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To: ACS and Provider Agency Staff

From: John B. Mattingly 

Date: July 27, 2011

Re: **Promoting a Safe and Respectable Environment for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth and their Families Involved in the Child Welfare System; and**

Guidelines for Promoting a Safe and Respectable Environment for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth and their Families Involved with DYFJ

We thank you for your submitted comments and suggestions relating to the above mentioned Children's Services Child Welfare, and DYFJ draft policies. Both policies were issued to providers as draft for 30-day review, and the revisions to the drafts have been incorporated.¹

Please find attached Children's Services new Child Welfare and DYFJ policies articulating service provision for youth and families who identify as lesbian, gay, bisexual, transgender and questioning (LGBTQ). It includes comments and suggestions we received from subject matter experts and internal and external stakeholders.

The purpose of these policies is to provide direction to Children's Services and provider agency staff and volunteers on sensitive, inclusive and gender neutral practice as well as strategies to address bias and meet the unique needs of our youth and families. It should be used as best practice guidelines by Children's Services and provider agency staff and volunteers in order to provide LGBTQ youth and families with services in a respectful, safe, inclusive, culturally competent and affirming manner. These policies are effective immediately.

¹ The child welfare version of this policy was issued as a draft on 4/7/11 and the DYFJ version on 2/8/11.

New York City
Administration for Children's Services

Policy # 2011/05

SUBJECT: Promoting a Safe and Respectful Environment for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth and their Families Involved in the Child Welfare System

APPROVED BY:  John B. Mattingly

PAGES: 1 of 15 (4 Attachments)

DATE: July 27, 2011

**IMPLEMENTATION RESPONSIBILITY:
Children's Services Divisions of Child
Protection, Family Support Services, Family
Permanency Services and Provider Agency Staff**

PURPOSE: Children's Services is committed to providing all youth and families with a safe, inclusive, and affirming environment. This includes any child, youth or family member who identifies as lesbian, gay, bisexual, transgender and questioning (LGBTQ) as well persons perceived to be LGBTQ.

This LGBTQ Policy provides direction to staff on sensitive, respectful and culturally competent practice as well as strategies to address bias and meet the unique needs of our youth and families. It should be used as best practice guidelines by Children's Services and provider agency staff in order to provide LGBTQ youth and families with services in a respectful, culturally competent and affirming manner.

SCOPE: This Policy is effective immediately and applies to all Children's Services staff, as well as provider agency staff responsible for providing services to youth and families within the purview of Children's Services.¹ The provision of service within Children's Services facilities and programs should be based on professional standards as found in the New York State Office of Children and Family Services (OCFS) Guidelines for Good Childcare Practices with Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth,² and the 09-OCFS-INF-06 entitled *Promoting a Safe and Respectful Environment for Lesbian, Gay, Bisexual, Transgender, and Questioning Children and Youth in Out-of-Home Placement* dated 12/30/09. Additionally, this policy incorporates language from the Division of Child Protection Policy entitled *Assessing Safety of LGBTQ Children and Youth* dated 5/22/2009 and hereby renders that policy obsolete.

¹ All references to staff in this policy include volunteer staff where applicable.

² These guidelines are listed in the OCFS PPM 3442.00 entitled *Lesbian Gay Bisexual and Transgender Youth* dated 3/17/08.

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PLEASE NOTE: The Division of Youth and Family Justice (DYFJ) version of this LGBTQ policy follows after Attachment D.

GENERAL POLICY

Children's Services is committed to being respectful of the dignity of all youth and families, and to keeping youth safe while meeting their unique needs, regardless of their sexual orientation, gender identity and/or gender expression choices. ACS does not tolerate bias or discrimination by staff. The Children's Services *Non-Discrimination - Youth and Families Guidance 2008/05* (dated June 20, 2008) prohibits discrimination on the basis of race, ethnicity, creed, color, age, sex, national origin, religion, marital status or partnership, mental or physical disability, gender identity, gender expression, sexual orientation, veteran status, alienage and citizenship status. No Children's Services or provider agency staff shall unlawfully discriminate against other persons in the course of their work. Under no circumstances is any staff member of Children's Services and its provider agencies to attempt to convince an LGBTQ child or youth to reject or modify his/her sexual orientation or gender identity.

What is LGBTQ?

LGBTQ³ is an acronym commonly used to refer to lesbian, gay, bisexual, transgender, and questioning individuals. The following is an explanation of each of the terms used to define LGBTQ:

- **Lesbian** - generally refers to a female who is emotionally, romantically, and sexually attracted to other females.
- **Gay** - generally refers to a person who is emotionally, romantically, and sexually attracted to people of the same gender. Sometimes, it may be used to refer to gay men and boys only. It is preferred over the term "homosexual."
- **Bisexual** - refers to a person who is attracted to, and may form sexual and romantic relationships with, males and females.
- **Transgender** - may be used as an umbrella term to include all persons whose gender identity or gender expression does not correspond with their sex assigned at birth. For purposes of protection from discrimination and harassment, transgender refers to both self-identified transgender individuals and individuals perceived as transgender without regard to whether they qualify for a diagnosis of Gender Identity Disorder.
- **Questioning** - refers to a person, often an adolescent, who is exploring or questioning issues of sexual orientation or gender identity or expression in his or her life. Some questioning people will ultimately identify as gay, lesbian, bisexual or transgender; others will ultimately self-identify as heterosexual and not transgender.

Sexual orientation and gender identity are two different constructs. If someone identifies as transgender they may also identify as straight, gay, lesbian, or bisexual, because sexual orientation is separate from gender identity (See *Glossary of Terms -Attachment A*). Youth may also identify differently on different days, as they work through their identities.

It is the policy of Children's Services to maintain and promote a safe and affirming environment for LGBTQ youth and families in Children's Services residential facilities and programs. All staff are prohibited from engaging in any form of discrimination, bias or harassment against LGBTQ youth and their families. Staff may not impose personal, organizational or religious beliefs on LGBTQ youth or families and in no way should personal beliefs impact the way individual needs of youth or families are met. It is important for staff to understand that a child or adult whose identity is fluid may be exploring their identity and/or may simply be expressing their sexual orientation or gender identity. Please refer to Appendix A for a glossary of other LGBTQ related terms.

³ For some youth the Q can represent "queer" and at times is used interchangeably with "Questioning".

Fluidity of LGBTQ Identities and Language

The language and terminology used by and about people who identify as LGBTQ evolve over time. Each individual has their own preferences for how they describe themselves. All Children's Services and provider agency staff are required to use respectful, inclusive and gender-neutral language including: gay, lesbian, bisexual, sexual orientation, gender identity, transgender and gender non-conforming in an appropriate context when talking with youth and family members. Additionally, language such as "involved with someone" or "partner" as opposed to "boyfriend" or "girlfriend" should be used with all persons regardless of LGBTQ status.

Guidelines such as these that use the terms "lesbian, gay, bisexual, transgender, and questioning" should be seen as a starting basis for engaging with youth, utilizing respectful language and terminology. Staff should not use value-laden, out-dated, and not commonly accepted terms, such as, "homo" or "sexual preference" or "transvestite" or any other disrespectful terms for LGBTQ youth. Since some terms may be acceptable and or preferable to one person and offensive to another, staff should utilize best practices when working with youth. Staff should reflect (when appropriate) the language and terminology employed by that youth during a one-on-one interaction with him/her. Staff should help all youth use language that is respectful to all parties and will not cause harm in shared spaces. For an explanation of LGBTQ-related terms, see the ***Glossary of Terms Attachment A***.

Confidentiality

It is important for all Children's Services and provider agencies staff to respect each youth and family member's right to confidentiality. Staff should keep in mind that when a youth or family member discloses their LGBTQ status, it should be considered sensitive information and kept confidential. If staff is not in a position to keep information that a person discloses confidential, particularly information relating to safety issues or needed for referral and/or provision of services, they should inform the youth or family member that such information may need to be shared. Staff should also inform the youth or family member with whom the information will be shared and why. Staff may not disclose a youth's sexual orientation or gender identity to other individuals or agencies, without the youth's permission, unless such disclosure is consistent with state or federal law or regulation.

Disclosure

Under most circumstances, staff should not directly ask a youth or family member to disclose his/her sexual orientation or gender identity. The only way that anyone knows a youth's or family member's sexual orientation and/or gender identity is if the person discloses.

A person may disclose their sexual orientation and/or gender identity to staff when, and if, they feel ready and if, a safe environment and trusting relationship has been created for such a disclosure. If a youth or family member discloses that they are LGBTQ, it is important to speak with them about it by utilizing appropriate inclusive and gender-neutral language.

NOTE:

There are some circumstances when it may be appropriate for staff to provide a space where youth can appropriately identify their needs in terms of medical and community supports. These needs should include the option of LGBTQ specific services or information. This information may also prove relevant to decisions regarding educational services, diversion, disposition, reunification and placement. Knowledge of this information may prove beneficial and can lead to the exploration of other issues, including safety, social supports, family awareness and response, and health guidance. If the staff member is not sure if the circumstance is appropriate, the staff member should reach out to their supervisor and/or the LGBTQ Point Person for guidance on this matter. Staff should never ask a youth out of curiosity if they identify as LGBTQ.

Name

It is the policy of Children's Services to allow all youth to request the use of a preferred first name rather than their legal name. Consistent with that policy, all youth may designate a preferred first name that he/she wishes to be addressed by. It should be made clear to youth however that gang affiliated names will not be permitted. Youth will also be referred to by the pronoun that he or she states reflects his or her identified gender identity or expression. All Children's Services and provider agency staff should understand that the ability to choose a preferred name and/or pronoun that is consistent with the youth's gender identity, rather than the sex the youth was assigned at birth, is important to transgender youth. When documenting progress notes in CNNX it is recommended that the worker use the youth's legal name followed by the preferred name (e.g. John aka Jennifer).

Procedure for Reporting Staff Misconduct

Children's Services and provider agency staff should model appropriate and affirming behavior at all times.⁴ This means that bias, discrimination, bullying or harassment by staff or by youth towards youth and/or families should not be tolerated, and immediate action to intervene in any such situations should be taken. Children's Services and provider agency staff are obligated to report staff conduct that violates the Non-Discrimination Policy. If an issue arises, staff should confer with his/her supervisor and if unresolved contact the Children's Services LGBTQ Coordinator. See section on *Expectations for the ACS LGBTQ Coordinator* for additional information.

SPECIFIC POLICY

The following guidelines in Sections I through V, provide expectations of all staff providing child welfare services for LGBTQ youth who come in contact with Children's Services.

I. EXPECTATIONS OF PROTECTIVE SERVICES (DCP) FOR LGBTQ YOUTH AND THEIR FAMILIES

When assessing safety and risk of an LGBTQ child or youth, Children's Services staff within the Division of Child Protection (DCP),⁵ should, in addition to looking for other safety factors, assess whether a parent's attitude about the child's actual or perceived sexual orientation and/or gender identity is contributing to the parent's behavior, and in turn, whether the parent's behavior is impacting upon the child's safety or placing a child at risk.

It is important to note that a child may experience maltreatment on the basis of a caretaker's *perception* of the child as being LGBTQ, regardless of how the child identifies. Occasionally, youths who are not LGBTQ are perceived by others to be LGBTQ and abused and/or neglected as a result. This may even be true for very young children and toddlers who behave in gender atypical ways (e.g. boys who play with dolls or girls who play with trucks) but are too young to identify as LGBTQ.

Interviewing an LGBTQ Youth

Often, LGBTQ youth experience hostility and rejection in his/her home (or other places where their families might not be able to protect them) based upon their actual or perceived sexual orientation and/or gender identity. This hostile atmosphere might not be apparent to the CPS, so appropriate measures should be taken to speak (privately) with the youth to explore these issues. LGBTQ youth do not always feel comfortable disclosing information about their sexual orientation and/or gender identity. It

⁴ This guideline is applicable to provider agencies in all levels of care.

⁵ Please note that safety assessments of this nature also apply to staff in the Divisions of Family Support Services (FSS) and Family Permanency Services (FPS)

is therefore not appropriate to directly ask a youth if he or she is LGBTQ unless having information about a youth's sexual orientation and/or gender identity may be important to making informed case decisions that serve the youth's best interests and protect the youth's safety (See Section on *Disclosure*). Instead, the Child Protective Specialist (CPS) should use sensitive and inclusive language that signals to all young people that they will be treated with respect and dignity, regardless of how they identify.

When interviewing a transgender youth, the CPS should address the youth by the name that he/she prefers to be called, and preferred pronoun, which may be a name and pronoun associated with a gender different than the child's sex at birth.

Interviewing the Parent/Caretaker of an LGBTQ Youth

LGBTQ youth face great risk of abuse when their sexual orientation and/or gender identity are disclosed (inappropriately and non-consensually) to a parent or primary caretaker.⁶ CPS interviews with parents of LGBTQ youth should include (when appropriate) a discussion of the child's actual or perceived sexual orientation/gender identity only in certain circumstances. These circumstances include:

- The youth has already identified openly as LGBTQ and the alleged abuse/and or maltreatment are directly related to the child's perceived or actual sexual orientation, gender expression, or gender identity. In this instance, the focus should be on eliciting information from the parents about the parents' attitudes and beliefs about LGBTQ people and not on divulging to the parents any personal details the youth may have told the CPS about his or her sexual orientation or gender identity. If the parent displays negative attitudes about LGBTQ people, even when deeply rooted in religious beliefs and cultural values, and the alleged abuse and/or maltreatment are related to the child's perceived or actual sexual orientation, gender expression, or gender identity, CPS should determine whether those attitudes are impacting the child's immediate safety, as well as whether those attitudes may put the child at risk for future physical or emotional harm.

Completing the Safety Assessment of an LGBTQ Youth in CONNECTIONS

The parent/caretaker's attitude about the child's sexuality, as well as the behaviors that stem from that attitude, should be carefully considered when identifying safety factors in cases involving LGBTQ youth. When documenting the youth's safety assessment in CONNECTIONS, the CPS should select the applicable safety factors. For example:

- If a parent will only allow the child to remain in the home if he/she is "straight":
 - * Safety Factor 7 (*Parent/Caretaker is unable and/or unwilling to meet the children's needs for food, clothing, shelter, medical or mental health care and/or control child's behavior*) should be chosen;
- If a parent is verbally abusive to the child, ostracizes the child, ridicules, or belittles the child:
 - * Safety Factor 10 (*Parent(s)/Caretaker(s) view, describes or acts toward the child(ren) in predominantly negative terms and/or has extremely unrealistic expectations of the child(ren)*) should be chosen;
- If a parent will not allow the child to dress in a manner in accordance with his/her gender identity:

⁶ This includes serious physical harm, homelessness, substance abuse and serious mental health conditions such as depression.

- Safety Factor 10 (*Parent(s)/Caretaker(s) view, describes or acts toward the child(ren) in predominantly negative terms and/or has extremely unrealistic expectations of the child(ren)*) should be chosen; and
- If the child is afraid to remain in the household out of fear that the parent may harm the child, or allow the child to be harmed:
 - Safety Factor 14 (*Child (ren) expresses or exhibits fear of being in the home due to current behaviors of Parent(s)/Caretaker(s) or other persons living in or frequenting the household.*) should be chosen.

Thus, as with any other safety assessment, the focus of the assessment should be on what behaviors the caretaker is displaying that impact upon the safety of the child or place the child at risk of physical or emotional harm. A child or youth's actual or perceived sexual orientation or gender identity does not excuse a parent or caretaker's abusive or neglectful behavior. Safety planning for LGBTQ youth should therefore include interventions that allow the youth to be both physically and emotionally safe.

II. EXPECTATIONS OF PREVENTIVE SERVICES FOR LGBTQ YOUTH AND THEIR FAMILIES

When Children's Services and provider agency Preventive Services staff come in contact with youth and families that identify as LGBTQ, the following guidelines should be followed:

- Staff should be receptive to and use inclusive language when speaking with all youth and families, as it is not always clear whether an individual may identify as LGBTQ. The youth may not always disclose to staff if s/he identifies as LGBTQ and the issues in a case may or may not be related to the youth's or the adult's sexual orientation or gender identity. If it is apparent that the issues in the case are LGBTQ related, Preventive staff should discuss the matter in a sensitive and inclusive manner. When doing this, Preventive staff should be mindful that incorrect perceptions of either sexual orientation or gender identity can be harmful. Therefore, sensitivity and the use of appropriate language are critical.
- As indicated in Section I on protective services, when assessing the safety of LGBTQ youth, appropriate measures should be taken to speak (privately) with the young person to explore the possibility of hostility or rejection at home, school or other places because of his/her perceived sexual orientation or gender identity.
- When interviewing all youth, staff should ask youth what name he or she prefers and what pronoun to use. This will provide transgender and gender non-conforming youth with a safe means to let staff know of a preferred name and pronoun, and help facilitate the interview.
- Staff should help stabilize and create safety for LGBTQ youth in their homes to prevent out of home placement for LGBTQ youth whenever possible. This work should include providing LGBTQ specific community resources to youth and families for support e.g. a copy of the ACS LGBTQ Community Resource Guide.⁷
- Staff should carefully consider the parent/caretaker's attitude towards the child's sexual orientation, gender identity, and other related behaviors throughout the life of the case when identifying possible safety factors. This shall be done on an ongoing basis and can be done by engaging parents/caretakers and informing them that family rejection is a strong predictor of negative health outcomes (e.g., mental health, substance abuse and sexual risk). It is also

⁷ Provider agency staff can access this document via DocuShare at http://10.239.3.195:8080:docushare_dsweb-Get_Document-137906_ACS_LGBTQ_Youth_Community_Resource_Guide_-_August_2010.pdf

essential to emphasize that a continued relationship with some level of acceptance and understanding is critical to the health of the child.⁸

- Staff should make available LGBTQ affirming literature and resources to all parents and youth in preventive care when appropriate (see LGBTQ-Affirming Literature in Section III).

If a case is referred to Preventive Services because of an LGBTQ-specific issue and the determination of the Preventive provider agency at intake or throughout the life of the case is that this is not a case that can be resolved by that agency the Preventive provider should communicate this to the ACS LGBTQ Coordinator via the CM 1059 - LGBTQ Coordinator Request Form (see section on *Incident Reporting Procedures for Youth* for additional information).⁹ These requests should be sent to LGBTQ@dfa.state.ny.us.

When eliciting information from a child's caretaker, a worker should take the necessary steps/actions to verify that a child is not left in his/her home in negative circumstances. Once the conversation has occurred, the youth is a good source of information and generally in the best position to determine whether he/she feels comfortable in the home. Additionally, if a preventive worker has reasonable cause to suspect that a child is an abused or maltreated child, the worker must make a report to the Statewide Central Register of Child Abuse and Maltreatment, consistent with their mandated reporting responsibility.

Note: The Preventive agency should first utilize their internal mechanisms for resolving the complaint. If the agency has exhausted all its available resources then the ACS LGBTQ Coordinator shall be contacted using the above process.

III. EXPECTATIONS OF FOSTER CARE SERVICES FOR LGBTQ YOUTH AND THEIR FAMILIES

When a child who identifies as LGBTQ enters foster care, staff should make efforts to place him/her in an LGBTQ affirming home, and see that other needs are recognized and met.¹⁰ Staff should also make efforts to see that the families that are providing an LGBTQ affirming home for our youth are given the support needed to provide optimal care for LGBTQ youth. The following is a list of variables that should be taken into consideration in order meet those needs and see to it that the youth's transition to permanency is seamless.

LGBTQ-affirming Literature and Resources

Children's Services and provider agency staff should make available LGBTQ affirming literature and resources to all foster parents and youth in foster care. LGBTQ-affirming literature comprises (but is not limited to):

- written information regarding respect for and supports available to LGBTQ youth,
- website list of community resources supports, and
- other appropriate books and materials.

Each agency needs to display the contact information for their designated Point Person (PP) in a common area that is visible to all staff, youth and families. For additional information on the designation of a Point Person refer to *Incident Reporting Procedures* (page 12). Programs need to

⁸ See Caitlin Ryan's Family Acceptance Project

⁹ For additional information on LGBTQ Coordinator, see section on *The Expectations of the LGBTQ Coordinator*.

¹⁰ An LGBTQ-affirming home is one with foster, adoptive or birth parents who welcome LGBTQ youth in their home, treat them with respect and dignity and work to meet their unique needs.

affirm the cultural identity of LGBTQ youth and families by creating supportive and affirming environments, e.g., incorporating LGBTQ culturally specific art or social events such as LGBTQ Pride into the general schedule or their curriculum. This will indicate that staff are knowledgeable and open to communication on this topic.

Children's Services Office of Advocacy

The Children's Services Office of Advocacy can be used as a resource for LGBTQ Youth who have questions. Please access their information at http://www.nyc.gov/html/acs/html/advocacy/office_advocacy.shtml or at the Parents and Children's Rights Helpline (212) 676-9421. The attached *LGBTQ Rights* flier (*Attachment B*) can also be used as a supplemental resource for the youth. Additionally, Children's Services has a comprehensive *Community Resource Guide for LGBTQ Youth* which is available electronically (via DOCUSHARE at the following link http://10.239.3.195:8080/docushare/dsweb/Get/Document-137906/ACS_LGBTQ_Youth_Community_Resource_Guide_-_August_2010.pdf) and in hard copy (both in document and pocket size). LGBTQ youth and families can also call 311 for further information.

Counseling

All Children's Services and provider agency staff are responsible for referring youth in foster care for counseling, health, mental health, or other services as appropriate regardless of a youth's sexual orientation gender identity or gender expression. If a youth discloses that he or she is lesbian, gay, bisexual, transgender or questioning while in foster care, the youth should be offered the opportunity for counseling and information to support individual, family and health issues. Referrals to community based providers should be made when appropriate. Staff should refer youth who identify as LGBTQ to community based providers who have proven that are culturally competent in working with LGBTQ youth. All staff should recognize that many adolescents are still exploring their sexual orientation, gender identity, and/or gender expression. Staff should also recognize that youth may not know all relevant terminology, and may be questioning his/her own sexual orientation and/or gender identity.

Mental Health Clinicians should facilitate exploration of any LGBTQ issues with youth by being open, non-judgmental, and empathetic. Youth may be same sex practicing or gender non conforming with or without claiming an LGBTQ identity. Since language associated with being LGBTQ varies greatly across communities, and the use of identity categories (gay/lesbian/queer/transgender/and gender pronouns may be fixed or fluid; Clinicians should allow youth to guide the process of choosing language with which they feel most comfortable while discussing their sexual orientation and gender identity and/or expression. Clinicians should also recognize that this language may change over time, and affirm and support youth in their process of identity formation and expression.

In accordance with accepted health care practices which recognize that attempting to change a person's sexual orientation or gender identity is harmful, all Children's Services staff, provider agency staff, and Mental Health Clinicians should not employ, contract with, or make referrals to mental health providers who attempt to change a youth's sexual orientation or gender identity. *Attachment C* provides a list of LGBTQ affirming providers that are recommended by LGBTQ advocates.

Mental Health Assessments

It is important that all youth in residential and family foster care receive a comprehensive mental health screening, so that individual needs are identified and a treatment response provided. The following guidelines should be followed by all clinicians when conducting mental health assessments of youth in foster care.

1. Clinicians should not assume any mental illness/pathology because a youth identifies as LGBTQ or is gender nonconforming. Clinicians should also recognize that all adolescents experience developmental and social challenges during those years; however LGBTQ youth face additional pressures based on their gender identity or sexual orientation.¹¹
2. Clinicians should be aware that the psychosocial stress associated with explicit and implicit homophobia, heterosexism, and transphobia and the stigma associated with being LGBTQ youth, may contribute to depression and anxiety, increased suicide risk, substance use, and truancy or dropping out of school.
3. Clinicians should be familiar with the unique family dynamics that emerge for LGBTQ youth in general, and systems involved with LGBTQ youth in particular, and recognize that many LGBTQ youth are in the child welfare system due to stigma related to their sexual orientation, gender expression, or gender identity.
4. Clinicians should also recognize that many LGBTQ youth are in the child welfare system for reasons other than their sexual orientation, gender expression, or gender identity. Clinicians should recognize that family responses to youth's sexual orientation and/or gender identity may vary widely and interact with other aspects of youth and families' identities including race, class gender, citizenship, etc. Clinicians should therefore employ an intersectional approach to counseling and facilitate family reconciliation where indicated and possible.
5. Clinicians should be aware that many systems-involved LGBTQ youth have had experiences of trauma (violence, sexual abuse, verbal harassment, etc.) related to their sexual orientation and/or gender identity and should receive ongoing clinical training specific to these unique forms of trauma. Clinicians should also be aware that LGBTQ youth are particularly susceptible to trauma, discrimination and abuse within residential care facilities and be able to recognize signs of distress and support disclosure where appropriate, and to follow appropriate protocol for reporting.
6. Clinicians should be prepared to help LGBTQ youth explore their feelings about their gender identity or sexual orientation along with related issues and questions in a safe and affirming manner and should be familiar with community resources available to LGBTQ youth for the purposes of both collaboration and referral
7. Clinicians should be trained and become versed in World Professional Association for Transgender Health's Standards of Care for Gender Identity Disorders (WPATH Standards of Care for GID) and be able to meaningfully integrate counseling and mental health services with medical care that transgender and gender non conforming youth may be receiving. Please refer to Attachment C for a list of suggested clinicians within New York that meet these criteria.

Children Services and provider agency staff should provide psycho-educational awareness-raising sessions for the entire youth population in residential care that engage youth in a meaningful dialogue about the concepts of homophobia, transphobia and the importance of

¹¹ It should be remembered that nearly every professional organization within the mental health and medical fields, including the National Association of Social Workers and the American Psychiatric Association, strongly condemn any attempt to "correct" or change youth's sexual orientation or gender identity through corrective or reparative therapy.

increasing tolerance and respect. These sessions should be facilitated by a qualified professional with expertise in working with LGBTQ youth.

8. Where medically indicated as for all youth, the program clinical staff working with LGBTQ youth should refer to an appropriate specialist.

Psycho-educational sessions for the entire youth population should include group and individual opportunities to discuss any sexual orientation or gender identity questions or feelings that may arise as a result of having youth in the residential setting who may be perceived as “different.”

Medical

All provider agencies medical providers shall receive professional LGBTQ cultural competency training tailored to the medical profession.¹² LGBTQ appropriate and culturally competent sexual health education and resources will be included and accessible to all residents in residential foster care.

All youth in foster care receive an initial health screening, which includes identification of existing medications being taken by the youth.¹³ During the course of that initial screening, if the youth reports that he/she was prescribed hormones by a licensed medical provider in the community, this medication may be continued while the youth is in care. If hormone therapy is discontinued for a youth, the youth should continue to be monitored by medical and behavioral health staff in order to treat any symptoms that may occur as a result.

If a youth makes a request to begin hormone therapy while in care, he/she should be referred to medical and mental health staff for an evaluation. The medical provider in consultation with the youth’s case planner may initiate a request for financial support and treatment through the Children’s Services Non-Medicaid Reimbursable (NMR) Policy.¹⁴ A determination will be made through the process described in the NMR policy regarding the initiation of hormone therapy based on the determination of the Deputy Commissioner, with recommendations from the Children’s Services Health Review Committee, and the accepted standards of care in the World Professional Association for Transgender Health Standards of Care (WPATH) for Gender Identity Disorder (GID).

Individual Bedrooms

In foster boarding homes, separate bedrooms are required for children of the opposite sex over seven years of age while children of the opposite sex in residential facilities, should be placed in separate bedrooms at the age of five or older. In cases where it is necessary to keep the siblings or half siblings placed together in the same foster home the children are permitted to share the same bedroom providing this alternative sleeping arrangement is consistent with the health, safety, and welfare of each of the siblings or half-siblings.¹⁵

For cases where a transgender youth is residing in a foster boarding home, the agency is expected to make sleeping arrangements decisions on an individualized basis. Decisions on bedrooms for transgender youth in foster boarding homes should be based on the youth’s individualized needs and should prioritize the youth’s emotional and physical safety. The agency staff should take into

¹² As such providers are expected to use contractors that meet the same requirement.

¹³ See ACS Foster Care Standards on Medical Intake, and Standards on Medical Care Management, Oversight, and Quality Assurance.

¹⁴ Provision of Non-Medicaid Reimbursable Treatment or Services for Youth in Foster Care – Policy 20101/04 dated 6/7/10 (page6).

¹⁵ See Children’s Services Policy # 2011/02 entitled *Flexibility in Sleeping Arrangement Requirements for Sibling Foster Care Placements*.

account the youth's perception of where he or she will be most secure, as well as any recommendations from the youth's health care provider. The youth's well being as well as that of any other children in the foster home should be taken into consideration when making this decision. Therefore, it is important to include youth in the decision making process so as to avoid alienating him/her.

For cases where a transgender youth is residing in a residential facility, every effort should be made so that LGBTQ youth are housed in a residential facility that can provide individual sleeping quarters (one-person bedroom) to allow for privacy. Transgender youth should not automatically be housed according to their sex assigned at birth. As in foster care setting the agency should make housing decisions for transgender youth based on the youth's individualized needs and should prioritize the youth's emotional and physical safety. The agency staff should take into account the youth's perception of where he or she will be most secure, as well as any recommendations from the youth's health care provider, and remember to include youth in the decision making process so as to avoid alienating him/her.

Generally, it is most appropriate to house transgender youth based on their gender identity. In considering the appropriate placement for a known transgender youth in either a residential or foster boarding home setting, the availability of a placement with individual sleeping quarters should be considered.

Hair and Other Personal Grooming

Grooming rules and restrictions, including rules regarding hair, make-up, and shaving, should be the same for all youth regardless of LGBTQ status. A youth should not be prevented from using, or disciplined for using, a form of personal grooming because it does not match gender norms. Transgender and gender non-conforming youth should be permitted to use approved forms of personal grooming consistent with their gender identity.

Clothing

Youth may wear clothing consistent with their gender identity. Youth will be made aware that they are always able to wear undergarments of their choice and to wear the clothing of their gender choice. As with all youth, outer attire should be congruent with the occasion

Discharge Planning

It is critical to work with the youth's family throughout his/her stay in care to enhance reunification or other discharge efforts with his/her family. During Discharge Planning staff should be mindful that a youth may not want to tell their family their LGBTQ status. If this was not a precipitant of the youth's removal from the home, and he or she wishes to keep his/her LGBTQ status private, during discharge planning, staff should not disclose the youth's LGBTQ status to the family.¹⁶

Case planner, medical and mental health staff working with LGBTQ youth should identify and become familiar with community resources to support LGBTQ youth. When appropriate, staff should assist families of LGBTQ youth in identifying supportive resources and professionals in appropriate LGBTQ issues in their area in order to help create a seamless transition to permanency with adequate support systems in place.

¹⁶ Please refer to *Confidentiality* section for further information

Incident Reporting Procedures for Youth in Foster Care

The Foster Care Point Person Network is available for youth in foster care to express and resolve concerns regarding the care and treatment of LGBTQ youth and families. Each foster care agency should have a designated LGBTQ Point Person who can be accessed as a resource to assist when an issue requiring case consultation arises and/or be utilized as a reporter to the Children's Services LGBTQ Coordinator. The Point Person should also keep track of all reportable bias, harassment and bullying issues of LGBTQ youth and families, and model appropriate and affirming behavior at all times. If the Point Person receives a grievance related to harassment or discrimination on the basis of actual or perceived gender identity, gender expression or sexual orientation, the Point Person should notify his/her supervisor for help in resolving the issue.

The agency supervisor will follow the agency's internal mechanism for resolving complaints. If an agency has exhausted all its available resources to resolve a reported LGBTQ complaint, and the issue remains unresolved, the Children's Services LGBTQ Coordinator should be contacted for guidance. To report LGBTQ youth and family related concerns that are not resolvable internally at the agency, please complete the attached *ACS LGBTQ Coordinator Request Form CM 1059* (See Attachment D) and forward it to the ACS LGBTQ Coordinator at LGBTQ@dfa.state.ny.us.

Supervisory and management staff should treat all incidents of discrimination and harassment as serious, and follow up promptly. In accordance with Children's Services policy and procedures, alleged violations of this policy by staff or youth will be investigated promptly and, if determined to have occurred, will result in the enforcement of corrective or disciplinary action.

NOTE: All legal related inquiries must first be brought to the attention of the child's FCLS attorney. The assigned FCLS attorney will notify the ACS LGBTQ Coordinator and the attorney for the child.

Foster Care Facility Guidelines

Children's Services has adopted with minor changes, New York State's Office of Children and Family Services (OCFS) LGBTQ Youth Guidelines to assist Children's Services and provider agency foster care staff in a serving LGBTQ youth in a respectful and culturally competent manner. The following guidelines address the expectations of staff in providing services to LGBTQ in foster care, specifically youth in residential settings.

1. Safety and security, as well as good childcare practices, remain paramount for all youth in care. Foster care provider agencies should establish and maintain a culture where the dignity of every youth is respected and all youth feel safe.
2. All youth, regardless of gender identity, gender expressions, and/or sexual orientation, need to feel safe in their surroundings, in order for positive programming and youth outcomes to occur.
3. Rules should be maintained with dignity and respect for all residents, regardless of their gender identity, gender expression, and/or sexual orientation.
4. All foster care provider agency staff should promote the positive adolescent development of all youth by demonstrating respect for all youth, reinforcing respect for differences among youth, encouraging the development of healthy self-esteem in youth, and helping youth manage the stigma sometimes associated with difference.

5. Staff should not over-emphasize or focus specifically on gender identity, gender expression, and sexual orientation issues with the youth.
6. Staff should not disclose a youth's LGBTQ status to anyone (including other youth, the youth's family, and/or other staff) if the youth has not disclosed their LGBTQ identity to their peers, staff, parents/family or to anyone in a non-confidential manner, unless youth has specifically consented to the disclosure and/or it is consistent with the law.
7. Staff should set a good example and make residents aware that any anti-LGBTQ threats of violence, and/or disrespectful or suggestive comments or gestures will not be tolerated concerning any youth. Staff should also not engage in these behaviors and follow all ACS policies in regards to the treatment of youth in ACS care.
8. All youth should be held to the same standards of age-appropriate behavior. Standards regarding romantic and sexual behavior should be applied evenhandedly, regardless of sexual orientation or gender identity. Staff should maintain boundaries for safe and appropriate behavior with all residents. Staff should not respond in a more punitive or more lenient manner to any inappropriate behavior related to dating or sex that is not permitted in facilities. The same consequences should apply to all youth, including LGBTQ youth, who violate these rules.
9. All residents should be included in all activities for which they are eligible and show a positive interest. Encouraging or discouraging participation in activities on the basis of the gender identity or gender expression of the resident is prohibited.
10. All youth should be allowed to use individual bathroom stalls, within commonly accepted time limits, and be allowed to shower privately.
11. Staff should remember that male-to-female transgender youth identify as females, not gay males, and that female-to-male transgender youth identify as males, not lesbians. Gender identity is very individual, and some transgender youth may identify as neither male to female nor female to male. Furthermore, sexual orientation and gender identity are two different constructs. If someone identifies as transgender they may also identify as straight, gay, lesbian, or bisexual, because sexual orientation is separate from gender identity (See Glossary of Terms -Attachment A). Youth may also identify differently on different days, as they work through their identities.

IV. EXPECTATIONS FOR THE ACS LGBTQ COORDINATOR

The ACS LGBTQ Coordinator is responsible for assessing LGBTQ needs within the child welfare system. S/he develops and maintains relationships with community-based LGBTQ programs to improve access to services for our youth involved with protective, preventive and foster care services. S/he also develops training curricula for child welfare staff and work with other areas of Children's Services so that policies and programs address the LGBTQ-specific needs of children and families.

The ACS LGBTQ Coordinator will also track/monitor the following inquiries:

- Track case specific inquiries that are received via the LGBTQ request form.
- Monitor provider agencies to determine provider agencies compliance with the LGBTQ expectations.¹⁷

¹⁷ Provider agencies are responsible for gathering tracking information and submitting it to the ACS LGBTQ Coordinator for

Note: The ACS's LGBTQ Coordinator and Agency Program Assistant will work in collaboration to monitor Foster Care Provider Agencies practices and compliance with the requirements described in this procedure. ACS will hold Foster Care Provider Agencies accountable for their performance in accordance with Agency program Assistance Roles and Responsibilities.

V. TRAINING

All Children's Services and provider agency staff having direct contact with children and families shall be trained on the goals and expectations of this policy including behavior that constitutes discrimination and harassment and procedures for preventing and reporting such behavior, during their initial orientation, and re-oriented at least once every two years there after.

In collaboration with the Satterwhite Academy, provider agencies, and the LGBTQ advocacy community Children's Services will assist in the provision of culturally competent training for Children's Services and provider agency staff, and foster parents on working with LGBTQ youth and families.

The provider agency's curriculum should include but not be limited to:

- i. Training staff to assess, identify, and address the specific needs of LGBTQ youth and their families;
- ii. Training staff to recognize the difference between their personal values and their professional responsibilities;
- iii. Training staff on ACS LGBTQ related policies;¹⁸
- iv. Training provider agency staff on how to develop the skills needed to assist families in negotiating the difficulties that may emerge when an adolescent self-identifies as LGBTQ;
- v. Training staff on how to demonstrate sensitivity when addressing this issue with parents and helping parents to sustain a positive and healthy relationship with their child; and
- vi. Training supervisory staff on how to monitor these services.

Training may be provided via multiple media e.g. in a class room setting, via e-learning or Webinar or teleconference.

For additional information on training resources as well as on this policy please contact Nancy Chapman at nancy.chapman@dfa.state.ny.us .

assessment of their progress.

¹⁸ This ACS Policy on *Promoting a Safe and Respectful Environment for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth and their Families involved in the Child Welfare System; ACS Non-Discrimination Policy, and ACS Non-Medicaid Reimbursable Policy.*

Anatomical sex: An individual's sex, male or female, based on the appearance of their sexual organs.

Biological sex: An individual's sex, male or female based on their sex chromosomes.

Birth sex: The sex, male or female, that is noted on an individual's birth certificate issued at birth.

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

Gay: refers to a person who is emotionally, romantically, and sexually attracted to people of the same gender. Sometimes, it may be used to refer to gay men and boys only, although in some contexts, it is still used as a general term for gay men and lesbians. It is preferred over the term "homosexual."

Gender: The set of meanings assigned by a culture or society to someone's perceived biological sex. Gender is not static and can shift over time. Gender has at least three parts:

- a) **Gender Identity:** An individual's internal view of their gender; one's own innermost sense of being male or female. This will often influence name and pronoun preference for an individual.
- b) **Physical Markers:** Aspects of the human body that are considered to determine sex and/or gender for a given culture or society, including genitalia, chromosomes, hormones, secondary sex characteristics, and internal reproductive organs.
- c) **Role/Expression:** Aspects of behavior and outward presentation that may (intentionally or unintentionally) communicate gender to others in a given culture of society, including clothing, body language, hairstyles, socialization, relationships, career choices, interests, and presence in gendered spaces (restrooms, places of worship, etc.). Refers to the manner in which a person expresses his or her gender through clothing, appearance, behavior, speech, etc. A person's gender expression may vary from the norms traditionally associated with his or her biological sex. Gender expression is a separate concept from sexual orientation and gender identity.

Gender Identity Disorder or GID: A diagnosable medical condition where an individual has a strong and persistent cross-gender identification, which is the desire to be, or the insistence that one is, of the opposite sex, as well as a persistent discomfort about one's assigned birth sex or sense of inappropriateness in the gender role of that sex. In addition, the individual must be evidencing clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Gender non-conforming: having or being perceived to have gender characteristics and/or behaviors that do not conform to traditional or societal expectations. Gender non-conforming people may or may not identify as LGBT.

Gender roles: Social and cultural beliefs about appropriate male or female behavior, which children usually internalize between ages 3 and 7.

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

Heterosexism: The assumption that all people are or should be heterosexual. Heterosexism excludes the needs, concerns, and life experiences of lesbian, gay, bisexual, and transgender people, while it gives advantages to heterosexual people. It is often a subtle form of oppression which reinforces realities of

silence and invisibility.

Heterosexuality: A sexual orientation in which a person feels physically and emotionally attracted to people of the “opposite” sex.

Homophobia: The irrational hatred and fear of homosexuals or homosexuality. Homophobia includes prejudice, discrimination, harassment, and acts of violence brought on by fear and hatred. It occurs on personal, institutional, and societal levels.

Internalized homophobia: The fear and self-hate of one’s own homosexuality that occurs for many individuals who have learned negative ideas about homosexuality throughout childhood. One form of internalized oppression is the acceptance of the myths and stereotypes applied to the oppressed group.

Lesbian: refers to a woman or girl whose emotional, romantic, and sexual attractions are primarily for other women or girls.

LGBTQ: an acronym commonly used to refer to lesbian, gay, bisexual, transgender, and questioning individuals.

Preferred Gender Pronouns (PGP): are the ways people refer to themselves and how they prefer to be referred in terms of gender. The most commonly used PGPs include:

- She – her – hers
 - Example: “She forgot her wallet. She thinks that she left it in her car.”
- He – him – his
 - Example: “He had a lot more energy, once his fever went away.”

Some people do not identify as either male or female and accordingly prefer gender neutral pronouns:

- Zie or Ze – hir – hirs
 - Example: “Zie opened hir door to find a package waiting.”

Some people who do not identify as either male or female may also use their name or “they” as a PGP.

Queer: A historically derogatory term for a gay man, lesbian, or gender non-conforming person. The term has been widely reclaimed, especially by younger LGBTQ people, as a positive social and political identity. It is sometimes used as an inclusive, or umbrella, term for all LGBTQ people; more recently, queer has become common as a term of self-identification for people who do not identify with the restrictive and binary terms that have traditionally described sexual orientation (for instance gay, lesbian, or bisexual only). Some LGBTQ community members still find queer an offensive or problematic term. Also see *Genderqueer*.

Questioning: refers to a person, often an adolescent, who is exploring or questioning issues of sexual orientation or gender identity or expression in his or her life. Some questioning people will ultimately identify as gay, lesbian, bisexual, or transgender; others will self-identify as heterosexual and not transgender.

Sexual orientation: refers to a person’s emotional, romantic, and sexual attraction to persons of the same and/or different gender.

Straight: A person (or adjective to describe a person) whose primary sexual and affectional orientation is toward people of the opposite gender.

Transgender: may be used as an umbrella term to include all persons whose gender identity or gender

expression do not match society's expectations of how an individual should behave in relation to his or her gender. This term can include transsexuals, genderqueers, cross-dressers, and others whose gender expression varies from traditional gender norms. For purposes of protection from discrimination and harassment, transgender refers to both self-identified transgender individuals and individuals perceived as transgender without regard to whether they qualify for a diagnosis of *Gender Identity Disorder* (see above).

Transgender female-to-male youth: are young people who were assigned the sex of female at birth and who now identify as male. Similarly, the terms *transgender boys* and *trans men* refer to those who now identify as boys or men. Also see *transsexual*.

Transgender male-to-female youth: are young people who were assigned the sex of male at birth and who now identify as female. Similarly, the terms *transgender girls* and *trans women* refer to those who now identify as girls or women. Also see *transsexual*.

Transition: An individualized process by which a transgender person starts living as the gender she or he identifies as. There are three general aspects to transitioning: social (i.e. selection of a new name, a request that people use the correct pronoun), medical (i.e. possibly hormones, surgery, etc.), and legal (i.e. gender marker and legal name change, etc.). A transgender individual may transition in any combination, or none, of these aspects.

Transphobia: A reaction of fear, loathing, and discriminatory treatment of people whose identity or gender presentation (or perceived gender or gender identity) does not “match,” in the societally accepted way, the sex they were assigned at birth.

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

Definitions for this glossary have been adapted from the following resources:

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

LGBTQ RIGHTS FLYER

(Taken from the NYC Anti-Violence Project, - LGBTQ Youth Violence Initiative “A Guide for NYC LGBTQ Public School Students” and “Staying Safe – LGBTQ Youth and the NYPD”.)

LGBTQ youth in foster care and the juvenile justice system have rights:

- To feel safe
- To be free from discrimination because they are LGBTQ
- To have people accept them for who they are
- To have adults stick up for them

LGBTQ youth and school

All NYC public schools should:

- Treat all students, including LGBTQ students, equally
- Apply all policies to LGBTQ students in the same way as applied to other students
- Not single out LGBTQ students for abuse
- Not discriminate based on sex (including your school's responsibility for stopping sexual harassment)
- Address anti-gay/anti-trans harassment (schools can be held legally accountable for ignoring harassment, abuse or discrimination)
- Post complaint procedures
- Handle all complaints fairly treat Gay-Straight Alliance (GSAs) like any other student club

So:

- Come out when you are ready and be proud of who you are
- Report any abuse including homophobic or transphobic comments, graffiti, etc.
- Form a GSA in your school
- Take a date to the prom (Your school can't require that only girl-boy couples can go to school dances)

LGBTQ youth and the NYPD

General Tips:

- If you have identification such as a driver's license, non-driver or school ID, always carry it
- If you are stopped by the police, be honest about your age because minors get special legal protections when dealing with the police
- Try to stay calm and be respectful
- Do not run, even if you did not do anything wrong
- Keep your hands where they can be seen
- Even if you are innocent, don't touch or resist the officer
- If you leave your school during school hours, try to carry a note, your schedule, or some other proof that you are not skipping school

A Police Officer:

- May stop you and ask questions if they think you are skipping school or are a runaway
- Can also question anyone they reasonably believe is committing a crime, has committed, or is about to commit a crime
- Might ask your name, age, and where you are going (It is your legal right not to answer any of these questions)

If a police officer reasonably suspects that you are carrying a weapon, he or she may pat your clothes down to look for the weapon. If a police officer acts inappropriately (for example by making sexual remarks, touching you in a sexual way, or does more than a basic pat down) tell your lawyer or someone you can trust

LIST OF LGBTQ AFFIRMING CLINICIANS
ALL NYC BOROUGHS¹⁹
(Recommended by LGBTQ Advocates)

LGBTQ HEALTH CARE PROVIDERS

Adolescent AIDS Program/Risk Evaluation Program

Children's Hospital at Montefiore Medical Center
Gay and Lesbian Adolescent Health Resource Center (GLAHC)
111 East 210th St.
Bronx, NY 10467
(718) 882-0232 x. 223
www.adolescentaids.org
M-F, 1:30pm-5pm
STD/HIV testing, treatment, and referrals for comprehensive medical and mental health services for LGBT youth ages 13-24.

Bronx Community Pride Center, Health Link Line

448 East 149th St.
Bronx, NY 10455
(877) 553-2272
www.bronxpride.org
9am-9pm everyday
Free hotline that offers referrals to LGBT-friendly doctors and other medical, legal, and social service providers. Providers with expertise in transgender health are included.

Community Healthcare Network – Transgender Program

Bronx Health Center
975 Westchester Ave.
Bronx, NY 10459
(718) 320-4466 (Program Coordinator: Renato)
M, Tu, Th, F – 9am-5pm; W – 10am-6pm
Support Groups – M- 2-4pm (Spanish), W – 2-4pm (English)
Queens Health Center
97-04 Sutphin Blvd.
Queens, NY 11435
(718) 883-1176 (Program Coordinator: Jessica)
www.chnnyc.org/services/transgender-program/
Offers healthcare services to all transgender people of all ages, including primary healthcare, preventive health services, weekly workshops, support group meetings, mental health counseling, and HIV counseling and testing. Hormone therapy for individuals 18+.

The Door

Adolescent Health Center
555 Broome St.
New York, NY 10013
(212) 941-9090 x. 3221 or x. 3222
www.door.org
Offers physical examinations, general health care and education, dermatology, nutritional counseling, sexual and reproductive health care, and routine dental services to all young people ages 12-21, as well as counseling services geared toward LGBTQ youth.

¹⁹ Provider Agencies should verify if the clinician is a Medicaid participant prior to sending youth for services.

H.E.A.T. (Health and Education Alternatives for Teens)

SUNY Downstate Medical & Kings County Hospital Center
760 Parkside Ave (Room 308)
Brooklyn, NY 11226
(347) 623-2490 (for appointments – Richard Weinstein)
www.heatprogram.org

M-F 9am-5pm

Free medical and mental health services, counseling, and HIV/STD testing and support for LGBTQ youth, including hormone therapy for transgender youth ages 13-24.

H.O.T.T. (Health Outreach to Teens)

Callen-Lorde Community Health Center
356 W. 18th St. (between 8th and 9th Aves.)
New York, NY 10011
(212) 271-7212

www.callen-lorde.org/services/hott.html

M, Tu, Th – 10am-8pm; W – 10am-12pm, 1:30pm-8pm (no new patients); F – 10am-4pm; Sat. 10pm-1am
Free or low cost medical and mental health care/counseling, including physical exams, gynecological exams, and STD/HIV treatment and testing to LGBTQ and homeless youth ages 13-24. Hormone therapy available for youth ages 18-24.

The Jim Collins Foundation

P.O. Box 1002
North Branford, CT 06471
(203) 376-8089

www.jimcollinsfoundation.org

Awards grants for transgender people ages 18+ in need of gender-confirming surgery to live a healthy life but without the ability to pay for it.

The Mount Sinai Adolescent Health Center

312 E. 94th St.
New York, NY 10128
(212) 423-3000

<http://www.mssm.edu/research/centers/adolescent-health-center>

Medical and mental health care for adolescents 10-22 years old.

Positive Health Project

301 W. 37th St. (near 8th Ave)
New York, NY 10018
(212) 465-8304

www.positivehealthproject.org

M-F – 10am-5pm

Provides healthcare services to transgender people ages 18+, including basic medical care, psychotherapy and counseling, psychiatric referrals, acupuncture, Syringe Exchange Program, and support groups.

S.H.O.U.T. (Special Health Outreach to Urban Teens) Mobile Medical Van

Through The Ryan Center Community Health Network
(212) 316-7912

http://ryancenter.org/rc_shoutbus.htm for schedule and locations of SHOUT Van

Provides comprehensive primary care, including physical exams, HIV counseling and testing, health education, mental health counseling, and contraceptive counseling to young people ages 13-24.

South Bronx Health Center for Children & Families

Montefiore Medical Center
871 Prospect Avenue
Bronx, NY 10459
(718) 991-0605 x. 264 (Maria Umpierre)

M-Th – 9am-7:30pm; F – 1pm-6pm

Provides medical care and services to transgender youth, including feminizing or masculinizing hormone therapy. There is no minimum age requirement.

Streetwork ProjectHarlem Drop-In Center209 W. 125th St.

New York, NY 10027

(212) 695-2220

M, T, Th, F – 12pm-5pm; W, Sat, Sun – emergencies only

Lower East Side Drop-In

33 Essex St.

New York, NY 10002

(646) 602-6404

M – 2pm-5pm (injection drug users only); T, Th, Fr – 2pm-7pm; W – emergencies only

www.safehorizon.org

Provides services to LGBTQ homeless youth up to age 24, including free medical and psychiatric services, counseling, syringe exchange, HIV prevention, and wellness activities including acupuncture, yoga, and nutritional counseling.

HIV-RELATED CARE**Alianza Dominicana**

2410 Amsterdam Avenue

New York, NY 10033

(212) 740-1960

www.alianzaonline.org

M and F – 9am-5pm, Tu, W, Th – 9am-8pm

HIV/STD testing, substance abuse prevention, and counseling services and programs for LGBT youth ages 16-24.

Bellevue Adolescent T.O.P.S. (Teen Outreach Prevention Services)462 1st Ave., corner of 27th St.

New York, NY 10016

(212) 562-6333

M-F 9am-5pm by appointment only

Support, confidential HIV testing, pre/post test counseling, complete medical evaluation/care, and clinical treatment for youth. Clinic has a liaison with Green Chimneys Children's Services.

Community Health Action of Staten Island56 Bay St. (6th floor)

Staten Island, NY 10301

(718) 808-1300 x3

www.chasiny.org

M-F – 9am-5pm

HIV education, outreach, and health programs for LGBTQ youth.

Gay Men's Health Crisis (GMHC)224 West 29th Street

New York, NY 10011

(212) 367-1100 or (212) 367-1000

www.gmhc.org

HIV/AIDS prevention, testing, and services for youth of all ages and free syringe access for individuals 18+.

Hispanic AIDS ForumManhattan:213 W. 35th St. (12th floor)

New York, NY 10001

(212) 868-6230

Bronx:

967 Kelly St.

Bronx, NY 10459

(718) 328-4188

www.hafnyc.org

e-mail – info@hafnyc.org

HIV/AIDS organization for the Latino community. HIV testing and prevention programs for youth under 24, offering training and leadership services, workshops, counseling, support groups, and special events. Includes counseling and support for transgender women.

Safe Space and Spacemobile

Queens:

89-31 161st St. (2nd floor)

Jamaica, NY 11432

(718) 526-2400

Manhattan:

24 W. 30th St., (2nd floor)

New York, NY 10011

(212) 481-8062

www.safespacenyc.org

In addition to drop-in centers below, the Spacemobile travels around the city providing health services.

FOR FURTHER REFERRALS

CenterCARE and Y.E.S. (Youth Enrichment Services)

at the LGBT Community Center

208 W. 13th Street

New York, NY 10011

(212) 620-7310

www.gaycenter.org

Provides confidential assessments and referrals to a network of LGBT-affirmative or identified counselors, therapists, psychiatrists, community organizations and agencies, and other resources.

Attachment D



ACS LGBTQ Coordinator Request Form

Please complete appropriate information. You do not need to have all information indicated for request to be processed.

Type of Request: Resources Placement Harassment

Client/Family Date: _____

Youth Name:	DOB:
Case Name:	

Source of Referral:

Name:	Agency:
Relation to youth:	

Agency Contact Information

Contract Agency:	Site/Location:
Agency Case Planner:	Telephone #:
Supervisor:	Telephone #:
Director:	Telephone #:

ACS Contact Information

Borough:	Site/Location:
CPS:	Telephone #:
CPSS:	Telephone #:
CPM:	Telephone #:

Legal Information

FCLS Attorney:	Telephone #:
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Narrative Description of Presenting Concern and Requested Service:

**City of New York
Administration for Children's Services
Division of Youth & Family Justice**

Directive 01/2011

Subject: Guidelines for Promoting a Safe and Respectable Environment for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth and their Families Involved with DYFJ

Related Standards: Civil Rights Law §40-c; Executive Law Article 15

OCFS Regulation: 09-OCFS-INF-06: Promoting a Safe & Respectful Environment for LGBTQ Children & Youth in Out-of-Home Placement

Approved BY: John Mattingly 

Date: July 27, 2011

Pages: 11 (2 Attachments)

PURPOSE

The New York City Administration for Children's Services-Division of Youth and Family Justice (DYFJ) is committed to providing all its residents and youth and families served by DYFJ programs with a safe, healthy, affirming and discrimination-free environment. This includes lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth residing in its detention settings or participating in Division Alternative to Detention/Placement (ATD/P) or Persons In Need of Supervision (PINS) programs.

This DYFJ Lesbian, Gay, Bisexual, Transgender and Questioning Youth Policy prohibits discrimination against youth who self-identify as LGBTQ and those who are perceived by others as LGBTQ. The following protocols are operational guidelines for good childcare practices with LGBTQ youth in order to provide services in a respectful and culturally competent manner. DYFJ staff, volunteers and contract providers shall be familiar with and utilize these guidelines.

SCOPE

This Policy is effective immediately, and applies to all DYFJ staff, volunteers and contract providers responsible for providing services to youth and families within DYFJ. The provision of service within DYFJ facilities and programs shall be based on professional standards as found in the New York State Office of Children and Family Services (OCFS) Guidelines for Good Childcare Practices with Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth and shall be free of institutional and personal bias.¹ DYFJ has adopted these LGBTQ Guidelines to assist in providing services in a respectful and culturally competent manner.

POLICY

DYFJ prohibits discrimination on the basis of race, ethnicity, creed, color, age, sex, national origin, religion, marital status or partnership, mental or physical disability, gender identity, gender expression, sexual orientation, veteran status, alienage and citizenship status. No person in the agency shall unlawfully discriminate against other persons in the course of their work. DYFJ is committed to respecting the dignity of all youth, and keeping them safe and secure, regardless of

¹ As indicated in NYS OCFS PPM 3442.00 dated 3/17/08

individual differences. The agency does not tolerate discrimination by staff, volunteers, contracted providers or other youth.

For the purposes of the protections of this policy, LGBTQ youth shall include youth who have self-identified or are perceived by others as LGBTQ.

For an explanation of terms, see the Glossary of Terms Attachment A.

It shall be the policy of DYFJ to maintain and promote a safe environment for LGBTQ youth in DYFJ facilities and programs. DYFJ staff shall recognize and address the individual needs of the youth and shall apply DYFJ policies and practices fairly to all youth in our care. All staff, contract providers and volunteers are prohibited from engaging in any form of discrimination against or harassment of youth on a basis of actual or perceived sexual orientation, gender identity, and/or gender expression. Any discrimination against or harassment of youth, including by other youth, will not be tolerated. Staff, volunteers, and contracted providers' may not impose personal, organizational or religious beliefs on LGBTQ youth and in no way should such beliefs impact the way individual needs of youth and families are met.

Training

DYFJ is committed to providing a safe and healthy setting for all youth in its facilities and programs by training staff and educating youth to respect treating each individual without judgment. All provider agency and DYFJ staff shall be trained during their initial orientation and at least once every two years thereafter regarding the goals and requirements of this policy, including what behavior constitutes discrimination and harassment and procedures for preventing and reporting such behavior. These trainings shall be taught by a person who is qualified and competent to do so as evidenced by knowledge on working with LGBTQ youth and the prior receipt and provision of trainings that align with the goals and requirements of this policy.

All provider agency and DYFJ staff and volunteers shall receive a copy of this policy and guidelines in their initial orientation. Current provider agency and DYFJ staff and volunteers shall receive a copy of this policy and guidelines within two weeks of the effective date.

Reporting

DYFJ staff, contract staff and volunteers have an obligation to report conduct by other staff in violation of the policy pursuant to DJJ Standard of Conduct Sections (J.1.3) Incident Reporting and (L1.10) Discrimination against Juveniles; (See also DJJ Administrative Order # 02/04:Reporting of Incidents and Data Management for GOALS). DYFJ staff, contract staff and volunteers shall not tolerate discriminatory or harassing behavior by youth toward other youth and are to take immediate action to intervene in any such situations.

Dissemination of Policy to Residents

DYFJ will ensure that all residents are provided with a written copy of this policy upon admission to detention and during intake/assessment in non-detention programs. In addition, DYFJ staff will review this policy with each youth/family verbally. The policy will further be displayed in the detention facility and borough offices in a common area. As any updates or changes are made to the policy, all materials will be revised and re-distributed to each youth/family accordingly.

INTERACTING WITH LGBTQ YOUTH

Fluidity of LGBTQ Identities and Language

Language is fluid and is continually being defined and for this reason there are a variety of words and expressions in the English language that refer to LGBTQ people of which some are positive, some are neutral and others are negative. Moreover, like most groups, the language and terminology used by and about LGBTQ people evolve over time. The terms, expressions, and

ways of defining oneself is often tied to cultural understandings of sexuality and gender and is often influenced by popular culture, religion, generational experience, and region of the country. So if you do not know what someone prefers, just ask. And because each individual has their own preferences for how they describe themselves, there is a responsibility to choose language that is respectful and avoids out-dated or inaccurate expressions. Guidelines use lesbian, gay, bisexual, transgender, and questioning simply as a starting basis for language and terminology.

Disclosure

A youth should not be forced by any staff, provider agency and/or volunteer to disclose his/her sexual orientation or gender identity. The only way that anyone knows a youth's sexual orientation or gender identity is if the youth voluntarily discloses it, and even then, such identities can be fluid and may change over time. There are no tools or instruments to assess a person's sexual orientation or gender or identity. Youth will disclose their sexual orientation and/or gender identity to staff when, and if, they feel ready and when, and if, a safe environment and trusting relationship has been created for such a disclosure.

Under most circumstances staff should not directly ask youth if they are LGBTQ. Direct questioning can make it more difficult for a youth to disclose their sexual orientation and/or gender identity. If a youth discloses that they are lesbian, gay, bisexual, transgender, or questioning, it is important to talk about it with them in an open and understanding fashion.

NOTE: There are some circumstances when it may be appropriate for staff provide a space where youth can appropriately identify their needs in terms of medical and community supports. These needs should include the option of LGBTQ specific services or information. If the staff member is not sure if the circumstance is appropriate, the staff member must reach out to their supervisor. Staff should never ask a youth out of curiosity if they identify as LGBTQ.

Some examples of circumstances when it may be appropriate for staff to ask youth to identify particular needs related to being LGBTQ:

1. Secure and Non-Secure Detention(NSD) medical and mental health provider staff may need to ask a youth they are interested in receiving information about a wide range of options and referrals, including medical and mental health services.
2. Case management staff in secure and non-secure detention may need to ask a youth if they are interested in LGBTQ-specific programs as part of a range of program options for reentry planning.
3. DYFJ program provider agencies may need to ask a youth if they are interested in participating in a range of services, including those geared to LGBTQ youth.
4. DYFJ and provider agency staff may need to ask a youth if they identify as LGBTQ to ensure that the youth is given a safe and appropriate placement.

Confidentiality

It is important for all Children's Services and provider agencies staff to respect each youth and family member's right to confidentiality. Staff should keep in mind that when a youth or family member discloses their LGBTQ status, it should be considered sensitive information and kept confidential. If staff is not in a position to keep information that a person discloses confidential, particularly information relating to safety issues or needed for referral and/or provision of services, they should inform the youth or family member that such information may need to be shared. Staff should also inform the youth or family member with whom the information will be shared and why. Staff may not disclose a youth's sexual orientation or gender identity to other individuals or

agencies, without the youth's permission, unless such disclosure is consistent with state or federal law or regulation.

Language and Name

Staff is required to use the words gay, lesbian, bisexual, sexual orientation, gender identity, transgender and gender non-conforming in an appropriate context when talking with youth. Staff should be aware that certain terms are value-laden, outdated, and not commonly accepted, such as "homo", "sexual preference," "alternative lifestyle," or "transvestite". However, some terms may be acceptable and/or preferable to one person and offensive to another. Staff should utilize best practices when working with youth and reflect the language and terminology employed by a particular young person in individual interactions with youth, and when appropriate. It is the responsibility of staff to help all residents use respectful language that will not cause harm in group and shared spaces. Staff should use gender-neutral language, such as "involved with someone" or "partner" as opposed to "boyfriend" or "girlfriend" with all residents regardless of LGBTQ status.

It is the policy of DYFJ to allow residents to request use of a preferred first name rather than their legal name. Consistent with that policy, all youth may designate a preferred first name that they wish to use. All youth should be informed (verbally, in a handout, and in posters in public spaces) about this policy and instructed about their rights, especially if they disclose their sexual or gender identity as LGBTQ. Youth will also be referred to by the pronoun that the youth states reflects the youth's identified gender expression. Staff should understand that the ability to choose a preferred name and/or pronoun that is consistent with the youth's identified gender, rather than the youth's sex at birth, is often important to transgender youth. Preferred names and pronouns are used in addressing youth. All other pertinent documentation (medical, legal) under the control of DYFJ must have both the legal and preferred name of the youth, and clearly indicate which name is preferred and which name is the legal name.

Youth should be clearly informed about who will have access to these documents before they are disseminated. When a young person requests the use of a preferred first name or preferred gender pronoun, the young person will be asked which name (legal name or preferred name) and gender pronouns DYFJ should use to refer to the youth in conversations with the youth's family, and which name (legal or preferred) and gender pronouns DYFJ should use to refer to the youth in conversations with other service providers. It is imperative that DYFJ comply with the youth's requests because the young person may not have disclosed the reason for the preferred name (including gender identity) to family members.

Names affiliated with gangs or that include an inciting word or term will not be permitted.

When discussing name and pronoun preference with young people the following questions can be used to assist the dialogue:

- Which name would you prefer for me to use when I call your family?
- Which gender pronoun should I use for you when I call your family?
- When I call your family, would you feel safer if I used your legal name or your preferred name?

It is also recommended that staff periodically check in with young people to see if it is still safe for staff to refer to that young person with name and/or pronoun of choice when calling parents/guardians.

LGBTQ Literature and Resources

DYFJ staff shall provide written and verbal information to all youth in secure and non-secure detention regarding this policy, including their rights and responsibilities under this policy and the procedures for reporting complaints (*Attachment B –Resident Request for Ombudsman Services Form- Directive # 07/08: Resident Advocacy Program*). DYFJ shall make efforts to provide LGBTQ resources for youth including a booklist, website list of community resources supports, and other appropriate books and materials. DYFJ will also strive to provide these resources in languages other than English, as needed.

Programs should affirm the cultural identity of each youth by creating supportive environments. It is important that educational books and other reading materials for youth interested in learning more about LGBTQ issues are available. Materials should be made available in languages other than English as needed and as funding is available.

LGBTQ literature and visible signage should be available in the common areas, offices and areas where youth frequent which indicates that staff are knowledgeable and open to communication on this topic. Youth should have access to supportive resources with age appropriate LGBTQ information, including a book list, website list of community resource support, legal, medical, and advocacy groups.

Medical

DYFJ medical providers shall receive professional LGBTQ cultural competency training tailored to the medical profession.

LGBTQ appropriate and culturally competent sexual health education and resources will be included and accessible to all residents in DYFJ.

All youth admitted to detention receive an initial health screening, which includes identification of existing medications being taken by the youth. During the course of that initial screening, if the resident reports that they were prescribed hormones by a licensed medical provider in the community, this medication shall be continued while the youth is in detention.² If hormone therapy is discontinued for a youth, the youth should continue to be monitored by medical and behavioral health staff in order to treat any symptoms that may occur as a result.

If a youth requests to begin hormone therapy or any other medical treatment related to gender identity while in DYFJ care, the youth should be referred to clinically and LGBTQ culturally competent medical and mental health providers for an evaluation. Residents receiving non-prescription or street hormones will also be referred to clinically and LGBTQ culturally competent medical and mental health providers for an evaluation. These medical providers in consultation with DYFJ will make a determination regarding the initiation of hormone therapy or other medical treatments related to gender identity based on accepted standards of care (see WPATH Standards of Care for GID) and the youth's best interest. Appropriate consent must first be sought and obtained as required by law.

In situations involving medical recommendations, other than continuity of care hormone therapy, there may be factors that would interfere with appropriate medical monitoring. DYFJ's Executive Deputy Commissioner or his/her designee may review the request and decide whether initiating the recommended treatment while the youth is still in DYFJ custody is feasible. If DYFJ's Executive Deputy Commissioner determines that the medical treatment, cannot be initiated while

² In accordance with DJJ Directive #17.1 Continuity of Care policy and procedures.

the youth is in DYFJ's custody, the youth's medical provider in his/her community or the medical department at OCFS should be informed, **upon the youth's request**, about the determination of medical necessity of the recommended medical treatment related to gender identity for the youth.

Contract medical service providers must provide appropriate medical information and education for all youth inclusive of any related to LGBTQ medical and mental health issues.

All youth will have access to LGBTQ inclusive and culturally competent sexual health education and resources. In addition, youth will be asked about behaviors, not identities, to appropriately screen and treat for medical conditions. For example, all youth should be screened for sexual activity, and asked the sex of sexual partners, rather than whether the young person identifies as LGBTQ.

Mental Health Assessments and Counseling

If a youth discloses that she or he is lesbian, gay, bisexual, transgender or questioning while in care, the youth should be offered the opportunity for appropriate counseling and information to support individual, family and health issues. The supervisory staff in detention is responsible for referring a youth to counseling, mental health, health, or other program services as appropriate. Additionally, all staff has the ability to refer youth services as appropriate. All staff should recognize that many adolescents are still exploring their sexuality, sexual orientation, gender identity, and/or gender expression, testing boundaries, learning and becoming comfortable with terminology associated with LGBTQ identities. Youth may be same sex practicing or gender non conforming with or without claiming an LGBTQ identity, language associated with being LGBTQ varies greatly across communities, and the use of identity categories

(gay/lesbian/queer/transgender/AG) and gender pronouns (she/he) may be fixed or fluid. Clinicians should allow youth to guide the process of choosing language with which they feel most comfortable discussing their sexual orientation and gender identity and/or expression, recognize that this language may change over time, and affirm and support youth in their process of identity formation and expression.

Specifically:

1. All clinicians should never assume pathology because a youth identifies as LGBTQ or is gender nonconforming. All adolescents experience developmental and social challenges during this time. However, LGBTQ youth face additional pressures based on their gender identity or sexual orientation.³
2. All clinicians must be aware that the psychosocial stress associated with explicit and implicit homophobia, heterosexism, and transphobia and the stigma associated with being LGBTQ youth, may contribute to depression and anxiety, increased suicide risk, substance use, and truancy or dropping out of school.
3. All clinicians must be familiar with the unique family dynamics that emerge for LGBTQ youth in general, and systems involved LGBTQ youth in particular, and recognize that many LGBTQ youth involved in the juvenile justice system have child welfare histories that precede or have resulted from recognition of sexual orientation and/or gender identity by self and others. Clinicians should recognize that family responses to youth's sexual orientation and/or gender identity may vary widely and interact with other aspects of youth

³ It should be remembered that nearly every professional organization within the mental health and medical fields, including the National Association of Social Workers and the American Psychiatric Association, strongly condemn any attempt to "correct" or change youth's sexual orientation or gender identity through corrective or reparative therapy.

and families' identities including race, class gender, citizenship, etc. Clinicians should therefore employ an intersectional approach to counseling and facilitate family reconciliation where indicated and possible.

4. All clinicians shall be aware that many systems involved LGBTQ youth have had experiences of trauma (violence, sexual abuse, verbal harassment, etc.) related to their sexual orientation and/or gender identity and should receive ongoing clinical training specific to these unique forms of trauma. Clinicians must also be aware that LGBTQ youth are particularly susceptible to trauma, discrimination and abuse within congregate care facilities and be able to recognize signs of distress and support disclosure where appropriate, and to follow appropriate protocol for reporting.
5. All clinicians must be prepared to help LGBTQ youth explore their feelings about their gender identity or sexual orientation along with related issues and questions in a safe and affirming manner and should be familiar with community resources available to LGBTQ youth for both purposes of both collaboration and referral upon discharge.
6. All clinicians shall be trained and become versed in World Professional Association for Transgender Health's Standards of Care for Gender Identity Disorders (WPATH Standards of Care for GID) and be able to meaningfully integrate counseling and mental health services with medical care that transgender and gender non-conforming youth may be receiving.

Counseling

If a youth discloses that he or she is lesbian, gay, bisexual, transgender or questioning while in care, the youth should be offered the opportunity for appropriate counseling and information to support individual, family and health issues. The supervisory staff in detention is responsible for referring a youth for counseling, mental health, health, or other program services as appropriate. Referrals to community based providers should be made when appropriate. Staff should make every effort to ensure that youth who identify as LGBTQ are referred only to community based providers who have stated that they are culturally competent in working with LGBTQ young people. If a youth who identifies as LGBTQ is referred to a community based provider which DYFJ staff are aware is not culturally competent in working with LGBTQ young people, staff must inform the youth and provide the youth with other LGBT community based resources to which the youth can turn for assistance. If the youth's LGBTQ identity is known to her/his family to whom the youth is returning, the family should be given this information as well.

All staff should recognize that many adolescents are still exploring their sexuality, gender identity, and/or gender expression, testing boundaries, , may not know all relevant terminology and/or may be questioning their own sexuality and/or gender identity. Mental Health Clinicians should facilitate exploration of any gender or sexuality issues with LGBTQ youth by being open, non-judgmental, and empathetic. In accordance with accepted health care practices which recognize that attempting to change a person's sexual orientation or gender identity is harmful, DYFJ staff and Mental Health Clinicians shall not employ or contract with mental health providers who attempt to change a youth's sexual orientation or gender identity.

DYFJ shall make efforts to provide psycho-educational awareness-raising sessions for the entire youth population that engage youth in a meaningful dialogue about the concepts of homophobia, transphobia and the importance of increasing tolerance and respect. These sessions shall be facilitated by a qualified professional with expertise in working with LGBTQ youth.

GENERAL FACILITY OPERATIONS

DFYJ has adopted with minor changes, New York State's Office of Children and Family Services (OCFS) LGBTQ Youth Guidelines to assist DYFJ in providing detention services in a respectful and culturally competent manner. The following guidelines provide guidance and address the expectations of staff in providing services to LGBTQ residents within the DFYJ detention facilities.

1. Safety and security, as well as good childcare practices, remain paramount for all youth in DYFJ care. DYFJ shall establish and maintain a culture where the dignity of every youth is respected and all youth feel safe.
2. All youth, regardless of gender identity, gender expression, and/or sexual orientation, needs to feel safe in their surroundings, in order for positive programming and youth outcomes to occur.
3. Rules must be maintained with dignity and respect for all residents, regardless of their gender identity, gender expression, and/or sexual orientation.
4. DYFJ staff shall promote the positive adolescent development of all youth by demonstrating respect for all youth, reinforcing respect for differences among youth, encouraging the development of healthy self-esteem in youth, and helping youth manage the stigma sometimes associated with difference.
5. Staff should not over-emphasize or focus specifically on gender identity, gender expression, and sexual orientation issues with the youth (i.e., youth are in DYFJ custody because of their behaviors, not their gender identities, gender expression, and/or sexual orientations).
6. Staff should not disclose a youth's LGBTQ status to anyone (including other youth, the youth's family, and/or other staff) if the youth has not disclosed their LGBTQ identity to their peers, staff, parents/family or to anyone in a non-confidential manner, unless youth has specifically consented to the disclosure and/or it is allowed by law (i.e. a DYFJ employee speaking to their supervisor). Staff should set a good example and make residents aware that any anti-LGBTQ threats of violence, and/or disrespectful or suggestive comments or gestures will not be tolerated concerning any youth. Staff must also not engage in these behaviors and follow all DYFJ policies in regards to the treatment of youth in DYFJ care.
7. Staff shall be aware that the psychosocial stress associated with explicit and implicit homophobia, heterosexism, and Tran phobia and the stigma associated with being LGBTQ youth, may contribute to depression and anxiety, increased suicide risk, substance use, and truancy or dropping out of school.
8. Staff must be familiar with the unique family dynamics that emerge for LGBTQ youth in general, and systems involved LGBTQ youth in particular, and recognize that many LGBTQ youth involved in the juvenile justice system have child welfare histories that precede or have resulted from recognition of sexual orientation and/or gender identity by self and others. All staff should recognize that family responses to youth's sexual orientation and/or gender identity may vary widely and interact with other aspects of youth and families' identities including race, class gender, citizenship, etc.

9. All staff must be aware that many systems involved LGBTQ youth have had experiences of trauma (violence, sexual abuse, verbal harassment, etc.) related to their sexual orientation and/or gender identity and should receive ongoing clinical training specific to these unique forms of trauma. Staff must also be aware that LGBTQ youth are particularly susceptible to trauma, discrimination and abuse within congregate care facilities and be able to recognize signs of distress and support disclosure where appropriate, and to follow appropriate protocol for reporting.
10. All youth should be held to the same standards of age-appropriate behavior. Standards regarding romantic and sexual behavior should be applied evenhandedly, regardless of sexual orientation or gender identity. Staff must maintain boundaries for safe and appropriate behavior with all residents. Staff must not respond in a more punitive or more lenient manner to any inappropriate behavior related to dating or sex that is not permitted in facilities. The same consequences shall apply to all youth, including LGBTQ youth, who violate these rules.
11. All residents shall be included in all activities for which they are eligible and show a positive interest. Encouraging or discouraging participation in activities on the basis of the gender identity or gender expression of the resident is prohibited.
12. Staff should remember that male-to-female transgender youth identify as females, not gay males, and that female-to-male transgender youth identify as males, not lesbians. Gender identity is very individual, and some transgender youth may identify as neither male to female nor female to male. Furthermore, sexual orientation and gender identity are two different constructs. If someone identifies as transgender they may also identify as straight, gay, lesbian, or bisexual, because sexual orientation is separate from gender identity (See Glossary of Terms -Attachment A). Youth may also identify differently on different days, as they work through their identities. Staff must be able to accommodate these changes barring any undue facility strain. Any claim of "undue facility strain" must be reasonable and should be discussed with a supervisor.

Incident Reporting Procedures for Youth

The Resident Advocacy Program and Ombudspersons shall be available for youth in detention to express and resolve concerns regarding their care and treatment. If Ombudspersons receive a grievance related to harassment or discrimination on the basis of actual or perceived gender identity, gender expression or sexual orientation the Ombudsperson shall notify the Assistant Commissioner for Secure Detention or the Assistant Commissioner for Non-Secure Detention immediately, so the Assistant Commissioner can ensure the grievance is addressed appropriately. The Resident Advocacy Program and Ombudspersons shall protect confidentiality of youth who make grievances related to harassment or discrimination on the basis of actual or perceived gender identity, gender expression, or sexual orientation and should take appropriate measures to prevent retaliation.

Supervisory and management staff shall treat all incidents of discrimination and harassment as serious, and follow up promptly. In accordance with DYFJ policy and procedures and consistent with current collective bargaining agreements, alleged violations of this policy by staff or youth will be investigated promptly and, if determined to have occurred, will result in the enforcement of corrective or disciplinary action.

Individual Bedrooms

In secure detention all youth are in individual bedrooms. Every effort shall be made to ensure that in non-secure detention, LGBTQ youth shall be housed in a group home that can provide individual sleeping quarters (one-person bedroom) to allow for privacy. Transgender youth shall not automatically be housed according to their birth sex. DYFJ staff shall make housing decisions for transgender youth based on the youth's individualized needs and should prioritize the youth's emotional and physical safety. DYFJ staff should take into account the youth's perception of where he or she will be most secure, as well as any recommendations from the youth's health care provider. Generally, it is most appropriate to house transgender youth based on their gender identity.

Any exceptions must be authorized by the Assistant Commissioner for Non-Secure Detention and documented in the youth's record.

Bathroom Facilities

All youth shall be allowed to use individual stalls, within commonly accepted time limits, and be allowed to shower privately. Transgender youth shall not be required to shower or undress in front of other youth

Clothing

Residents may wear clothing in accordance with their gender identity to court, provided the clothing is appropriate to wear in a courtroom. All residents in secure detention wear uniforms. Clothing for non-secure detention and for court appearances for youth in secure and non-secure detention is generally supplied by the youth's guardian. All residents may select undergarments of their choice among available agency supplies. The agency shall make reasonable efforts to ensure that traditionally "male" and traditionally "female" undergarments are available. Youth will be made aware that they are able to choose the undergarments of their choice and to wear the clothing of their gender choice to court.

Hair and Other Personal Grooming

Grooming rules and restrictions, including rules regarding hair, make-up, and shaving, shall be the same for all youth regardless of LGBTQ status. A resident should not be prevented from using, or disciplined for, a form of personal grooming because it does not match gender norms. Transgender youth shall be permitted to use approved forms of personal grooming consistent with their gender identity.

Examples of grooming rules that may be of interest to LGBTQ youth include:

- Long hair can be tied with approved hair accessories;
- Residents with long hair can receive a basic cut and shape;
- Fingernails must be maintained at a length that supports safety and security; and
- Residents may, but are not required to, shave their faces and bodies as permitted by DYFJ practice, pursuant to *DJJ's Operations Order # 06/03- Resident Personal Property and Grooming Paraphernalia* in keeping with safety and security concerns.

Search Issues

All youth will be searched as provided by (DJJ Directive # 08/08-Searches in DJJ Facilities and Directive # 11.1- Personal Resident Searches) policy and procedure. Per the policy, all employees conducting the search must assure its thoroughness while maintaining the dignity of the resident being searched.

Youth who identify as transgender may request that a male or female staff conduct a strip search. This request will be accommodated whenever possible, considering staffing and safety needs.

Transition/Re-Entry Planning

It is critical to work with the youth's family throughout the detention stay to enhance community re-entry efforts. A large percentage of homeless youth self-identify as LGBTQ. Keep in mind that a youth may not want to tell their family their LGBTQ status. . Any disclosures to a youth's family member or to any other individual shall be made only with the explicit permission of the youth.

Case management, medical and mental health staff working with LGBTQ youth shall identify and become familiar with community resources to support LGBTQ youth and their families. Staff should assist families of LGBTQ youth in identifying supportive resources and professionals in appropriate LGBTQ issues in their area.

For additional information on this policy please contact Lisa Crook at (212) 341-2968

Attachment A

GLOSSARY OF TERMS

Anatomical sex: An individual's sex, male or female, based on the appearance of their sexual organs.

Biological sex: An individual's sex, male or female based on their sex chromosomes.

Birth sex: The sex, male or female, that is noted on an individual's birth certificate issued at birth.

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

Gay: refers to a person who is emotionally, romantically, and sexually attracted to people of the same gender. Sometimes, it may be used to refer to gay men and boys only, although in some contexts, it is still used as a general term for gay men and lesbians. It is preferred over the term "homosexual."

Gender: The set of meanings assigned by a culture or society to someone's perceived biological sex. Gender is not static and can shift over time. Gender has at least three parts:

- a) **Gender Identity:** An individual's internal view of their gender; one's own innermost sense of being male or female. This will often influence name and pronoun preference for an individual.
- b) **Physical Markers:** Aspects of the human body that are considered to determine sex and/or gender for a given culture or society, including genitalia, chromosomes, hormones, secondary sex characteristics, and internal reproductive organs.
- c) **Role/Expression:** Aspects of behavior and outward presentation that may (intentionally or unintentionally) communicate gender to others in a given culture of society, including clothing, body language, hairstyles, socialization, relationships, career choices, interests, and presence in gendered spaces (restrooms, places of worship, etc.). Refers to the manner in which a person expresses his or her gender through clothing, appearance, behavior, speech, etc. A person's gender expression may vary from the norms traditionally associated with his or her biological sex. Gender expression is a separate concept from sexual orientation and gender identity.

Gender Identity Disorder or GID: A diagnosable medical condition where an individual has a strong and persistent cross-gender identification, which is the desire to be, or the insistence that one is, of the opposite sex, as well as a persistent discomfort about one's assigned birth sex or sense of inappropriateness in the gender role of that sex. In addition, the individual must be evidencing clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Gender non-conforming: having or being perceived to have gender characteristics and/or behaviors that do not conform to traditional or societal expectations. Gender non-conforming people may or may not identify as LGBT.

Gender roles: Social and cultural beliefs about appropriate male or female behavior, which children usually internalize between ages 3 and 7.

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

Heterosexism: The assumption that all people are or should be heterosexual. Heterosexism excludes the needs, concerns, and life experiences of lesbian, gay, bisexual, and transgender people, while it gives advantages to heterosexual people. It is often a subtle form of oppression which reinforces realities of silence and invisibility.

Heterosexuality: A sexual orientation in which a person feels physically and emotionally attracted to people of the "opposite" sex.

Homophobia: The irrational hatred and fear of homosexuals or homosexuality. Homophobia

includes prejudice, discrimination, harassment, and acts of violence brought on by fear and hatred. It occurs on personal, institutional, and societal levels.

Internalized homophobia: The fear and self-hate of one's own homosexuality that occurs for many individuals who have learned negative ideas about homosexuality throughout childhood. One form of internalized oppression is the acceptance of the myths and stereotypes applied to the oppressed group.

Lesbian: refers to a woman or girl whose emotional, romantic, and sexual attractions are primarily for other women or girls.

LGBTQ: an acronym commonly used to refer to lesbian, gay, bisexual, transgender, and questioning individuals.

Preferred Gender Pronouns (PGP): are the ways people refer to themselves and how they prefer to be referred in terms of gender. The most commonly used PGPs include:

- She – her – hers
 - Example: “She forgot her wallet. She thinks that she left it in her car.”
- He – him – his
 - Example: “He had a lot more energy, once his fever went away.”

Some people do not identify as either male or female and accordingly prefer gender neutral pronouns:

- Zie or Ze – hir – hirs
 - Example: “Zie opened hir door to find a package waiting.”

Some people who do not identify as either male or female may also use their name or “they” as a PGP.

Queer: A historically derogatory term for a gay man, lesbian, or gender non-conforming person. The term has been widely reclaimed, especially by younger LGBTQ people, as a positive social and political identity. It is sometimes used as an inclusive, or umbrella, term for all LGBTQ people; more recently, queer has become common as a term of self-identification for people who do not identify with the restrictive and binary terms that have traditionally described sexual orientation (for instance gay, lesbian, or bisexual only). Some LGBTQ community members still find queer an offensive or problematic term. Also see *Genderqueer*.

Questioning: refers to a person, often an adolescent, who is exploring or questioning issues of sexual orientation or gender identity or expression in his or her life. Some questioning people will ultimately identify as gay, lesbian, bisexual, or transgender; others will self-identify as heterosexual and not transgender.

Sexual orientation: refers to a person's emotional, romantic, and sexual attraction to persons of the same and/or different gender.

Straight: A person (or adjective to describe a person) whose primary sexual and affectional orientation is toward people of the opposite gender.

Transgender: may be used as an umbrella term to include all persons whose gender identity or gender expression do not match society's expectations of how an individual should behave in relation to his or her gender. This term can include transsexuals, genderqueers, cross-dressers, and others whose gender expression varies from traditional gender norms. For purposes of protection from discrimination and harassment, transgender refers to both self-identified transgender individuals and individuals perceived as transgender without regard to whether they qualify for a diagnosis of *Gender Identity Disorder* (see above).

Transgender female-to-male youth: are young people who were assigned the sex of female at birth and who now identify as male. Similarly, the terms *transgender boys* and *trans men* refer to those who now identify as boys or men. Also see *transsexual*.

Transgender male-to-female youth: are young people who were assigned the sex of male at birth and who now identify as female. Similarly, the terms *transgender girls* and *trans women* refer to those who now identify as girls or women. Also see *transsexual*.

Transition: An individualized process by which a transgender person starts living as the gender

she or he identifies as. There are three general aspects to transitioning: social (i.e. selection of a new name, a request that people use the correct pronoun), medical (i.e. possibly hormones, surgery, etc.), and legal (i.e. gender marker and legal name change, etc.). A transgender individual may transition in any combination, or none, of these aspects.

Transphobia: A reaction of fear, loathing, and discriminatory treatment of people whose identity or gender presentation (or perceived gender or gender identity) does not “match,” in the societally accepted way, the sex they were assigned at birth.

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

Definitions for this glossary have been adapted from the following resources:

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

Attachment B



Name: Resident Request for Ombudsman Services Form

Directive #07/08: Resident Advocacy Program

New: [] Revised: 12/03/2008 Supercedes: _____

I need to speak to someone because I am: *PLEASE CHECK ALL THAT APPLY*



SAD



I Feel Sick!

SICK



MAD

About: *PLEASE CHECK ALL THAT APPLY*

- Clothing Personal Supplies Housekeeping Staff Contracted Staff Telephone Visiting
- Parental Contact Peers Recreation Room Confinement School Other _____

I AM FROM: BRIDGES CROSSROADS HORIZON

MY NAME IS: _____ MY DORM/HALL/ROOM IS: _____

TODAY IS: ___/___/___



Do you want your parent/legal guardian to know about your request? Yes No

Sign your name: _____ Date: _____ Time: _____

DO NOT WRITE BELOW THIS LINE

Ombudsman: _____ Complaint: Accepted Declined Ombudsman Case # ___-___-___

Reason for decision:

Date Resident Informed of Response: _____ Parental Contact Made: Yes ___ No ___