQ individuals. For example, for transgender people, revealing a gender identity change may be very risky to their employment status and relationships.

For these reasons, social workers are expected to be sensitive in their conversations with all families. It is recommended that during an applicant's initial contact with DCF, you inform the applicant that DCF does not discriminate based on one's sexual orientation, gender identity or gender expression. You should also acknowledge that the form does not specifically ask for sexual orientation, gender identity and gender expression information. Let them know that failure to disclose such information will not lead to disqualification but having it helps DCF make successful placement decisions.

Section H is for DCF and contracted provider staff involved directly or indirectly with kin, child-specific and unrestricted prospective and current foster and pre-adoptive parents. It should be provided with Sections A – LGBTQ Guide Vision and Introduction, B – Having Affirmative LGBTQ Conversations, C – Social Workers with LGBTQ Clients, D – Working with Transgender or Gender Nonconforming Youth, I – Foster Parents Caring for LGBTQ Youth, K – LGBTQ Glossary of Terms and L – Information about LGBTQ Resources.

ACKNOWLEDGE THAT LGBTQ INDIVIDUALS ARE IN YOUR MIDST.

Whether you are aware of it or not, you are probably working with family members (parents, children and youth) who are lesbian, bisexual, transgender and/or questioning their sexual orientation gender identity (“LGBTQ”). How you respond to LGBTQ individuals will have an enormous impact on the quality of your relationship with them. Your knowledge of relevant practices and resources may help you make a positive difference in their lives and in the care of children/youth placed with them.

LEARN HOW TO COMPLETE LICENSE STUDIES AND OTHER ASSESSMENTS IN A LGBTQ-AFFIRMATIVE WAY.

To develop the rapport needed to support full assessments of and ongoing working relationships with foster and pre-adoptive families, you will need to become comfortable engaging adults and youth in conversations about their sexual orientation and gender identity/expression. Be aware of your own beliefs, prejudices and gaps in knowledge surrounding issues of sexual orientation, gender identity and gender expression. Respectfully let family members know that you don’t make assumptions or judgments. Learn to ask what the individual’s preferred pronouns are, then use them. Be aware of the language you use. Use supportive, gender-neutral language with all individuals. Learn the differences between *sexual orientation*, *gender identity* and *gender expression*. For example, instead of asking a single man if he has a girlfriend, ask if he has “someone special” in his life. Don’t assume you can identify LGBTQ people by mannerisms or other characteristics. Use the words *gay*, *lesbian*, *bisexual*, *transgender* and *questioning* in appropriate contexts. Never use slurs.

IDENTIFY FAMILIES WITH WHOM LGBTQ CHILDREN AND YOUTH CAN BE SAFELY PLACED.

Family resource staff should identify homes that would be welcoming and affirming to children and youth regardless of their sexual orientation, gender identity or gender expression.

Information You Should Gather & Document during ALL Licensing, Annual Reassessments & License Renewal Studies

In addition to learning “how” to work with foster and pre-adoptive families in LGBTQ-affirmative ways, there is also the need to obtain and document information from ALL families whether or not they are willing to consider placement of an LGBTQ child in their home. During the License Study and subsequent Annual Reassessments and License Renewals, provide a copy of the LGBTQ Glossary and be sure to address:

- Would you be willing to foster or adopt a child/youth who is lesbian, gay, bisexual or questioning?
- Would you be willing to foster or adopt a child/youth who is transgender, gender nonconforming or questioning?
- What would you do if a child you are fostering or have adopted comes out to you as lesbian, gay, bisexual, transgender or questioning?
- What experiences have you had that you believe will help you know how to care for an LGBTQ child or youth?

(NOTE: Since this information may not have been included in the initial License Study for existing foster parents, be sure to assess for it during the Annual Reassessment and License Renewal Study as well as any Pre-Adoptive Licensing Study.)

BE PREPARED TO WORK EFFECTIVELY WITH TRANSGENDER INDIVIDUALS.

Be aware of the heightened concerns about the confidentiality of the information you are seeking from transgender individuals. Take into account how you will maintain their confidentiality as you compose the written License Study or similar documents. Don’t assume that you know their sexual orientation.

When a child/youth to be placed identifies as transgender, choose a family resource who is accepting of the youth's expression of their gender identity in ways that are most comfortable for the youth, including dressing in the manner they choose, identifying and using the names and pronouns they prefer. When supporting the placements of transgender youth, be aware of their specific medical and placement needs. It's important to choose foster and pre-adoptive placements that know how or are willing to learn how to address the well-being needs of transgender youth appropriately and are able to provide them comfort, safety and privacy. Foster and pre-adoptive parents must also be able to understand and implement the recommendations of qualified medical and mental health professionals who may be working with the youth.

Foster/pre-adoptive parent should know that Massachusetts law recognizes common law name changes. Individuals may adopt a name that is different from the name that appears on their birth certificate provided the change of name is done for an honest reason, with no fraudulent intent. Nothing more than formal usage is required. Schools, when requested, are required to record the student's chosen name on all records, whether or not the student, parent or guardian provides the school with a court order formalizing a name change. (Source: ESE, *Guidance for Massachusetts Public Schools, Creating a Safe and Supportive Environment, Nondiscrimination on the Basis of Gender Identity, 2013*)

SUPPORT DEVELOPMENT OF FOSTER AND PRE-ADOPTIVE FAMILIES THAT CAN PROVIDE SAFE, AFFIRMING CARE TO LGBTQ YOUNG PEOPLE.

Below are some specific ways you can work with your foster and pre-adoptive families:

- Treat families with LGBTQ family members with the same dignity and expectations as you do all others.
- You, and the foster/pre-adoptive families with whom you work, should not assume that every adult or child/youth is heterosexual or comfortable in their assigned gender.
- Use the guide handouts with all families and teach them how to use them with youth placed with them, especially the information on family behaviors that promote well-being and those that don't from the Family Acceptance Project.
- Monitor placements closely to ensure the safety of and support provided to LGBTQ youth. If you have any concerns about a foster or pre-adoptive parent's willingness or ability to meet the needs of a LGBTQ youth, seek immediate guidance from your supervisor.
- Don't assume that all of the problems of your foster and pre-adoptive families with LGBTQ family members or LGBTQ children/youth in DCF care/custody are related to their sexual orientation, gender identity or gender expression. Most of the personal traumatic experiences of LGBTQ individuals have occurred independent of their sexual orientation, gender identity or gender expression.
- LGBTQ youth (especially those who are transgender) often face serious safety challenges at school, so make sure that your foster and pre-adoptive families monitor their school situation, advocate for their safety when necessary and let you or the Social Worker know when concerns exist.
- Inform foster and pre-adoptive parents that participation in youth-oriented, LGBTQ school and community based support groups and events is very beneficial to the well-being of LGBTQ youth. Let them know that DCF can provide them with information about groups/events that might be appropriate for youth in their care and assistance in helping the youth access them. Tell them that DCF does not want them to make participation in such groups contingent upon the youth's good behavior or other achievements.
- Inform foster and pre-adoptive parents that they must allow LGBTQ youth in their care to spend their clothing checks to buy clothing that they are comfortable with, including clothing and accessories that are gender nonconforming.
- Establish ground rules for acceptable behavior that are the same for all individuals whether LGBTQ or not and help your foster and pre-adoptive parents to do the same in their households.
- Support foster and pre-adoptive parents to understand the value to LGBTQ youth in DCF care/custody of adult LGBTQ role models with whom they can identify and who will provide positive, long-term connections.
- Work with your foster and pre-adoptive parents on assisting transgender youth in DCF care/custody to obtain proper legal identity documents like state identification cards and driver's licenses that reflect the gender with which they identify. Young adults may also need help to obtain a name change.
- Inform foster and pre-adoptive parents that LGBTQ youth in DCF care/custody must be safeguarded from so-called "reparative" or "conversion" therapies; leading medical, psychological and psychiatric professional organizations regard these therapies as unethical and potentially dangerous.
- Assist foster and pre-adoptive parents in supporting LGBTQ youth to transition successfully to adulthood.

CONSIDER THIS INFORMATION FROM THE FAMILY ACCEPTANCE PROJECT.

The Family Acceptance Project found that gay and transgender teens who were highly rejected by their parents and caregivers were at very high risk for health and mental health problems when they become young adults (ages 21-25). Young people who were highly rejected because of their gay or transgender identity were:

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

compared with gay and transgender young adults who were not at all or only rejected a little by their parents and caregivers. Their research has identified many ways to express support that can help LGBTQ youth such as:

PROMOTE THE WELL-BEING OF LGBTQ YOUTH WITH BEHAVIORS THAT HELP:

- Talk with youth about their sexual orientation and gender identity questions and tell them they are normal and healthy
- Express respect when youth tell you or when you learn that they is gay or transgender
- Support youth's LGBT identity even though you may feel uncomfortable
- Allow youth to use their clothing check to buy clothing that they are comfortable with, even if it is gender nonconforming
- Advocate for youth if they are mistreated because of their LGBT identity
- Require that other family members respect LGBT youth
- Bring youth to youth-oriented LGBT support groups, organizations and events (They're beneficial!)
- Talk with clergy and help any faith community involved with your setting to support LGBT people
- Connect youth with an LGBT adult role model to show them options for the future
- Welcome youth's LGBT friends and partners to your setting, when possible
- Support youth's gender expression
- Assure youth that they can have a happy future as an LGBT adult

AVOID BEHAVIORS THAT INCREASE LGBTQ YOUTH'S RISK FOR HEALTH AND WELL-BEING PROBLEMS:

- Hurting youth (including verbal harassment or name-calling) because of their LGBTQ identity
- Excluding youth from activities
- Blocking youth's access to LGBTQ friends, events and resources
- Blaming youth if they are discriminated against because of their LGBTQ identity
- Pressuring youth to be more (or less) masculine or feminine
- Telling youth that God will punish them because they are LGBTQ
- Telling youth that you are ashamed of them or that how they look will shame their family or others
- Making youth keep their LGBTQ identity a secret and not letting them talk about it

***[Based on information from ©2009, Caitlin Ryan, Family Acceptance Project.
For more information go to <http://familyproject.sfsu.edu/>]***

ENCOURAGE CHILDREN/YOUTH TO PARTICIPATE IN LGBTQ AND TRANSGENDER SUPPORT GROUPS

Participation in peer support groups is very beneficial to the well-being of LGBTQ youth. DCF LGBTQ Liaisons can provide information about groups and events that may benefit a specific child/youth for you to pass on to foster and pre-adoptive families. For youth in placement, DCF is able to provide transportation or other assistance. Be sure you let your foster and pre-adoptive parents know that participation in such groups should not be made contingent upon the youth's good behavior or other achievements.

EXPAND YOUR KNOWLEDGE OF LGBTQ ISSUES AND COMMUNITY RESOURCES.

Resources you and the foster and pre-adoptive families with whom you work may find helpful:

- DCF LGBTQ Liaison (Contact your DCF Office or 617-748-2000)
- “AGLY” (Alliance of Gay, Lesbian, Bisexual and Transgender Youth) – Link to local peer support groups and other LGBTQ youth services (617-727-4313; www.bagly.org)
- Greater Boston Parents, Families and Friends of Lesbians and Gays (PFLAG) Chapter (781-891-5966, Toll Free Helpline: 866-427-3524; www.gbpf.org)
- Fenway LGBT Family and Parenting Services (Toll Free LGBT Helpline: 888-340-4528, Toll Free Peer Listening Line: 800-399-PEER; www.fenwayhealth.org)
- The Trevor Project (Toll Free Lifeline: 866-488-7386 or www.thetrevorproject.org)

For additional information about these and other resources, please refer to the Guide, L – Information about LGBTQ Resources.

LGBTQ ABC's

Commonly used definitions. Every person has the right to self-definition.

Lesbian A woman who is emotionally, romantically and sexually attracted to other women.

Gay A person who is emotionally, romantically and sexually attracted to persons of the same gender. Sometimes used to refer to gay men only. We prefer the word *gay* to *homosexual*, which has clinical overtones that some find offensive.

Bisexual A person who is emotionally, romantically and sexually attracted to more than one gender.

Transgender A person whose gender identity or gender expression does not match society's expectations of how an individual of that gender should behave in relation to their gender. A transgender person may identify as heterosexual, lesbian, gay, bisexual or questioning.

Questioning A person, often an adolescent, who has questions about their sexual orientation or gender identity. Some questioning people eventually come out as LGBT; some don't.

Sexual Orientation A person's emotional, romantic and sexual attraction to persons of the same and/or different gender.

Gender Expression The manner in which a person expresses their gender through clothing, appearance, behavior, speech, etc.

Gender Identity An individual's internal view of their gender; one's innermost sense of being male, female, both or neither.

Good foster homes can make a difference for LGBTQ youth

"LGBTQ youth need foster families willing to care for and support them. The families, in turn, need assistance from the placement agency to develop the skills to understand and address the LGBTQ issues youth face."

"Many young people are in care specifically because they are LGBTQ and may not trust a foster family placement."

Youth participant

Quoted in "Out of the Margin – A Report on Regional Listening Forums Highlighting the Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth in Care", project of the Child Welfare League of America and Lambda Legal, Inc.



"My dream is to live in a family that will accept me and where I can just be a kid."
Youth in care

Quoted in the Child Welfare League of America and Lambda Legal's "Getting Down to Basics: Tools to Support LGBTQ Youth in Care"

How you respond to an LGBTQ youth will have an enormous impact on the youth's healthy development and on the quality of your relationship with the youth.

Whether you are aware of it or not, youth in your care may be lesbian, gay, bisexual, transgender or questioning their sexual orientation or gender identity ("LGBTQ"). These young people are dealing not only with the challenges of life in foster care but also with the risk of harassment and mistreatment because they are LGBTQ. How you respond to an LGBTQ youth will have an enormous impact on the youth's healthy development and on the quality of your relationship with the youth. Make sure you have a conversation about your comfort level with providing a home for a LGBTQ youth during your initial License Study and during each Annual Reassessment and License Renewal Study.

ACKNOWLEDGE THAT FOSTER YOUTH IN YOUR CARE MAY BE LGBTQ.

Don't assume that every young person in your care is heterosexual or comfortable in their assigned gender. Many LGBTQ young people fear the negative reactions that come from revealing this aspect of their identity and carefully hide that they are LGBTQ. Indeed, some may have been abused in their families of origin or thrown out and are reluctant to risk further harassment from you or the child welfare system. Use supportive, gender-neutral language with young people in your care, thereby acknowledging a youth may be LGBTQ or that LGBTQ people exist. For example, instead of asking a teenage boy if he has a girlfriend, ask if he has "someone special" in his life. Never use slurs.

LGBTQ youth have the right to be open about their sexual orientation and gender identity and gender expression. Transgender youth have the right to be identified by the name and pronouns that accord with their gender identity and to wear clothing consistent with their gender identity.

EXAMINE YOUR BELIEFS AND ATTITUDES THAT MIGHT IMPACT YOUR ABILITY TO SUPPORT LGBTQ YOUTH IN YOUR CARE.

Be aware of your own beliefs, prejudices and gaps in knowledge surrounding issues of sexual orientation and gender identity. DCF does not tolerate homophobia or transphobia, in the same way that it does not tolerate racism. Regardless of your personal beliefs, remember that above all it's your responsibility to provide a safe, nurturing and nonjudgmental environment for LGBTQ young people in your care. If you don't feel you can care for an LGBTQ youth, share this information with your Family Resource Worker. It is vital to a successful placement outcome that there be a good fit between you and the child placed with you.

Section I is for all current and prospective kin, child-specific and unrestricted foster/pre-adoptive parents and should be provided during the initial License Study and at each Annual Reassessment and License Renewal Study thereafter, with sections A – LGBTQ Vision and Introduction, B – Having Affirmative LGBTQ Conversations, K – LGBTQ Glossary of Terms and L – Information about LGBTQ Resources.

UNDERSTAND THAT BEING LGBTQ ISN'T A CHOICE OR SOMETHING A YOUNG PERSON CAN CHANGE.

Being LGBTQ inherently poses no obstacle to leading a happy, healthy and productive life. The vast majority of LGBTQ people function well in the full array of life activities and interpersonal relationships. Thinking there is something wrong with the LGBTQ youth in your care that needs to be fixed is misguided. Efforts to change LGBTQ individuals such as “reparative” or “conversion” therapies are regarded by leading health and mental health experts (such as the American Medical Association, the American Psychological Association and the American Psychiatric Association) as ineffective, unethical and the cause of increased risk of depression, anxiety and self-destructive behaviors. The National Foster Parent Association has adopted a formal policy urging sensitivity and support for LGBTQ youth in foster care (see www.nfpainc.org/aboutNFPA/positionStmnt.cfm).

KNOW A YOUTH'S LEGAL RIGHTS IN CARE.

Children in foster care have many legal rights while in care, including the right to be free from verbal, emotional and physical harassment in their placement, school and community.

Transgender youth should be placed and roomed consistent with their gender identity (absent a safety-based objection by the youth) and should be permitted access to bathrooms, locker rooms and other sex-segregated facilities consistent with their gender identity.

Youth cannot be excluded from or discriminated against in admission to any Massachusetts public school, or in obtaining equal enjoyment of the public school's advantages, privileges and courses of study based on sexual orientation or gender identity or expression.

The adults involved in care for a DCF-involved youth have a legal and ethical obligation to ensure the youth is safe and protected. Youth have the right to be treated equally to other youth, regardless of their sexual orientation or gender identity or expression.

A youth's attorney may be able to take legal action on a youth's behalf. A youth's conversations with his or her attorney are confidential. A youth's attorney also has an obligation not to discriminate against based on sexual orientation or gender identity or expression.

A youth has the right to be free from religious indoctrination that condemns or puts down a youth's sexual orientation or gender identity or expression. No one should make negative comments to a youth about their sexual orientation or gender identity or expression.

When Having Conversations with youth Who may be LGBTQ, Remember These 5 Facts:

1. It's not “just a phase” – they may be still learning who they are, but that doesn't mean this is an experiment or a plea for attention.
2. They may recognize their same-sex attractions or true gender identity, but may not have determined what to do with that self-knowledge or what identity label feels comfortable.
3. They may have never heard anything positive about being LGBTQ; you may be the first person to tell them they are normal and healthy. You can help them connect with other LGBTQ youth or adult role models.
4. A young person who identifies as LGBTQ may be sexually active with a person of any gender, or may not be sexually active at all. Offer information and resources relevant to their needs, not their identity.
5. Don't make assumptions based on dress or behavior. It's okay to ask respectful questions. Be clear you are trying to understand so you can support youth in all the ways they may need it.

[Based on the cue card developed by GLYS and SPHERE, programs of Health Care of Southeastern Massachusetts, Inc., that can be found at www.hcsm.org/glys.htm or www.hcsm.org/sphere]

CONSIDER THIS INFORMATION FROM THE FAMILY ACCEPTANCE PROJECT.

The Family Acceptance Project found that gay and transgender teens who were highly rejected by their parents and caregivers were at very high risk for health and mental health problems when they become young adults (ages 21-25). Young people who are highly rejected because of their gay or transgender identity were:

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

compared with gay and transgender young adults who were not at all or only rejected a little by their parents and caregivers. Their research has identified many ways to express support that can help LGBTQ youth such as:

Promote Your LGBTQ Foster Child's Well-being with Family Behaviors that Help:

- Talk with your foster child about their sexual orientation and gender identity questions and tell them they are normal and healthy
- Express your affection when your foster child tells you or when you learn that your foster child is gay or transgender
- Support your foster child's LGBT identity even though you may feel uncomfortable
- Allow your foster child to use their clothing check to buy clothing that they are comfortable with, even if it is gender nonconforming
- Advocate for your foster child if they are mistreated because of their LGBT identity
- Require that other family members respect your LGBT foster child
- Bring your foster child to youth-oriented LGBT support groups, organizations and events (They're beneficial!)
- Talk with your clergy and help your faith community to support LGBT people
- Connect your foster child with an LGBT adult role model to show them options for the future
- Welcome your foster child's LGBT friends and partners to your home
- Support your foster child's gender expression
- Assure your child that they can have a happy future as an LGBTQ adult
- Get help for yourself by calling or attending a meeting of PFLAG (Parents, Friends and Families of Lesbians and Gays) or other parental support group

Avoid Behaviors that Increase Your LGBTQ Foster Child's Risk for Health and Well-being Problems:

- Hurting your foster child (including verbal harassment or name-calling) because of their LGBTQ identity
- Excluding your LGBTQ foster child from family and family activities
- Blocking access to LGBTQ friends, events and resources
- Blaming your foster child when/if they are discriminated against because of their LGBTQ identity
- Pressuring your foster child to be more (or less) masculine or feminine
- Telling your foster child that God will punish them because they are LGBTQ
- Telling your foster child that you are ashamed of them or that how they look will shame the family
- Making your foster child keep their LGBTQ identity a secret in the family and not letting them talk about it

***[Based on information from ©2009, Caitlin Ryan, Family Acceptance Project.
For more information go to <http://familyproject.sfsu.edu/>]***

SET BOUNDARIES FOR AGE-APPROPRIATE ROMANTIC BEHAVIOR.

LGBTQ youth should be treated equally to heterosexual and gender conforming youth, including with regard to age appropriate displays of affection. Like all young people, LGBTQ youth in care need guidance around developmentally appropriate romantic behavior, with the same clear standards set for them about age-appropriate dating and displays of affection. They also need developmentally appropriate information and resources about sexuality, including the prevention of HIV and other sexually transmitted diseases. Support in providing such information and resources to youth in your home can be provided by your Family Resource Worker or Social Worker, the youth's parents and kin, the school guidance counselor and such resources as your local Gay/Straight Alliance (GSA). As for all youth, watch out for and protect the youth from dating violence, and address any concerns with the youth's social worker.

SUPPORT YOUTH IN BECOMING THE AUTHORITY ON THEIR OWN HEALTH CARE NEEDS.

All youth should have access to sexual health education, medical care and materials suited to their needs (e.g., any health education should be inclusive of LGBTQ needs). DCF requires your social worker to help you find them for youth placed with you. Be sure to seek out his/her assistance for referrals to health care suited to the youth's needs. Transgender youth must be provided with medical support including evaluation and care by medical professionals knowledgeable about medical care of transgender youth.

Encourage Youth to Participate in LGB and Transgender Support Groups

Participation in peer support groups is very beneficial to the well-being of LGBTQ youth. DCF can provide you information about groups and events that your child may benefit from participating in. For youth in placement, DCF may need to coordinate transportation or other assistance. Participation in such groups should not be contingent upon the youth's good behavior or other achievements.

EXPAND YOUR KNOWLEDGE OF LGBTQ ISSUES AND COMMUNITY RESOURCES.

Unfounded myths and stereotypes about being LGBTQ are misleading. Literature and resources specifically intended for parents and foster parents of LGBTQ youth can help you better understand issues your foster child faces and develop a better relationship with them, as well as provide access to ways to support them. Resources you may find helpful include:

- DCF LGBTQ Liaison (Contact your DCF Office or 617-748-2000)
- "AGLY" (Alliance of Gay, Lesbian, Bisexual and Transgender Youth) – Link to local peer support groups and other LGBTQ youth services (617-727-4313; www.bagly.org)
- Greater Boston Parents, Families and Friends of Lesbians and Gays (PFLAG) Chapter (781-891-5966, Toll Free Helpline: 866-427-3524; www.gbpf.org)
- Fenway LGBT Family and Parenting Services (Toll Free LGBT Helpline: 888-340-4528, Toll Free Peer Listening Line: 800-399-PEER; www.fenwayhealth.org)
- The Trevor Project (Toll Free Lifeline: 866-488-7386 or www.thetrevorproject.org)

For additional information about these and other resources, please refer to the Guide, L – Information about LGBTQ Resources.

LGBTQ ABC's

Commonly used definitions. Every person has the right to self-definition.

Lesbian A woman who is emotionally, romantically and sexually attracted to other women.

Gay A person who is emotionally, romantically and sexually attracted to persons of the same gender. Sometimes used to refer to gay men only. We prefer the word *gay* to *homosexual*, which has clinical overtones that some find offensive.

Bisexual A person who is emotionally, romantically and sexually attracted to more than one gender.

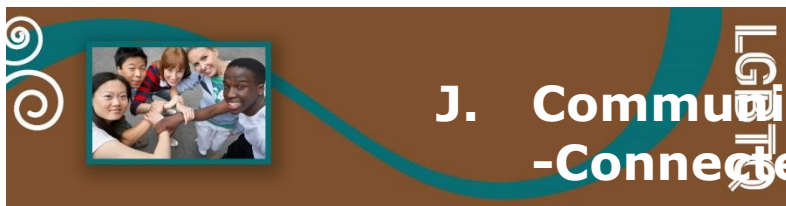
Transgender A person whose gender identity or gender expression does not match society's expectations of how an individual of that gender should behave in relation to their gender. A transgender person may identify as heterosexual, lesbian, gay, bisexual or questioning.

Questioning A person, often an adolescent, who has questions about their sexual orientation or gender identity. Some questioning people eventually come out as LGBT; some don't.

Sexual Orientation A person's emotional, romantic and sexual attraction to persons of the same and/or different gender.

Gender Expression The manner in which a person expresses their gender through clothing, appearance, behavior, speech, etc.

Gender Identity An individual's internal view of their gender; one's innermost sense of being male, female, both or neither.



"I was placed in a co-ed group home. When I was shown to my room, I asked why I was being put on the boys' floor. They said, 'You're not a boy? Well, we can't put you on the girls' floor looking like that.' So they made me sleep on a landing in between the two floors."

Youth participant

Quoted in "Out of the Margin – A Report on Regional Listening Forums Highlighting the Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth in Care", project of the Child Welfare League of America and Lambda Legal, Inc.

Create a safe and welcoming environment for LGBTQ youth...

How you respond to an LGBTQ youth will have an enormous impact on the youth's healthy development and on the quality of your relationship with the youth.

Whether you are aware of it or not, youth in your care may be LGBTQ. These young people are dealing not only with the challenges of life in out-of-home placement but also with the risk of harassment and mistreatment because they are LGBTQ.

DCF and staff at residential programs share responsibility to support Lesbian, gay bisexual, transgender and questioning ("LGBTQ") youth. It is also DCF's responsibility to support the residential program at which LGBTQ children and youth are placed. All residential programs should provide safe and affirming services to LGBTQ and gender non-conforming youth. DCF does not tolerate homophobia or transphobia, in the same way it does not tolerate racism.

An important task for providers is to be aware that LGBTQ youth placed in group homes and other community-connected residential treatment facilities are significantly more likely to be subjected to harassment, discrimination and violence than their non-LGBTQ peers. Providers should be aware of these dangers and create a safe and welcoming environment for LGBTQ youth. Providers should intervene and stop any verbal or physical abuse directed towards LGBTQ youth.

ACKNOWLEDGE THAT FOSTER YOUTH IN YOUR CARE MAY BE LGBTQ.

Many LGBTQ young people fear the negative reactions that come from revealing this aspect of their identity and carefully hide that they are LGBTQ. Indeed, some may have been abused in their families of origin or thrown out and are reluctant to risk further harassment from you or the child welfare system. Use supportive, gender-neutral language with all of your clients. For example, instead of asking a teenage boy if he has a girlfriend, ask if he has "someone special" in his life. Never use slurs. For more ideas, see Guide. Section B – Having LGBTQ Affirmative Conversations. A youth who reacts hostilely to gender-neutral language may need additional attention to determine if they are a risk to mistreat other youth or if the defensiveness is to hide their own sexual orientation or gender identity.

Section J is for all staff working in a community-connected residential treatment program and should be provided with Sections A – LGBTQ Vision and Introduction, B – Having Affirmative LGBTQ Conversations, K – LGBTQ Glossary of Terms and L – Information about LGBTQ Resources.

EXAMINE YOUR BELIEFS AND ATTITUDES THAT MIGHT IMPACT YOUR ABILITY TO SUPPORT LGBTQ YOUTH IN YOUR CARE.

Be aware of your own beliefs, prejudices and gaps in knowledge surrounding issues of sexual orientation and gender identity. Regardless of your personal beliefs, remember that above all it's your responsibility to provide a safe, nurturing and nonjudgmental environment for LGBTQ young people in your care.

UNDERSTAND THAT BEING LGBTQ ISN'T A CHOICE OR SOMETHING A YOUNG PERSON CAN CHANGE.

Being LGBTQ inherently poses no obstacle to leading a happy, healthy and productive life. The vast majority of LGBTQ people function well in the full array of life activities and interpersonal relationships. Thinking there is something wrong with the LGBTQ youth in your care that needs to be fixed is misguided. Efforts to change LGBTQ individuals such as "reparative" or "conversion" therapies are regarded by leading health and mental health experts (such as the American Medical Association, the American Psychological Association and the American Psychiatric Association) as ineffective, unethical and the cause of increased risk of depression, anxiety and self-destructive behaviors. The National Foster Parent Association has adopted a formal policy urging sensitivity and support for LGBTQ youth in foster care (see www.nfpainc.org/aboutNFPA/positionStmnt.cfm). The Family Acceptance Project offers resources for families of LGBTQ young people (see <http://familyproject.sfsu.edu>). Below are some specific ways in which you can be supportive.

PROVIDE OR PARTICIPATE IN LGBTQ SENSITIVITY AND AWARENESS TRAINING.

It is important that provider staff have training that prepares them to work effectively and appropriately with LGBTQ young people. An ideal training program provides staff the opportunity to examine their beliefs and attitudes that might impact the ways they support LGBTQ youth in care. It also includes suggestions for creating and maintaining a safe, nurturing and nonjudgmental environment for LGBTQ young people in care, as well as strategies for responding to harassment and discrimination.

MAKE INDIVIDUALIZED PLACEMENT DECISIONS TAKING INTO ACCOUNT THE YOUTH'S LGBTQ STATUS.

Learn how to have affirmative LGBTQ conversations with youth, in order to obtain a good assessment of their needs in placement. Then determine how those needs can best be addressed within your setting. Ask youth where they are going to feel the most safe and comfortable. When a transgender youth identifies their gender identity, place them in a program or with roommates consistent with their gender identity. Don't isolate or segregate LGBTQ youth, or prohibit them from having roommates, as a means of ensuring their safety. Doing so will deprive LGBTQ youth of opportunities to interact with their peers and compound their likely feelings of isolation. Transgender youth should be permitted to access the bathroom, locker rooms and other sex-segregated facilities consistent with their gender identity.

ENCOURAGE YOUTH TO PARTICIPATE IN LGB AND TRANSGENDER SUPPORT GROUPS.

Participation in peer support groups is very beneficial to the well-being of LGBTQ youth. DCF can provide you with information about groups and events that the youth you are working with may benefit from participating in. Participation in such activities should not be contingent upon the youth's good behavior or other achievements.

DISPLAY LGBTQ-SUPPORTIVE SIGNS AND SYMBOLS.

In displaying LGBTQ-supportive posters and symbols such as pink triangles, rainbows, safe zone and transgender pride stickers, you send the clear message to youth and staff that you support and affirm LGBTQ youth and are open to discussing LGBTQ issues. LGBTQ youth are quick to pick up on these environmental cues, and it often makes an enormous difference having them displayed. Many LGBTQ materials can be found for free online and in other languages.

CONSIDER THIS INFORMATION FROM THE FAMILY ACCEPTANCE PROJECT.

The Family Acceptance Project found that gay and transgender teens who were highly rejected by their parents and caregivers were at very high risk for health and mental health problems when they become young adults (ages 21-25). Young people who are highly rejected because of their gay or transgender identity were:

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

compared with gay and transgender young adults who were not at all or only rejected a little by their parents and caregivers. Their research has identified many ways to express support that can help LGBTQ youth such as:

PROMOTE THE WELL-BEING OF LGBTQ YOUTH WITH BEHAVIORS THAT HELP:

- Talk with youth about their sexual orientation and gender identity questions and tell them they are normal and healthy
- Express respect when youth tell you or when you learn that they are gay or transgender
- Support youth's LGBT identity even though you may feel uncomfortable
- Allow youth to use their clothing check to buy clothing that they are comfortable with, even if it is gender non-conforming
- Advocate for youth if they are mistreated because of their LGBT identity
- Require that other residents, staff and family members respect LGBT youth placed with you
- Arrange for youth to attend youth-oriented LGBT support groups, organizations and events (They're beneficial!)
- Talk with clergy and help any faith community involved with your setting to support LGBT people
- Connect youth with an LGBT adult role models to show them options for the future
- Welcome youth's LGBT friends and partners to your setting, when possible
- Support each youth's gender expression
- Assure each youth that they can have a happy future as an LGBT adult

AVOID BEHAVIORS THAT INCREASE LGBTQ YOUTH'S RISK FOR HEALTH AND WELL-BEING PROBLEMS:

- Hurting youth (including verbal harassment or name-calling) because of their LGBTQ identity
- Excluding LGBTQ youth from activities
- Blocking youth's access to LGBTQ friends, events and resources
- Blaming youth if they are discriminated against because of their LGBTQ identity
- Pressuring youth to be more (or less) masculine or feminine
- Telling youth that God will punish them because they are LGBTQ
- Telling youth that you are ashamed of them or that how they look will shame their family or others
- Making youth keep their LGBTQ identity a secret and not letting them talk about it

***[Based on information from ©2009, Caitlin Ryan, Family Acceptance Project.
For more information go to <http://familyproject.sfsu.edu/>]***

SET BOUNDARIES FOR AGE-APPROPRIATE ADOLESCENT ROMANTIC BEHAVIOR.

LGBTQ youth should be treated equally to heterosexual and gender conforming youth, including with regard to age appropriate displays of affection. Like all young people, LGBTQ youth in care need to engage in developmentally appropriate romantic behavior, with the same clear standards set for them about age-appropriate dating and displays of affection. They also need developmentally appropriate information and resources about sexuality, including the prevention of HIV and other sexually transmitted diseases. You should provide youth with resources. As for all youth, watch out for and address dating violence, and report any concerns to the youth's DCF social worker.

WHEN HAVING CONVERSATIONS WITH YOUTH WHO MAY BE LGBTQ, REMEMBER THESE 5 FACTS

1. It's not "just a phase" – they may be still learning who they are, but that doesn't mean this is an experiment or a plea for attention.
2. They may recognize their same-sex attractions or true gender identity, but may not have determined what to do with that self-knowledge or what identity label feels comfortable.
3. They may have never heard anything positive about being LGBTQ; you may be the first person to tell them they are normal and healthy. You can help them connect with other LGBTQ youth or adult role models.
4. A young person who identifies as LGBTQ may be sexually active with a person of any gender, or may not be sexually active at all. Offer information and resources relevant to their needs, not their identity.
5. Don't make assumptions based on dress or behavior. It's okay to ask respectful questions. Be clear you are trying to understand so you can support youth in all the ways they may need it.

[Based on the cue card developed by GLYS and SPHERE, programs of Health Care of Southeastern Massachusetts, Inc., that can be found at www.hcsm.org/glys.htm or www.hcsm.org/sphere]

BE PREPARED TO WORK EFFECTIVELY WITH TRANSGENDER YOUTH.

Support transgender youth in expressing their gender identities in ways that are most comfortable for them, including dressing in the manner they choose, identifying and using the names and pronouns they prefer. Don't assume that you know their sexual orientation. Transgender youth may have unique medical and housing needs. It's important that you seek out services that know how to address the needs of transgender youth appropriately. Transgender youth must be provided with medical support including evaluation and care by medical professionals knowledgeable about medical care of transgender youth.

IF SOMEONE COMES OUT TO YOU:

- Thank them for trusting you and acknowledge their courage.
- Ask what their needs are about sharing this information.
- Let them know you want to support them and ask what specifically they might want help with.
- Help them make a safety plan if they have not yet come out to parents or at school and want help.
- Discuss relationships, including dating and break-ups. You can ask, "Is there someone special in your life?" or "Are you seeing anyone these days?"
- Suggest additional resources and sources of support (see "Assist LGBTQ Youth to Learn about and Access Community Resources" below).

LEARN TO RESPOND APPROPRIATELY AND EFFECTIVELY TO HOMOPHOBIC/BIPHOBIC /TRANSPHOBIC BEHAVIOR AND COMMENTS OF OTHERS.

When you do, you create safety for those who are being targeted, remind the offender that respect for others is an important DCF practice value and establish that you will not accept anti-gay or anti-transgender forms of discrimination. You can help defuse the situation and serve as a role model. Appropriate responses include:

- Let the offender know why their language or behavior is offensive to you.
- Refer to your program's policy on harassment.
- Call the person's attention to the meaning of their words or behavior – they may have spoken or acted without thinking.
- Support any person at whom the behavior or comment was targeted in a way that allows them to regain control and feel safe.
- Be clear about the consequences of using derogatory language – and follow through.

(Source: Health Imperatives LGBTQ Support, www.healthimperatives.org)

WHAT TO DO IF A YOUTH IS BULLIED

- Document the incident. Encourage the youth to also record the incident. Include as many details as possible (what happened, when, who saw, what the response was). Ensure that teachers, administrators, group home staff or foster/pre-adoptive parents, parents, therapists, social workers and other adults in the youth's life are aware of what has happened.
- Talk with the target of bullying and ask what they would like to see happen.
- Develop a safety plan with the youth (may include ensuring that trusted friends and adults are present and the youth is not alone).
- Develop an "eyes on" approach toward the bully/bullies, instead of focusing solely on the target.
- Train all youth and adults to be someone who intervenes when bullying happens. Ensure that all can recognize bullying and cyber-bullying behaviors. Teach how to safely and respectfully speak out against bullying and gateway behaviors, such as letting people know when behavior is offensive to you and asking that it stop.

ASSIST LGBTQ YOUTH TO LEARN ABOUT AND ACCESS COMMUNITY RESOURCES.

Literature and resources can be easily accessed that are specifically designed for LGBTQ youth on a variety of topics. Find them and make them available to the youth with whom you work. Some examples:

- DCF LGBTQ Liaison (Contact your DCF Office or 617-748-2000)
- "AGLY" (Alliance of Gay, Lesbian, Bisexual and Transgender Youth) – Link to local peer support groups and other LGBTQ youth services (617-727-4313; www.bagly.org)
- Greater Boston Parents, Families and Friends of Lesbians and Gays (PFLAG) Chapter (781-891-5966, Toll Free Helpline: 866-427-3524; www.gbpflag.org)
- Fenway LGBT Family and Parenting Services (Toll Free LGBT Helpline: 888-340-4528, Toll Free Peer Listening Line: 800-399-PEER; www.fenwayhealth.org)
- The Trevor Project (Toll Free Lifeline: 866-488-7386 or www.thetrevorproject.org)

For additional information about these and other resources, please refer to the Guide, L – Information about LGBTQ Resources.

LGBTQ ABC's

Commonly used definitions. Every person has the right to self-definition.

Lesbian A woman who is emotionally, romantically and sexually attracted to other women.

Gay A person who is emotionally, romantically and sexually attracted to persons of the same gender. Sometimes used to refer to gay men only. We prefer the word *gay* to *homosexual*, which has clinical overtones that some find offensive.

Bisexual A person who is emotionally, romantically and sexually attracted to more than one gender.

Transgender A person whose gender identity or gender expression does not match society's expectations of how an individual of that gender should behave in relation to their gender. A transgender person may identify as heterosexual, lesbian, gay, bisexual or questioning.

Questioning A person, often an adolescent, who has questions about their sexual orientation or gender identity. Some questioning people eventually come out as LGBT; some don't.

Sexual Orientation A person's emotional, romantic and sexual attraction to persons of the same and/or different gender.

Gender Expression The manner in which a person expresses their gender through clothing, appearance, behavior, speech, etc.

Gender Identity An individual's internal view of their gender; one's innermost sense of being male, female, both or neither.

Maintaining the safety and well-being of their LGBTQ youth should be “Job #1” for placements

“LGBTQ youth need acceptance from their caregivers and to be safe in their placements.”

Adult participant, Sacramento

“Combating homophobia and the heterosexual assumptions that pervade the child welfare system should be the number-one priority to improve care.”

Adult participant, Augusta

Quoted in “Out of the Margin – A Report on Regional Listening Forums Highlighting the Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth in Care”, project of the Child Welfare League of America and Lambda Legal, Inc.



Ally	Person who advocates for and supports members of the LGBTQ community and does not identify as LGBTQ.
Androgynous	The presentation of ambiguous gender, or one who presents in such a way. <i>[From pansexualparty.tumblr.com/post/2594776236/queertionary-2-0]</i>
Asexual	A person who experiences little or no sexual attraction.
Bi-curious	Someone who doesn't identify as being bisexual or homosexual and has curiosity or desire regarding a relationship or sexual contact with a member of the same sex.
Biological Sex, Sex	A term used historically and within the medical field to refer to the chromosomal, hormonal and anatomical characteristics that are used to classify a person as female or male.
Biphobia	A fear and intolerance regarding people who are bisexual or of bisexual feeling within one's self. This assumes that heterosexuality or homosexuality is superior
Birth Sex	The designation of a person's sex as either male or female, typically assigned at birth or shortly after birth based on observation of anatomy.
Bisexual	A person who is emotionally, romantically and sexually attracted to more than one gender.
Cisgender	A person whose gender identity and gender expression match society's expectations of how and individual of that gender should behave in relation to their gender.
Closeted	A person who does not share information about his/her lesbian, gay, bisexual or transgender identity with others. LGBTQ people are more likely to be closeted when there is a risk of losing a job or facing discrimination or being rejected by family, friends or religious community.
Cross-dresser	A person who wears clothing and/or accessories commonly associated with a different birth sex. This person is often comfortable with the sex they were assigned and does not wish to change it. Term is preferred over "transvestite."
DCF LGBTQ Liaison	Department of Children and Families' staff of all levels, not necessarily LGBTQ themselves, who volunteer to support LGBTQ work across the agency.

Section K is for all users of the LGBTQ Guide and should be provided when any other Guide section is provided.

**Drag King/
Drag Queen**

A performer who wears clothing associated with another sex, often involving the presentation of exaggerated, stereotypical gender characteristics. The performance of gender by drag queens (males in drag) or drag kings (females in drag) may be art, entertainment and/or parody.

Family

A colloquial term used to identify other LGBTQ community members, e.g., an LGBTQ person saying “that person is family” means that the person they are referring to is LGBTQ as well.

Gay

A person who is emotionally, romantically and sexually attracted to persons of the same gender. Sometimes used to refer to gay men only. We prefer the word *gay* to *homosexual*, which has clinical overtones that some find offensive.

Gender

A social construct based on a group of emotional, behavioral and cultural characteristics. While historically known as the binary classifications of male and female, gender is increasingly understood as a spectrum having at least 2 aspects:

- **Gender Identity** An individual’s internal view of their gender; one’s innermost sense of being male, female, both or neither. May be shown by providing evidence including, but not limited to, medical history, care or treatment of the gender-related identity, consistent and uniform assertion of the gender-related identity or any other evidence that the gender-related identity is sincerely held as part of a person’s core identity; provided, however, that gender-related identity shall not be asserted for any improper purpose.
- **Gender Expression** The manner in which a person expresses their gender through clothing, appearance, behavior, speech, etc. May vary from the norms traditionally associated with their assigned birth sex. Is a separate concept from sexual orientation and gender identity. For example, a male may exhibit an effeminate manner but identify as a heterosexual male.

Gender Binary

The concept that everyone must be one of two genders: man or woman.

**Gender
Dysphoria**

A condition in which a person experiences significant discontent with the sex they were assigned at birth and/or the gender roles associated with that sex.

**Gender Identity
Disorder or GID**

A diagnosis listed in the Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV). Recently replaced in the DSM V by the diagnosis Gender Dysphoria.

**Gender
Nonconforming**

A person who does not follow other people’s ideas and/or stereotypes about how they should look or act based on the male or female sex they were assigned at birth.

Genderqueer

A term used by some people who may or may not identify as transgender, but who identify their gender as somewhere on the continuum beyond binary male/female gender system.

Gender Role

The social expectation of how a person should act, think and feel, based upon the sex assigned at birth.

**Gender
Transition**

The experience by which a person goes from living and identifying as one gender to living and identifying as another. For most youth, and for all young children, the experience of gender transition involves no medical intervention. Most transgender youth will undergo gender transition through a process commonly referred to as “social transition,” whereby they begin to live and identify as the gender consistent with their gender-related identity. Some transgender youth who are close to reaching puberty, or after commencing puberty, may complement social transition with medical intervention that may include hormone suppressants, cross-gender hormone therapy and for a small number of young people, a range of gender-confirming surgeries. The decision about whether and how to undergo gender transition is personal and depends on the unique

circumstances of each individual. There is no threshold medical or mental health diagnosis or treatment requirement that any youth must meet in order to have their gender identity recognized and respected by the Department.

Heterosexism

The assumption that all people are or should be heterosexual. Excludes the needs, concerns and life experiences of LGBT people, while it gives advantages to heterosexual people. Often a subtle form of oppression which reinforces realities of silence and invisibility.

Heterosexuality

Sexual, emotional and/or romantic attraction to a sex other than your own.

Homophobia

The reaction of fear, loathing, intolerance and/or discriminatory treatment of gay men, lesbians or bisexual people. This assumes that heterosexuality is superior.

Homosexual

Term historically applied to a gay man or lesbian. “Homosexuality” was used to classify a mental disorder in the DSM until 1973. Can be a trigger to some LGB people that the user of this term is not “safe”, as it is often used by anti-gay activists.

Hormone Therapy

Administration of hormones and hormonal agents to develop characteristics of a different gender or to block the development of unwanted gender characteristics. Is part of many people’s gender transitions and is safest when prescribed and monitored by a health care professional.

Internalized Homophobia

The experience of shame, aversion or self-hatred in response to one’s own awareness of having same-sex attraction, usually the result of being exposed to significant societal, familial or cultural homophobia.

Intersex

A spectrum of conditions involving anomalies of the sex chromosomes, reproductive ducts and/or genitalia. The most traditional definition of intersex refers to individuals born with components of both male and female biological sex characteristics (genitalia, chromosomes, hormones and secondary sex characteristics) or genitalia that are not clearly male or female. (The term “hermaphrodite” is not an appropriate term.)

Lesbian

A woman who is emotionally, romantically and sexually attracted to other women.

LGBTQ

An acronym commonly used to refer to lesbian, gay, bisexual, transgender and questioning persons.

LGBTQ Liaison

(See “DCF LGBTQ Liaison” above.)

Packer

A phallic object that is worn in the front of the pants or underwear to give the appearance of having a penis. Packing is commonly practiced by many transgender female-to-male (FTM) people.

Pansexual (or Omnisexuality)

A person whose sexual attraction, sexual desire, romantic love, or emotional attraction is toward people of all gender identities and biological sexes. Self-identified pansexuals may consider pansexuality a sexual orientation and refer to themselves as gender-blind, asserting that gender and sex are insignificant or irrelevant in determining to whom they will be attracted.

Queer	Historically a derogatory term for LGBT people but now widely claimed as a positive social and political identity, especially by LGBTQ youth. Sometimes used as an inclusive, umbrella term for all LGBT people by those who identify as “LGBTQ”. Queer is also used as a term of self-identification by people who do not identify with more restrictive, binary terms. Some still find this term offensive.
Questioning	A person, often an adolescent, who has questions about their sexual orientation or gender identity. Some questioning people eventually come out as LGBTQ; some don’t.
Post-op, Pre-op, Non-op	Terms used to identify a transgender person’s surgical status. Use of these terms is often considered insulting and offensive. Surgical status is almost never relevant information for anyone except a transgender person’s medical providers.
Sexual Orientation	A person’s emotional, romantic and sexual attraction to persons of the same and/or different gender.
Sex Reassignment Surgery (SRS)	Any one of a variety of surgeries involved in the process of transition from one gender to another. Many transgender people will not undergo SRS for health or financial reasons, or because it is not medically necessary for them.
Straight	A person (or adjective to describe a person) who is attracted to a gender other than their own.
Transgender	<p>A person whose gender identity or gender expression does not match society’s expectations for their birth sex. For purposes of protection from discrimination and harassment, transgender refers to both self-identified transgender individuals and to individuals perceived as transgender or gender nonconforming, without regard to whether they qualify for the diagnosis of Gender Dysphoria (<i>see above</i>). May identify as heterosexual, lesbian, gay, bisexual or questioning.</p> <ul style="list-style-type: none"> • Transgender Female (MTF) A person who was assigned the sex of male at birth who now identifies as female. Similarly, the terms <i>transgender girls</i> and <i>transgender women</i> refer to those who now identify as girls or women. • Transgender Male (FTM) A person who was assigned the sex of female at birth who now identifies as male. Similarly, the terms <i>transgender boys</i>, <i>bois</i> and <i>transgender men</i> refer to those who now identify as boys or men.
Transphobia	A reaction of fear, loathing and/or discriminatory treatment of people whose identity or gender presentation (or perceived gender or gender identity) does not “match,” in the societally accepted way, their birth sex.
Transsexual	A person whose gender identity is inconsistent or not culturally associated with their birth sex or who experiences conflict between their psychological gender and their birth sex. Sometimes used as a synonym for “transgender” (<i>see above</i>).
Transvestite	A person who habitually and voluntarily wears clothing typically worn by persons of a different birth sex. Preferred term: “cross-dresser” (<i>see above</i>).



Resources are available for youth, parents, foster parents, family members, social workers and attorneys that can help develop a better understanding of issues LGBTQ individuals face and provide access to ways to support them. Several of these organizations offer youth-oriented, school and community based LGBTQ support groups and events. Participation in such groups and events has been shown to be beneficial for LGBTQ youth.

LOCAL RESOURCES

- **DCF LGBTQ Liaison** – Are available in all DCF offices. The Liaisons’ mission is to assist our child welfare agency in promoting acceptance and creating, a safe, respectful and supportive atmosphere for people of all sexual orientations, gender identities and expressions. The Liaisons are committed to development of LGBTQ affirmative practice in conjunction with the Department’s core values and are part of its Diversity Leadership Teams. (Contact your DCF Area Office or 617-748-2000)
- **Adoption & Foster Care (AFC) Mentoring** – Targeted, specialized mentoring service for young people who have been removed from their homes due to alleged abuse or neglect. Provides one-to-one mentoring as well as group mentoring through AFCLeaders, which includes a specialized group mentoring program for lesbian, gay, bisexual and transgender (LGBT) youth in care. (617-224-1302; www.afcmentoring.org)
- **“AGLY” (Alliance of Gay, Lesbian, Bisexual and Transgender Youth** – Initiated by Justice Resource Institute (JRI) over thirty years ago. Regional groups in communities across the Commonwealth provide weekly programming and annual social events in safe, supportive, non-exploitative and culturally competent spaces where LGBTQ youth can access social support and services, develop leadership and build community. Over 3,000 youth ages 22 and under who are LGBTQ participate every year throughout Greater Boston area, and over 6,000 youth across Massachusetts. (617-727-4313; <http://www.bagly.org/programs/youth-group/overview>; BAGLY also has a link that lists resources for youth, youth workers and parents and families at www.bagly.org/resources)
- **Boston Gay & Lesbian Adolescent Social Services (Boston GLASS)** is a community center serving young people in the gay, lesbian, bisexual and transgender community. An average of 25-30 youth a night come to GLASS to meet friends, talk to staff or participate in formal programming. Boston GLASS provides counseling, advocacy and referrals for health care services and housing to Gay, Lesbian, Bisexual, Transgender and Questioning (GLBTQ) teens and young adults, many of whom are youth of color. Also provide free HIV testing and counseling. (617-266-3349, extension 215; <https://www.jri.org/services/health-hiv-lgbtq-services/health-and-prevention-services/boston-glass/about-glass>)
- **Greater Boston Parents, Families and Friends of Lesbians and Gays (PFLAG) Chapter** – Promotes the health and well-being of LGBT persons and their families through support, to cope with an adverse society; education, to enlighten an ill-informed public; and advocacy, to end discrimination and to secure equal civil rights. (781-891-5966, Toll Free Helpline: 866-427-3524; www.gbplag.org)

Section L is for all users of the LGBTQ Guide and should be provided when any other Guide section is provided.

- **Bridge Over Troubled Waters** – Offers a comprehensive range of services for youth 16-24 including housing, meals and counseling and education. (617-423-9575)
- **Child-At-Risk Hotline** – A hotline to call if anyone suspects that a child is suffering from abuse or neglect. (800-792-5200)
- **Children’s Law Center of Massachusetts** – Maintains a helpline through which it provides information and referrals regarding legal matters that affect children such as the right to education services, emancipation, immigration and rights of children who have “aged out” of foster care or other state service systems. (888-KIDLAWS)
- **Fenway LGBT Family and Parenting Services** – A health care organization whose mission is to enhance the wellbeing of the lesbian, gay, bisexual and transgender community and all people through access to the highest quality health care, education, research and advocacy. Fenway also houses the Sidney Borum, Jr. Health Center for young people ages 12-29. (Toll Free LGBT Helpline: 888-340-4528, Toll Free Peer Listening Line for youth: 800-399-PEER; Violence Recovery Program for targets of hate crimes, domestic violence, sexual assault and police misconduct: 800-834-3242; websites: www.fenwayhealth.org and www.sidneyborum.org)
- **GeMS (Gender Management Service) Clinic** – Multidisciplinary health care team at Boston Children’s Hospital that provides care and support to infants, children, adolescents and young adults with gender identity disorder (GID) or disorders of sexual differentiation (DSDs). (617-355-2420)
- **GSA (National Gay-Straight Alliance) Network** – Provided by the Safe Schools Program for GLBT Students, a collaboration between the Department of Elementary and Secondary Education and the Massachusetts Commission on LGBT Youth. Student leaders and advisers within high schools and middle schools meet at regional conferences and an annual statewide leadership camp. (Contact: Massachusetts Commission on LGBT Youth, 617-624-5495)
- **GLAD (Gay & Lesbian Advocates & Defenders)** – Through strategic litigation, public policy advocacy, and education, GLAD works in New England and nationally to create a just society free of discrimination based on gender identity and expression, HIV status, and sexual orientation. GLAD is particularly interested in youth-related discrimination. GLAD offers GLAD Answers, a confidential, free service that provides information, support, and referrals. (Contact GLAD Answers by email or live chat at www.GLADAnswers.org or 800-455-GLAD; for LGBTQ youth rights, www.glad.org/youth)
- **GLBTQ Domestic Violence Project** – Provides free and confidential support and services for gay, lesbian, bisexual, transgender, and queer survivors of domestic and sexual violence. Works with targets and survivors to increase safety, security, and foster empowerment through direct services, education, and advocacy. (800-832-1901; www.glbtdvp.org)
- **GLSEN Massachusetts** – Offers a comprehensive selection of programs designed to support schools and individuals on a number of different levels, including teacher and staff training, student trainings, GSA support, a comprehensive professional development program, workshops focused on specific issues, retreats for educators, an annual conference. (617-536-9669; glsenboston@glsenboston.org)
- **Health Imperatives (The Health Imperatives LGBTQ Support)** – Organization that provides training and ongoing support for educators and health and human service providers; produces a newsletter. (800-530-2770; www.healthimperatives.org/glys)
- **Hispanic Black Gay Coalition (HBGC)** – A non-profit organization in Boston dedicated to the needs of the Black, Hispanic and Latin LGBTQ community. Founded in 2009, HBGC works to inspire and empower Latin, Hispanic and Black LGBTQ individuals to improve their livelihood through activism, education, community outreach, and counseling. [617-487-HBGC (4242); <http://www.hbgc-boston.org>]
- **Human Rights Campaign (HRC)** – Pursues LGBT equality in Massachusetts alongside state and local groups and lawmakers. (www.hrc.org)

- **MAP for Health** – A community-based, nonprofit organization that works to improve healthcare access, disease prevention and service delivery for the Asian & Pacific Islander community in Massachusetts. MAP for Health offers some services for LGBTQ youth. (617-426-6755; <http://mapforhealth.org>)
- **Massachusetts Transgender Political Coalition (MTPC)** – A statewide, non-profit advocacy, education, and community-building organization founded in 2001 that works to end discrimination on the basis of gender identity and expression and improve the lives of the Massachusetts transgender youth, adults, and their families by 1) organizing and empowering transgender people to advocate for themselves; 2) developing leadership within transgender communities through community education and opportunities; 3) educating the public, the media, and institutions about issues facing transgender communities; 4) increasing the awareness of policy makers about the needs of transgender communities; and 5) advocating for equal access through policy changes at the institutional, state, and local levels. The MTPC website links to resources for transgender people including this specific resource list for youth. (617-778-0519; http://www.masstpc.org/mediawiki/index.php?title=Youth_Specific)
- **Mass 2-1-1** – Free 24/7 telephone access to counselors who can provide information about LGBTQ and other resources. Dial: 211, or for TTY: 508-370-4890.
- **The Network/La Red** – The Network/La Red is a survivor-led, social justice organization that works to end partner abuse in lesbian, gay, bisexual, transgender, BDSM, polyamorous, and queer communities. Rooted in anti-oppression principles, seeks to strengthen communities through organizing, education, and the provision of support services. [Hotline: 617-742-4911 (voice) or 617-227-4911 (TTY); www.tnlr.org]
- **The Trevor Project** – The leading national organization providing crisis intervention and suicide prevention services to LGBTQ youth. Operates a nationwide, around-the-clock crisis and suicide prevention helpline, digital community and advocacy/educational programs that create a safe, supportive and positive environment for everyone. (Toll Free Lifeline: 866-4UTrevor or 866-488-7386 or www.thetrevorproject.org)
- **Youth On Fire** – A drop-in center at Cambridge Cares About AIDS; provides support, referrals, health info and services in a welcoming and non-judgmental environment, for homeless and at-risk youth. (617-599-0231; www.ccaa.org/youth_on_fire.html)

ONLINE RESOURCES

- **Accord Alliance (merged with Intersex Society of North America)** – Promotes comprehensive and integrated approaches to care that enhance the health and well-being of people and families affected by disorders of sex development (DSD) through partnerships with patients and families, healthcare administrators, clinicians, support groups, and researchers. Website has information for those working to improve the quality of outcomes in DSD through enhanced healthcare and research and through education of the public, including educational materials (Clinical Guidelines and a Handbook for Parents), clinical guidance by DSD specialists, information about upcoming meetings, summaries of recent presentations, and more. (www.accordalliance.org)
- **Family Acceptance Project** – A community research, intervention and education initiative studying the impact of family acceptance and rejection on LGBT youth and offering intervention services to help families support them. Produces downloadable booklet: “Supportive Families, Healthy Children, Helping Families with Lesbian, Gay, Bisexual and Transgender Children.” (www.familyproject.sfsu.edu)
- **I Am, Trans People Speak** – A multi-media campaign aimed at educating the public about the diverse communities of trans individuals, families and allies. I AM is a collection of recorded stories that aims to challenge stereotypes and misconceptions of transgender (trans) individuals by highlighting the realities of their lived experience. These voices span across a diversity of communities and intersecting identities. There is no one trans narrative. (www.transpeoplespeak.org)

- **It Gets Better Project** – An internet-based project founded in September 2010, in response to the suicides of teenagers who were bullied because they were “gay.” Its goal is to prevent suicide among LGBTQ youth by having adults convey the message that these teens’ lives will improve. Has posted over 22,000 entries from people of all sexual orientations and gender identities/expressions, including many celebrities. (www.itgetsbetter.org and www.youtube.com/user/itgetsbetterproject)
- **Massachusetts Commission on Gay, Lesbian, Bisexual, Transgender, Queer and Questioning (LGBTQ) Youth** – An independent state agency established by law to recommend and advocate to all branches of state government effective policies, programs, and resources for LGBTQ youth to thrive. The Commission also jointly administers the Safe Schools Program for LGBTQ Students with the Massachusetts Department of Elementary and Secondary Education, which can provide training, technical assistance and professional development to schools on issues related to sexual orientation, gender identity and school climate. The Commission maintains a list of resources available to LGBTQ youth. (www.mass.gov/cgly/youth.htm)
- **Point Foundation** – This national scholarship fund offers offers mentorship, leadership development and community service training to lesbian, gay, bisexual, transgender and queer (LGBTQ) students. (<http://www.pointfoundation.org>)
- **Welcoming Schools** – Welcoming Schools was initiated by a group of parents and educators to meet the needs of students whose family structures are not well represented or included in school environments. It provides resources for school administrators and educators to support students who don’t conform to gender norms and offers tools, lessons and resources on embracing family diversity, avoiding gender stereotyping and ending bullying and name-calling in elementary schools, using an LGBT inclusive approach. (www.welcomingschools.org)
- **World Professional Association for Transgender Health** – A professional organization devoted to the understanding and treatment of transgender individuals, with 500 members from around the world, in fields such as medicine, psychology, law, social worker and counseling. (www.wpath.org)

LGBTQ ABC’s

Commonly used definitions. Every person has the right to self-definition.

Lesbian A woman who is emotionally, romantically and sexually attracted to other women.

Gay A person who is emotionally, romantically and sexually attracted to persons of the same gender. Sometimes used to refer to gay men only. We prefer the word *gay* to *homosexual*, which has clinical overtones that some find offensive.

Bisexual A person who is emotionally, romantically and sexually attracted to more than one gender.

Transgender A person whose gender identity or gender expression does not match society’s expectations of how an individual of that gender should behave in relation to their gender. A transgender person may identify as heterosexual, lesbian, gay, bisexual or questioning.

Questioning A person, often an adolescent, who has questions about their sexual orientation or gender identity. Some questioning people eventually come out as LGBT; some don’t.

Sexual Orientation A person’s emotional, romantic and sexual attraction to persons of the same and/or different gender.

Gender Expression The manner in which a person expresses their gender through clothing, appearance, behavior, speech, etc.

Gender Identity An individual’s internal view of their gender; one’s innermost sense of being male, female, both or neither.