



A Practice Guide for Caseworkers, Foster Parents and Facility Staff: Working with gay, lesbian, bisexual, transgender, queer/questioning and two-spirit youth in the child welfare system

Child Safety and Permanency Division

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Introduction

Lesbian, gay, bisexual, transgender, queer, questioning and two-spirit (LGBTQ2S) youth and families live in all regions of Minnesota, yet are often invisible to communities and institutions, including the child welfare system. LGBTQ2S youth and families have unique strengths and needs, but some may encounter the child welfare system, as some non-LGBTQ2S youth and families do.

In this practice guide, department staff is intentionally using the acronym LGBTQ2S to be inclusive, with an understanding that much of the research cited in this guide does not include specific data on transgender, queer, questioning and two-spirit youth. Various acronyms are used when citing data to reflect populations that the data reflects. As data collection and language changes, this guide will be updated to reflect current research and language.

The term two-spirit (also two spirit or two-spirited) is the interpretation of an Ojibwe term (niizh manidoowag), usually used to indicate persons whose bodies simultaneously house a masculine and feminine spirit, such as Warrior and Clan Mother. The term varies from Tribe to Tribe but has similarities across communities. The English term was developed during the 1990 Intertribal Native American, First Nations, Gay and Lesbian American Conference in Winnipeg, Canada.¹ The name two-spirit is more than an identifier for sexual orientation or gender identity. It denotes a sense of responsibility that can be discordant with an American Indian person's identity; as colonized people, there are some who will take on the responsibility of the two-spirit role, but others who will not. They may be more connected to the mainstream social-clinical identifier of gay, transgender, gender non-binary, etc. It is possible for an American Indian person not to adopt the terminology (role) of two-spirit. It is important and respectable to ask — and to understand — that an American Indian person may not understand the differentiation.

For the acronym LGBTQ2S to be fully understood, it is important to distinguish between the terms and what they describe. The terms lesbian, gay, bisexual, queer and two-spirit may be used to refer to a person's sexual attraction or sexual orientation. Transgender, queer and two-spirit may be used to refer to a person's gender identity and/or gender expression. Sex refers to a person's sex assigned at birth, or what doctors label babies when born based on genitalia. Everyone has a sex assigned at birth, a gender identity, gender expression and sexual attraction or orientation. One does not determine the other and each is distinct. For example, a person may be assigned male at birth but has a female gender identity with a masculine gender expression. This person's sexual attraction/orientation is not predicted by any of the previous factors; they may be lesbian, bisexual, queer, asexual or something else.

¹ "Walking in Two Worlds: Supporting the Two Spirit and Native LGBTQ Community," Minnesota Indian Women's Sexual Assault Coalition, Minnesota Two-Spirit Society. (2019) Retrieved from: <https://tribalinformationexchange.org/files/resources/twospiritbrochure.pdf>

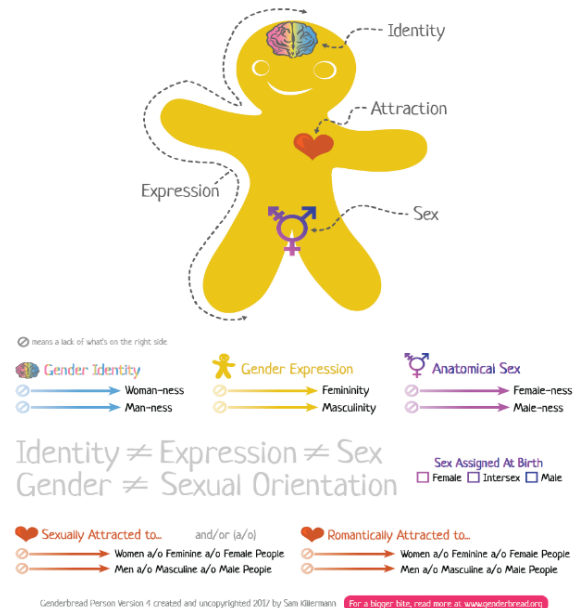
Why use a practice guide for the LGBTQ2S population?

Department staff believe all youth and families, including LGBTQ2S youth and families, have strengths and needs. LGBTQ2S individuals are members of various racial and ethnic cultures, communities and religions. Active homophobia, transphobia or anti-LGBTQ2S attitudes and actions have decreased over time, though violence against LGBTQ2S individuals still occurs regularly nationwide. Heterosexism (discrimination or prejudice against LGB persons based on an assumption that identifying as straight is normalized sexual orientation) and cissexism (a belief that transgender or two-spirit persons are inherently inferior to cisgender persons) remain prevalent. These assumptions lead to invisibility of the LGBTQ2S population.

Although this community can be invisible, LGBTQ2S people live in all regions of Minnesota, including urban, tribal, suburban and rural areas. Many LGBTQ2S youth face discrimination and lack of understanding from school staff, peers, social service agency caseworkers, medical providers, religious communities and their families. It is the ethical and professional responsibility of child welfare caseworkers to support and strengthen all youth and families served, regardless of sexual orientation or gender identity.

While it is true that caseworkers play an important role in addressing the needs of LGBTQ2S persons, training and education around working with this population is limited. As with other cultural groups, caseworkers must develop competencies, knowledge and abilities to engage the LGBTQ2S community from a strength-based perspective. All individuals and families must be treated respectfully and non-judgmentally, irrespective of one's personal views of sexual orientation, gender identities and/or expressions. Everyone has a personal bias and sees the world through a lens, based on family upbringing, religion, cultural backgrounds and life experiences. Best practice dictates that those working with this population be aware of personal biases, ensuring equitable

The Genderbread Person v4 by its pronounced METROsexual owner



“Removing sexual orientation, biological sex and gender identity language from any framework or curriculum does not erase LGBTQ+ youth from existence. Instead, it exacerbates their risk for negative health outcomes and other inequities.”²

² Kelli Bourne/Commentary February 5, 2019: <https://edsource.org/2019/comprehensive-sexual-health-education-in-school-saves-lives/608010>

services are provided to all individuals and families. Although strides were made the past two decades towards lessening discrimination against LGBTQ2S individuals, there remains both a lack of knowledge about and some active negative bias against LGBTQ2S identified people.

Working with this population is particularly specialized when dealing with the idea of two-spirit people, since they are not a direct translation of what it means to be gay, lesbian, bisexual or transgender. Government and service representatives need to come to terms with how they view American Indian people. Colonization deconstructed, divided and devalued a pre-American system. Even as efforts are being made to address this in culturally sensitive ways, the transactional nature of human services causes many marginalized people to be on guard. It is important that caseworkers pay attention to the intention behind their own language, preconceptions and misconceptions. American Indian two-spirit people have a variety of backgrounds, from traditional upbringing to more assimilated upbringing to academic and homeless experiences; such individuals approach systems in different ways. This should not be perceived as hostility or non-compliance, but more as a way of protecting their community.

This practice guide is intended to increase awareness, knowledge and skills of caseworkers and administrators in the child welfare system to more effectively and competently meet the needs of LGBTQ2S youth and their families.

Chapter 1: Statistics

There are approximately 407,500 youth in the foster care system in the U.S.³ While it is impossible to precisely determine the number of LGBTQ2S youth in this system, recent studies suggest these youth comprise about 20% of the total foster youth population.⁴ They are over-represented in the child welfare system. The actual percentage may be higher, since many LGBTQ youth enter the foster care population due to discrimination and abuse experienced in their families of origin and schools.⁵

Research shows that LGBTQ youth are more than twice as likely as non-LGBTQ youth to report being treated poorly in out-of-home care. These experiences of hostility within systems of care cause many LGBTQ youth to make difficult decisions to meet their basic needs, including engaging in survival sex or couch surfing that involves sexual exchange rather than subjecting themselves to abuse in the foster care system.⁴

LGBTQ2S youth come to the attention of the child welfare system for a variety of reasons. Some engage in behaviors such as skipping school or running away from home, possibly due to problems related to their LGBTQ2S identity. Some are no longer welcome in their homes when they disclose their identity, or when their families find out they identify as LGBTQ2S. Not all enter out-of-home placement because of issues directly related to their gender identity or sexual orientation. Like their non-LGBTQ2S counterparts, LGBTQ2S youth come to the attention of the child welfare system for a variety of reasons. Many are placed for the same reasons as other youth: Child protection, specialized treatment for mental health concerns, developmental disabilities or juvenile corrections.

There is limited data on sexual orientation and gender identity of youth in the child welfare system, as there is no mandate to collect and track this data. Available research has consistently shown that LGBTQ youth are over-represented among the foster care population.

Not only is there limited data collected, but there is also the possibility of under-representation of youth afraid to come out. “Coming out” is a term for self-disclosing one’s sexual attraction/orientation, gender identity and/or gender expression. Youth who experienced the trauma of maltreatment from their birth families often have a more challenging process of coming out in foster care. While in placement, they may face additional rejection, harassment or maltreatment. In some instances, foster families or caregivers had an established long-term relationship with a youth, then disowned, rejected, kicked out and/or forced them to “act straight” or gender conforming when they came out.

³ U.S. Department of Health and Human Services. Administration for Children and Families. (2021) Adoption and Foster Care Analysis and Reporting Systems (AFCARS) FY 2020 data. Retrieved from:

<https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport28.pdf>

⁴ Human Rights Campaign. (n.d.). LGBTQ youth in the foster care system. Retrieved from: <https://assets2.hrc.org/files/assets/resources/HRC-YouthFosterCare-IssueBrief-FINAL.pdf>

⁵ UCLA School of Law. (2018). LGBT Youth Experiences Discrimination, Harassment, and Bullying in School. Retrieved from: <https://williamsinstitute.law.ucla.edu/press/lgbt-youth-bullying-press-release/>

The federal Administration for Children and Families engaged in a multi-year effort to update requirements for the Adoption and Foster Care Analysis and Reporting System (AFCARS); the [final rule](#) was published in May 2020. The revised rule includes tracking when children are removed from their home due to family conflict related to a child's expressed or perceived sexual orientation, gender identity or gender expression. This includes any conflict related to the ways in which a child manifests masculinity or femininity. The department added this removal reason to the Social Service Information System (SSIS), providing this data beginning in 2022.

The Williams Institute, which conducted a study in Los Angeles, found that nearly one in five (19.1%) foster youth are LGBTQ. This percentage is up to twice that of youth not living in foster care. “Research found that there are 13.6% LGBTQ-identified youth in foster care compared to 7.2% in the general youth population, and 5.6% transgender youth in foster care compared to 2.25% in the general youth population.”⁶

The Child Welfare League of America’s (CWLA) *Best Practice Guidelines for Serving LGBT Youth in Out-of-home Care*⁷ states, “LGBT youth have the same developmental tasks as their heterosexual and non-transgender peers, but also face additional challenges in learning to manage a stigmatized identity and to cope with social, educational, and community environments in which victimization and harassment are the norm.” Such stigmatization can result in increased risk factors, such as homelessness, drug and alcohol abuse, depression and suicidal behavior.

Youth experiencing homelessness

Youth identifying as LGBTQ2S are 120% more likely to experience homelessness than their non-LGBTQ peers; 40% of all youth experiencing homelessness identify as LGBTQ compared to 7% of the total youth population in the U.S. LGBTQ youth experience higher rates of assault, trauma, exchanging sex for basic needs and early death. Black male youth who identify as LGBTQ2S face the highest rates of homelessness.

The following statistics illustrate the extent to which homelessness is a risk factor for LGBTQ2S youth in child welfare systems:

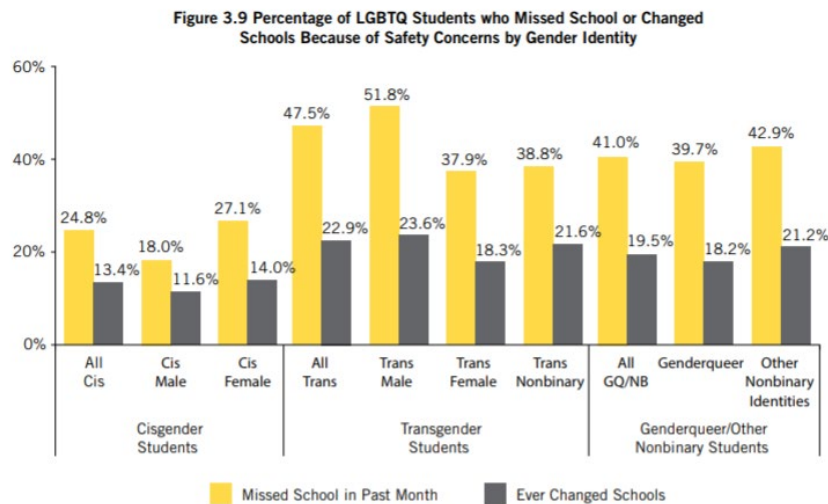
- The average number of placements for LGBTQ2S youth is 6.35, compared to three for the average number of placements of all youth in foster care.
- About 78% of LGBTQ youth were removed or ran away from their foster placements because of hostility toward their sexual orientation or gender identity.
- All (100%) LGBTQ youth in group homes reported verbal harassment.
- About 70% of LGBTQ youth reported physical violence in group homes.⁸

⁶ Wilson, B.D.M., Cooper, K., Kastansis, A., & Nezhad, S. (2014). Sexual and Gender Minority Youth in Foster Care: Assessing Disproportionality and Disparities in Los Angeles: The Williams Institute, UCLA School of Law: http://williamsinstitute.law.ucla.edu/wp-content/uploads/LAFYS_report_final-aug-2014.pdf

⁷ Wilber, S., Ryan, C., & Marksamer, J. (2006). *CWLA best practice guidelines: Serving LGBT youth in out-of-home care*. Philadelphia: Child Welfare League of America (p. 27).

⁸ Feinstein, Randi et al. Justice for All? A Report on Lesbian, Gay, Bisexual and Transgendered Youth in the New York Juvenile Justice System. (New York City: Urban Justice Center, 2001).

Education



According to research published in the *Journal of Pediatrics*,⁹ LGBT youth experienced high rates of rejection from their families based on their sexual orientation or gender identity. When compared with peers from families reporting no or low levels of family rejection, LGBT youth were:

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

The high rates of rejection and associated safety concerns have an impact on LGBT youths' education. LGBT youth face discrimination within educational systems, as evidenced by the following statistics:

- About 33% of LGBT students missed at least one day of school in the past month because they felt unsafe, compared to less than 5% of all students.¹⁰
- LGBT youth are almost twice as likely not to finish high school or pursue college compared to non-LGBT peers.¹¹
- Native American/American Indian/Alaska Native students were more likely than other racial/ethnic groups to experience anti-LGBTQ victimization and discrimination.¹²

⁹ Ryan, C., Huebner, D., Diaz, R.M., & Sanches, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults: *Pediatrics*, Jan: 123, 346-52.

¹⁰ Kim, R., (2009). A report on the status of gay, lesbian, bisexual and transgender people in education: Stepping out of the closet, into the light. Washington D.C.: National Education Association.

¹¹ Quintana, N.S., Rosenthal, J., & Krehely, J. (2010). *On the streets: The federal response to gay and transgender homeless youth*. Washington D.C.: Center for American Progress.

¹² *Lesbian, gay, bisexual, transgender, and queer youth in our nation's schools*. The 2017 National School Climate Survey. New York: Gay, Lesbian and Straight Education Network.

Mental and physical health

LGBTQ2S youth may be at higher risk for mental or physical health issues, as evidenced by the following:

- LGB adults are more than twice as likely as non-LGB adults to experience a mental health condition.¹³
- LGBTQ individuals are at a higher risk than the general population for suicidal thoughts and attempts.¹⁴
- High school students identifying as LGB are almost five times as likely to attempt suicide compared to non-LGB peers.¹⁵
- About 40% of transgender or gender non-conforming persons attempted suicide in their lifetime, nearly nine times the attempted suicide rate in the U.S. population (4.6%).¹⁶
- The Centers for Disease Control and Prevention data showed that gay and bisexual men account for 83% of new diagnoses of HIV among males ages 13 and older in 2014.¹⁷
- Gay men are at increased risk of various cancers including prostate, testicular, anal and colon cancer, which may be related to limited culturally sensitive screening services.
- Lesbian and bisexual women have increased risk of breast, ovarian and endometrial cancers due to fewer full-term pregnancies, mammograms and obesity.

Drug and alcohol use

Many federally funded surveys only recently started to identify LGBTQ2S participants. The 2015 National Survey on Drug Use and Health (NSDUH) added two questions on sexual orientation, the first federally collected information on substance use and mental health issues among LGBTQ2S adults. According to data from the 2015 NSDUH, LGBTQ2S youth may be at higher risk for substance abuse, evidenced by statistics that LGBTQ2S adults are more than twice as likely as non-LGBTQ2S adults to:

- Use illicit drugs in the past year (39% vs. 17%)
- Use marijuana in the past year (31% vs. 13%)
- Misuse prescription pain relievers in the past year (10% vs. 5%).

¹³ SAMHSA Grace Medley, Rachel N. Lipari, and Jonaki Bose; RTI International: Devon S. Cribb, Larry A. Kroutil and Gretchen McHenry: <https://www.samhsa.gov/data/sites/default/files/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015.htm>.

¹⁴ National LGBT Health Education Center “Suicide Risk and Prevention for LGBTQ People (September 2018): <https://www.lgbthealtheducation.org/wp-content/uploads/2018/10/Suicide-Risk-and-Prevention-for-LGBTQ-Patients-Brief.pdf>.

¹⁵ Kann L, Olsen EO, McManus T, et al. Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9–12 — U.S. and selected sites, MMWR Surveill Summ 2016; 65 (No. SS-9):1-202. DOI: <http://dx.doi.org/10.15585/mmwr.ss6509a1> (2015).

¹⁶ James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L. & Anafi, M. (2016). Executive Summary, Report of the 2015 U.S. Transgender Survey. Washington D.C.: National Center for Transgender Equality.

¹⁷ Health Care Disparities among Lesbian, Gay, Bisexual, and Transgender Youth: A Literature Review: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5478215/>.

Data from the NSDUH also indicates LGBTQ2S youth may be at higher risk for alcohol abuse, as evidenced by statistics that LGBTQ2S young adults are more likely than non-LGBTQ2S peers to:

- Binge drink in the past 30 days (44.6% vs. 38.7%)

Lesbian and bisexual young women are more likely than non-lesbian, non-bisexual peers to:

- Binge drink in the past 30 days (38.1% vs. 21.3%)
- Engage in heavy alcohol use (8% vs. 4.4%).

There is lack of training for mental health providers on working with LGBTQ2S youth, specifically for transgender, non-binary and two-spirit youth. In a study completed by the American Psychological Association, “Less than 30% of psychologists and graduate student participants reported familiarity with trans issues. Psychologists and other mental health professionals with limited training and experience in [transgender and gender non-conforming (TGNC)] TGNC-affirmative care may cause harm to TGNC people.”¹⁸

Two-spirit youth in counseling often encounter a mixture of modalities for substance abuse treatment and prevention. Counselors might need to specialize in what it means to be duly informed of diverse (and generalized) American Indian cultures, and how culture instills a sense of preventive practices through cultural arts, instructional roles and community belonging.¹⁹

While LGBTQ2S youth are at higher risk of suicide, depression, homelessness and substance abuse, it must be understood these are not the experiences of all LGBTQ2S youth. Many of these risk factors can be decreased when youth receive support in one or more areas of their lives. The emotional distress that can lead to suicide, substance abuse, and other problems is caused, in large part, by social isolation and stigma; removal of these factors may relieve emotional distress.

¹⁸ American Psychological Association. *Guidelines for psychological practice with transgender and gender non-conforming people*. Vol. 70, No. 9, 832– 864: <http://dx.doi.org/10.1037/a0039906>. December 2015.

¹⁹ Indian Health Service. *Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ), and Two Spirit Health*: <https://www.ihs.gov/lgbt/health/twospirit/>.

Chapter 2: Preserving relationships/placement prevention

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

Joshua, a 15-year-old Black male sits in his bedroom in the apartment he shares with his mother, father and three younger brothers, reading a very personal letter that a boy in school wrote to him. His mother yells to him from the kitchen that he has a phone call, so he puts the letter down on his bed and leaves his room. While on the phone, his brother enters his room, reads the letter and shows it to his mother. When Joshua returns from the phone call and finds his letter missing, he panics. He knows that it will be obvious to anyone who reads the letter that he is gay. Up to this point, Joshua has been successful at keeping his identity a secret, but now it is revealed. He is angry that he did not have an opportunity to come out on his own terms. He has been found out and that is a big difference! When he sees his mother's face, he knows she read the letter, but she says nothing to him. When he approaches her, she backs away and says, "We'll talk about this when your father gets home."

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

What Joshua does not know is that his mother and father feel the same way – that this is not the way it is supposed to be, and they are not prepared for this. No one ever told them about the possibility of having a gay son. Should they send him for therapy? Should they send him away to protect his brothers? Should they even tell anyone about this?

For those experienced in working with family systems, the situation in the above example presents the ideal opportunity for an intervention. A crisis has occurred, the family is in turmoil and everyone is poised for something to happen. Family members are confused, frightened, shame-filled, unprepared and angry. They can act in a reckless manner, lashing out at an individual who disclosed, or they might fall into a conspiracy of silence, becoming paralyzed and numbed by the circumstances. Professionals who spent years with families, or

even those who recently entered the field, know that what happens next is not always predictable. When a situation involves an issue of sexual orientation in a family, one can almost guarantee there will be a great deal of ambivalence in this process. Coming out in the context of a family system can yield unpredictable outcomes.

Preventing placement/family preservation

In a best-case scenario, placement can be prevented through provision of family preservation and supportive services. Research from the Family Acceptance Project reveals that many families became less rejecting and more accepting within about two years of learning of their child's LGBTQ identity.²⁰ To prevent the need for placement, agencies should provide services such as in-home family counseling with LGBTQ2S sensitive therapists, and help families make connections to community resources for education and support for both parents and LGBTQ2S identified youth.

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

- Support, counseling and guidance in coping with the immediate adjustment to family's discovery of youth's sexual orientation or gender identity
- Information and guidance related to positive adolescent development, human sexuality and gender identity, and effects on youth of family acceptance or rejection
- Individual and family counseling to support each family member and improve family communication and functioning, and
- Assistance in identifying local services and resources to provide ongoing support to family and youth.

For two-spirit youth, the Indian Child Welfare Act, a federal law passed in 1978, and the Minnesota Indian Family Preservation Act, a state law passed in 1985, are vital for protecting the well-being of American Indian children and families. ICWA affirms Tribal nations' inherent sovereign authority to make decisions about American Indian children and families wherever those children and families may live. The Minnesota Indian Family Preservation Act (MIFPA) expands on ICWA, calling for greater Tribal involvement, notification of Tribes for voluntary proceedings and appropriate funding for provision of services to American Indian children and families.

It is vital that in-home providers have a strong understanding of LGBTQ2S issues and be LGBTQ2S supportive, although it is not necessary that therapists be LGBTQ2S identified. Effective in-home services should address all safety issues immediately, including possible physical, emotional and/or verbal abuse, or threats toward LGBTQ2S youth. Ideally, services will prevent the need for placement. However, it is essential that caseworkers and in-home providers coordinate work with families to ensure safety of all children in the home. If safety cannot be assured, placement may need to be pursued.

²⁰ Wilber, S., Ryan, C., & Marksamer, J. (2006). CWLA best practice guidelines: Serving LGBT youth in out-of-home care.

Other ways to support families

The following options can be pursued to support families:

- Acknowledge it is normal for parents and siblings to struggle when youth come out as LGBTQ2S.
- Assure parents they are not bad for not immediately accepting and understanding when their child comes out. It often takes time for parents to come to terms with this new knowledge, and families who realize they need support regarding this issue are to be commended.
- Explore with parents what their main concerns are when their child comes out. Some parents worry their child will be bullied or victims of violence at school or in the community, but worry is expressed through anger rather than compassion or protectiveness.
- Educate families regarding the fact that sexual orientation and gender identity are not a choice, and they did not do anything to make their child LGBTQ2S. Let them know that there are LGBTQ2S identified people in every racial, ethnic, cultural and religious community, regardless of parenting style.
- Some families have religious or moral objections to LGBTQ2S identified people and linking them to supportive resources within their religious faith may help to support them. Have a discussion regarding what help they need to accept their child and continue to love them just as they loved them prior to knowing their gender identity and/or sexual orientation. For many families and adolescents, religion and spirituality are important sources of coping and strength; providers need to help parents understand that loving their child and finding solace in their beliefs are not mutually exclusive.
- Families may want their child to participate in conversion or reparative therapy, intended to change individuals' sexual orientation. Families should be aware that this kind of therapy has not shown to be effective and may further alienate or harm their child. The American Psychiatric Association opposes any psychiatric treatment, such as reparative or conversion therapy, which assumes that LGBTQ2S identified people have a mental disorder and/or that patients should change their sexual orientation and/or gender identity.²¹
- Help youth understand their family will need time to process this new information about them.

Promoting and supporting reunification for LGBTQ2S youth

When LGBTQ2S youth require placement in care, the worker, youth and parents develop an out-of-home placement plan. This plan includes steps that youth, parents, foster parents and the caseworker/social service agency must take to address reasons and family circumstances that led to placement. It is important to consider steps and/or services that can be used to support families toward reunification, with specific attention to the needs of families of LGBTQ2S youth. Below is a list of possible reunification goals and services:

- Family will participate in family therapy with an LGBTQ2S knowledgeable therapist. Therapy focuses on increasing parents' understanding of the LGBTQ2S-specific needs of their child, repairing relationships among family members and assuring safety for all.

²¹ American Psychiatric Association website: <http://healthyminds.org/More-Info-For/GayLesbianBisexuals.aspx>.

- Parents contact the local PFLAG (Parents, Friends and Families of Lesbian and Gays) chapter, or other resources, to discuss support and access resources in the community.
- Youth participate in individual therapy with an LGBTQ2S supportive therapist, if needed.
- Caseworkers connect family with local LGBTQ2S resources.
- Caseworkers and parents meet with school administration to discuss steps school staff needs to take to ensure safety for LGBTQ2S children in school (if given permission by children to discuss this with school officials).

Most children in foster care will eventually reunify with their parent/s or primary caregiver. A common question asked is how workers know when it is safe to reunify children with their parent/s. This applies to every placement situation, not just those involving LGBTQ2S youth. Considerations include not just whether parent/s complied with and met case plan goals, but more importantly, if they can demonstrate necessary behavioral changes showing an ability to provide an emotionally and physically safe home for their children.

Below are suggested questions to consider prior to reunification:

- Have caregivers actively participated in family counseling focused on repairing the relationship with LGBTQ2S youth?
- Do caregivers demonstrate they understand the unique needs of their LGBTQ2S youth?
- Do parent/s demonstrate they will support their child, regardless of their gender or sexual orientation, or do they insist their child needs to identify as straight or cisgender in order to return home?
- Do parent/s continue to demonstrate anti-LGBTQ2S attitudes, rejecting their LGBTQ2S youth?
- Do parent/s demonstrate they understand the impact of prior rejecting words and actions on their child?
- Does caregiver continue to make verbally or physically threatening statements toward child?
- Is unsupervised visitation allowed? Was a trial home visit permitted due to positive behavioral and attitudinal changes made by caregivers?
- Does youth report they feel safe and ready to return home? How do they report visits are going?

These questions should be considered as part of regular contact caseworkers have with service providers as well as parents, youth and foster parents. When positive behavioral changes occur, caseworkers and family can begin to plan for youth's return home. Developing a reunification safety plan is essential. Reunification can be stressful for all family members, even when everyone made progress and worked hard to make positive changes. Successful reunification requires thoughtful planning and consideration of steps to take in decreasing the possibility of continuing conflict or safety issues.

Reunification safety plans can include steps such as the following:

- Detailed plans for conflict resolution, if arguments or disagreements arise, such as an agreement that all parties will take a 10-minute "time out," and not resume the conversation until everyone can talk calmly about a topic
- An agreement that all family members will continue in outpatient therapy until therapist recommends closing a case
- An agreement specifically allowing youth to attend local LGBTQ2S youth groups, or a school-based Gender and Sexuality Alliance (GSA)

- Agreement that no physical or verbal violence will be used by any household member
- A list of support people and/or agencies that each family member can contact if additional support is needed.

It is important that caseworkers meet with families soon after reunification to assess how a youth's return home is going. Remember that although a decision was made that a home was safe enough to reunify, families are going to continue to need ongoing support. Safety should be assessed at every home visit. Workers should continue to meet separately with youth at home, school or in the community to discuss how the transition home is affecting LGBTQ2S youth.

Helping youth and families in rural communities

Minnesota has a significant population living in rural or small communities away from metro areas. While the Twin Cities metro area, and a few other regions such as Rochester and Duluth, have many LGBTQ2S specific resources, other areas have limited, if any, LGBTQ2S specific resources or LGBTQ2S sensitive/affirming therapists or doctors. In the absence of such resources, the following are steps caseworkers can take to provide support to this population:

- Look for resources online to share with families and youth (see attached Resource List).
- Read and share the online manual *No Longer Alone: A Resource Manual for Rural Sexual Minority Youth and the Adults Who Serve Them*.²²
- Make copies of the Family Acceptance Project²³ guide and give to families; read and discuss with them.
- Check the local library for LGBTQ2S themed books, both literature and self-help, and recommend them to families. If a library does not carry such books, request they purchase some.
- Contact the nearest PFLAG chapter to learn more about what it offers. Some have a volunteer speakers bureau that can be brought in to train staff or speak to school staff. Others offer a regular support group and/or provide trained volunteer phone counselors to speak with struggling families.
- Check with a local college or university to see what resources they offer to LGBTQ2S college students. Talk with them about resources for LGBTQ2S youth and families in the community. Ask if they have faculty or students who can provide training, education or support to local social service staff on the topic.
- Speak with local mental health providers to get a sense of their knowledge of LGBTQ2S issues, and whether they are LGBTQ2S affirming. If there is limited knowledge, but some interest in supporting LGBTQ2S families, contact the closest LGBTQ2S supportive agency to request training. Many agencies provide free training to interested organizations.
- If knowledge of other parents or foster parents who struggled with similar issues (i.e., has an LGBTQ2S child, or is themselves), ask if they would be willing to be a source of support and information for other families.

²² Stapel, C.J., (2005). *No longer alone: A resource manual for rural sexual minority youth and the adults who serve them*. Washington D.C.: National Youth Advocacy Coalition.

²³ Ryan, C., (2009). *Supportive families, healthy children: Helping families with lesbian, gay, bisexual and transgender children*. San Francisco State University, Family Acceptance Project.

Chapter 3: Engagement and building relationships with LGBTQ2S youth

Many LGBTQ2S youth choose to not come out until they are assured that the person with whom they share this part of their identity will be accepting and supportive. A decision to hide one's LGBTQ2S identity is reinforced by social images and expectations, and a culture in which negative and biased (homophobic and transphobic) attitudes are still common and openly expressed.²¹ Experts suggest that it is not typically appropriate to ask youth directly if they identify as LGBTQ2S. Caseworkers should expect youth to be initially reluctant to discuss their sexual orientation, gender identity or expression. To encourage youth to be open about these issues, caseworkers should adopt an approach that helps youth feel safe to disclose information about themselves at their own pace and on their own terms.

The average age for children to feel *different* in relationship to their sexual attraction/orientation is as early as age 3, with age 8 being the average age of understanding. The average age of first identifying as LGB is age 14. The average age for talking about their gender being *different* is 5 for children assigned female at birth, and age 8 for those assigned male. Some children express gender dysphoria as early as 2-3 years old.²⁴

In his book, *A practical guide for youth workers servings lesbian, gay, bisexual, transgender, and questioning youth*,²⁵ Mallon offers ideas to assist caseworkers in engaging LGBTQ2S youth in the coming out process. His suggestions are summarized below:

What can professionals do to assist LGBTQ2S youth with the coming out process?

The only sure way of identifying an LGBTQ2S youth is when they come out to caseworkers or self-disclose their sexual attraction/orientation and/or gender identity and expression. It is important to remember that the goal of working with a possible LGBTQ2S youth is not to get them to come out to caseworkers, but to facilitate the experience of coming out, if and when they decide it is safe to do so. Facilitating the experience means caseworkers need to do the following:

- Use pronouns.
- Use the words gay, lesbian, bisexual, transgender, two-spirit and questioning. Using these words and saying them comfortably suggests that caseworkers are affirming of these identities, and a person to talk with about these identities.
- Rather than looking for LGBTQ2S cues in youth, send out personal cues that say loudly and clearly that caseworker is comfortable discussing issues of gender identity, expression and sexual attraction/orientation.
- Ensure that caseworker's workplace has affirmative visible signs representing the LGBTQ2S community. Posters, books and flyers around the office are all very useful and clear signs.

²⁴ D'Augelli, A. R., Grossman, A. H., & Starks, M. T. (2008). Families of gay, lesbian, and bisexual youth: What do parents and siblings know and how do they react? *Journal of GLBT Family Studies*, 4(1), 95–115.

²⁵ Mallon, G.P., (2010). *LGBTQ youth issues: A practical guide for youth workers servings lesbian, gay, bisexual, transgender, and questioning youth*. Philadelphia: Child Welfare League of America.

- Do not make or tolerate jokes or negative comments about anyone based on race, culture, national origin, gender identity, expression, ability, age, religion or sexual attraction/orientation – and be clear about why.
- Provide all youth with opportunities to talk about gender identity and sexuality in a healthy way and be sure to include LGBTQ2S people in those discussions.
- Help an organization respond to the needs of LGBTQ2S youth by encouraging training, organizational reform and review of policies that might discriminate against LGBTQ2S youth.
- Realize that LGBTQ2S youth have more to their identities than being gay, lesbian, bisexual, transgender or questioning. They are just like other youth who need support, appropriate adult role models, care, concern, guidance and flexibility.

Responsibilities of caseworkers in the disclosing process

Should I maintain confidentiality?

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

If youth discloses to caseworker, should they share it with coworkers?

In most cases, workers should not share information with coworkers, but it depends whether they share all information about youth in a program with coworkers. It also depends on how comfortable coworkers are with issues regarding sexual attraction/orientation, gender identity and expression.

In some cases, youth should be encouraged to disclose to others when they feel safe and comfortable. However, no one, including caseworkers, should ever disclose someone's sexual attraction/orientation, or gender identity to anyone without their permission. Disclosure is a very personal choice.

Should the disclosure/coming out process be documented?

Again, it depends on agreements caseworkers make with youth when they disclose. It also depends on guidelines set by agencies regarding documentation of sensitive information. In their training curriculum, *Moving the Margins*,²⁶ Elze and McHaelen offer suggestions focused on what to do after a youth discloses their sexual attraction/orientation, gender identity and expression to caseworkers. These suggestions are summarized below:

- Caseworkers should be prepared to affirm, validate and accept youth's expression of same-gender attractions, desires and behaviors, gender variance and self-identification.
- Utilize a good social work principle of practice – caseworkers should remember to start where clients are, proceeding with gentleness and patience.

²⁶ Elze, D.E. & McHaelen, R. (2009). *Moving the Margins: Training curriculum for Child Welfare Services with LGBTQ youth in out-of-home care*.

- Caseworkers should stay away from labeling, but instead help youth safely explore and understand their feelings, thoughts and behaviors regarding sexuality and gender identity.
- Remember that sexual orientation and gender identity are different constructs. Transgender youth may self-identify as gay, lesbian, bisexual, straight, or they may be questioning their sexual orientation or not labeling themselves. Caseworkers should focus on validating youth's sexual orientation and gender identity as it unfolds. Transgender youth may need additional help in differentiating between their gender identity and sexual orientation.
- Allow youth to take the lead in using whatever terminology they feel comfortable using.
- When a youth discloses to a caseworker that they are LGBTQ2S, the caseworker should respond in an affirming, supportive way; anticipate concerns about confidentiality; and relay the message that caseworkers are willing to talk about any issue.
- When youth come out, they are disclosing very personal information about themselves that could potentially lead to negative outcomes in their life. Violence and isolation may also be a fear. Be sure to help the youth examine their fears of coming out. Discuss possible anticipated consequences.
- Be aware that a youth disclosing to a caseworker makes them highly vulnerable because caseworkers have the power to tell others. Youth may be afraid their caseworker will not protect them by sharing their identity without permission.

It is important to understand that not all LGBTQ2S youth will be clear or comfortable about their emerging sexual attraction/orientation, gender identity and expression when they first come out. Some may be distressed, and others may be confused about their feelings. Let youth who are confused know it is normal to feel that way and explore their confusion with them. Caseworkers should be prepared to be affirming and supportive, and able to assess youth's level of information, providing accurate information while correcting myths and stereotypes as they come up. Caseworkers should be careful not to push youth toward premature resolution of sexual attraction/orientation, gender identity and expression.

Youth with sexual abuse histories may require even more time to realize and identify their sexual attraction/orientation, gender identity and expression. Caseworkers also should:

- Promote pride. Recognize and affirm youth's positive attributes and strengths. Promote these strengths as sources of pride.²⁷
- Link youth with community resources.
- Be aware of local resources (see Resource list) and services for LGBTQ2S youth. Some communities, especially those outside the metro area, may have limited LGBTQ2S specific resources, but most areas have at least one agency in their region they can look to for support.
- Remember that many schools offer Gender and Sexuality Alliances (GSAs), or similar programs, where youth may find support. If a school district does not offer this, consider talking to school administration about starting one.

²⁷ Ragg, D.M., & Patrick, D. (2008). Practice brief: Providing services and supports for youth who are lesbian, gay, bisexual, transgender, questioning, intersex or two-spirit. Washington D.C.: Georgetown University Center for Child and Human Development.

- Recognize that many youth, regardless of sexual orientation and gender identity, act provocatively and use a variety of means to express their identity and/or independence. LGBTQ2S youth who are “out and proud” and sharing information with many people may be at even greater risk of harassment or violence. They will require support.
- Find an LGBTQ2S role model or mentor for youth.
- Seek out LGBTQ2S friendly religious or faith communities/congregations and/or work to make faith communities LGBTQ2S friendly.

Chapter 4: Ensuring safety in placement

Civil rights of youth in care

The most basic of fundamental civil rights guaranteed to all Minnesota children and youth in out-of-home placement is the right to safety. Since the *DeShaney* decision,²⁸ children in the care and custody of the state have an affirmative right to safety, which imposes a corresponding duty on the state to provide protection from harm. Youth have a legally enforceable right to safety while in foster care. This includes the right to protection against threats to youth, the right to services to prevent harm and the right to monitoring and supervision, among others. These rights include:

- Right to protection of physical, mental and emotional well-being. Physical and emotional well-being of LGBTQ2S youth is at risk if harassment or mistreatment based on their actual or perceived sexual orientation or gender identity exists. In situations where LGBTQ2S youth in foster care are mistreated and their physical or emotional well-being harmed as a result, caregivers, as well as professionals responsible for making placement decisions and providing ongoing monitoring of placements, are legally responsible and may face liability in court.
- Right to safety and development. Once LGBTQ youth enter the foster care system, their caseworker is an important link to support and safety. It is critical that caseworkers have the capacity, understanding and willingness to support social and emotional development while in foster care.²⁹
- Right to services to prevent harm. This includes receiving services to prevent physical or psychological harm or deterioration while in foster care. Caseworkers must be vigilant to avoid contracting for services that use inappropriate or unethical practices when working with LGBTQ2S youth, such as conversion therapy and other controversial practices intended to involuntarily change youth's sexual orientation or gender identity.³⁰
- Right to monitoring and supervision. Duty to protect youth in the child welfare system imposes a corresponding duty on caseworkers involved to maintain regular contact with them to ensure their continued safety. LGBTQ2S youth in out-of-home placement are vulnerable to mistreatment and harm from a variety of sources, both inside and outside their placements. By maintaining regular contact with youth, the lines of communication are more likely to be open, and caseworkers more likely to learn of harassment and abuse and better prepared to take necessary steps to stop it.
- Rights under the federal Indian Child Welfare Act and Minnesota Indian Family Preservation Act. ICWA states, "Practitioners should review state law and/or intergovernmental agreements as they may expand the protection of the ICWA such as by expanding the definition of an Indian child. [Minnesota Statutes 260.755] This includes rights as Tribes and Tribal member parents to have preferential consideration in placement and withdrawal of consent. This always presents variances in the degree to which a two-spirit identity is treated. This could mean it is acceptable — or not — Tribally, non-Tribally, or even if the identity has been established outside of Tribal association and the identity is reared more

²⁸ *DeShaney v. Winnebago County Dept. of Social Services*, 489 US 189 – Supreme Court 1989.

²⁹ U.S. Department of Health and Human Services, Administration for Children and Families (2011). ACYF-CB—IM-11-03.

³⁰ *Ibid*

as non-Tribal queerness. It is important to establish a good rapport with youth so these clarifications are asked, discussed and developed.³¹

- The MIFPA strengthens and expands ICWA for Indian children and families in Minnesota. American Indian child welfare grants (Minnesota Statutes 260.785) allocate funds for supporting eligible Indian child welfare services that may serve two-spirit youth and families. Various services are included, but the following may be more applicable to needs of two-spirit youth and families: access to professional individual and family counseling and crisis intervention, independent living skills, innovative approaches to assist American Indian youth to establish better self-image, decrease isolation, decrease suicide rate and coordinate child welfare and mental health services for American Indian families.

While working toward developing a positive, respectful relationship with LGBTQ2S youth, it is vital that caseworkers ensure that any placement youth enter is safe and supportive. LGBTQ2S youth are particularly vulnerable to failed placements, multiple rejections and frequent transitions.²¹

Policies and procedures

Policies should be in writing and located in an easily accessible place that makes very clear what steps LGBTQ2S youth in care can take if they experience harassment or discrimination in a foster or adoptive home. No youth should be told or expected not to talk about their sexual attraction/orientation, gender identity and/or expression. Safety issues such as threats of harm or actual maltreatment must be addressed immediately.

Minnesota Statutes 260C.212, subd. 2, indicates that the best interests of a child are met by requiring an individualized determination of their needs, and how a selected placement will serve those needs. Factors to be considered include cultural, developmental, medical and educational needs; community connections; and interests. If it becomes clear that a foster/pre-adoptive home cannot meet a child's best interests by being supportive and accepting, a placement change can be considered. However, in many cases, with skilled mediation or problem-solving resources, difficulties can be resolved, providing stability for youth. It is required that youth ages 14 and older provide written consent to their adoption under Minnesota Statutes 260C.620, subd. 1(b).

Non-discrimination in screening of child welfare reports

A child's or families' race, ethnicity, political, immigrant, refugee, citizenship status, language, gender or sexual orientation must not be a factor in determining screening decisions for reports of alleged child maltreatment. Child safety issues alone should guide this decision. Safety can be affected by various factors in families. Screeners and persons who conduct assessments or investigations shall take into account accepted child-rearing practices of the culture in which children participate that are not injurious to their health, welfare and safety.³²

³¹ Native American Rights Fund website: <https://narf.org/nill/documents/icwa/fag/rights.html>.

³² Minnesota Child Maltreatment Intake, Screening and Response Path Guidelines:
<https://www.dhs.state.mn.us/main/groups/publications/documents/pub/dhs-319528.pdf>

Placement of LGBTQ2S youth in foster care

Concepts caseworkers should consider when placing LGBTQ2S youth in foster care include:

- **Foster parents' attitudes toward LGBTQ2S youth:** Agency staff must be particularly attuned to placing youth who identify as LGBTQ2S with foster families committed to providing a safe, supporting, and affirming environment for youth while in care.³³
- **Educate foster parents on LGBTQ2S identities and issues:** Agencies should recruit, train and provide ongoing support to families, including LGBTQ2S individuals and families, and be able to provide safe, loving placements for LGBTQ2S youth involved with the child welfare system.³⁴
- **Lack of permanency:** Youth in foster care who are LGBTQ2S may be less likely to find a permanent home than other youth, whether that means reunification, adoption or transfer of permanent legal and physical custody. Where reunification is part of a youth's case plan, agencies should support families to ensure that parents or guardians develop the capacity to address youth's needs in a healthy, understanding manner when a family is reunified. A primary issue that affects youth in the child welfare system, who are sexual or gender minorities, is not enough focus on permanency. Caseworkers often give up on the idea that these youth will find a family that is excited to have them.³⁵
- **Lack of safety:** This is a paramount issue for LGBTQ2S youth. These youth are at higher risk for physical violence and verbal harassment in their homes, schools and communities. The child welfare system has a mandate to ensure children's safety in foster care, as required by the Adoption and Safe Families Act of 1997.³⁶
- **Confidentiality:** This can be difficult to navigate when youth's safety is involved. Allow them to have decision-making power regarding decisions about confidentiality about their identity. Be transparent with youth, informing them of when and whom you feel the need to disclose to in order to advocate for them. Trust that youth know more about their own safety than workers do and follow their lead.

Recruiting and licensing practices to support LGBTQ2S youth safety and well-being

Steps caseworkers can take during the foster care licensing process to ensure LGBTQ2S youths' safety and well-being include:

- **Recruitment:** Recruiting foster families who are LGBTQ2S, or are outwardly supportive and *allies* to LGBTQ2S communities. Caseworkers may need to ask families this question directly to find answers.
- **Home studies:** As is true for straight individuals, not all LGBTQ2S persons should be foster or adoptive parents. The question is not whether LGBTQ2S applicants should be approved, but whether they will be offered the same fair process and open opportunity as non-LGBTQ2S persons seeking to adopt or foster. Home study forms and processes should be inclusive and directly address LGBTQ2S identities. The Commissioner's Designated Adoption and Foster Care Study Format forms are gender neutral (e.g., *Applicant 1* and *Applicant 2* versus *Mother* and *Father*), not presuming applicants are straight.

³³ Ibid

³⁴ Ibid

³⁵ *Addressing the needs of LGBTQ youth in care* (2009). Seattle, WA: Court appointed special advocates for children.

³⁶ Adoption and Safe Families Act of 1997, Pub. L. No. 105-89.

- **National resources:** Resources are available for completing the home study process with LGBTQ2S prospective foster and adoptive families. The following resources may be helpful for agency staff and prospective foster families as they work together to complete home studies:³⁷
 - Home study assessment process: LGBT Prospective Foster and Adoptive Families, National Resource Center for Permanency and Family Connections.³⁸
 - Frequently Asked Questions from Lesbian, Gay, Bisexual, Transgender and Questioning Prospective Foster and Adoptive Parents, Child Welfare Information Gateway.³⁹
 - AdoptUSKids provides support to LGBTQ2S families seeking to foster or adopt children from foster care. To speak with an adoption specialist, call 888-200-4005 or email LGBTsupport@adoptuskids.org.

A home study assessment provides agencies with information to determine if a prospective foster/ adoptive parent is an appropriate match for foster or adoptive children. During the home study process, workers need to address cultural competency and differences. All families should be encouraged to process their feelings on issues related to sexual orientation and gender identity. Some families may express hesitation about parenting an LGBTQ2S child during the home study, but given an opportunity to discuss issues, and providing training and support opportunities, these families may become appropriate and supportive placement options for LGBTQ2S youth. Families need to be engaged in discussions that explore how they will grow with a child. Applicants need to consider that any child or youth placed in their home could be LGBTQ2S and/or currently questioning their sexual orientation or gender identity, or may at some later point. How will caregivers meet the child's needs as they develop or as unexpected needs arise? There are multiple points during the home study process where this discussion can happen:

- The personal characteristics and resilience summary for each applicant must include information on applicant's tolerance of others; flexibility, including an ability to adjust to the unexpected or unknown; and their ability to make and keep commitments.
- Support system summary, which includes who in applicant's family, extended family or community will best understand the needs prospective parent/s may have in caring for LGBTQ2S youth.
- Adoptive and/or foster parenting section summarizes discussion with applicants, including:
 - How are they prepared to parent a child to support their developing identity, sense of belonging or membership in a cultural group, which includes gender identity and sexual attraction/orientation?
 - What is their ability to support cultural values of child or youth that may be different from their own?
 - What type of child would an applicant like to care for (age, gender identity, race/ethnicity, sexual orientation, etc.?)

³⁷ Minnesota Department of Human Services. *Guidance for Completing the Commissioner's Designated Adoption and Foster Care Study Format*: <https://edocs.dhs.state.mn.us/lfrserver/Public/DHS-4258-ENG> (2020).

³⁸ Mallon, G. P. (2011). The home study assessment process for gay, lesbian, bisexual, and transgender prospective foster and adoptive families. *Journal of GLBT Family Studies*, 7 (1-2), 9-29: <https://doi.org/10.1080/1550428X.2011.537229>.

³⁹ Child Welfare Information Gateway. *Frequently Asked Questions from Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Prospective Foster and Adoptive Parents*: https://www.childwelfare.gov/pubPDFs/faq_lgbt.pdf (2020).

Training

Foster parent orientation and caseworker training must include information on cultural responsiveness, specifically regarding working with LGBTQ2S youth and families.

The Human Rights Campaign (HRC), the largest national LGBTQ civil rights organization, has a variety of free online child welfare training resources as part of their All Children-All Families: Caring for LGBTQ2S Children and Youth project. [All Children – All Families: LGBTQ Resources for Child Welfare Professionals](#)

Supporting foster/adoptive families

All foster and adoptive families need and deserve support, regardless of the sexual attraction/orientation or gender identity of youth placed in their care. When LGBTQ2S youth are placed in foster/adoptive homes, these families may need specialized supports. Foster parents may be interested in detailed, specific information, including a greater understanding of the coming out process and how this may influence youth and families. They may also inquire about developmental markers youth experience to reassure they are meeting needs of LGBTQ2S youth.

If youth in foster care discloses their LGBTQ2S identity, show support in the following ways:

- When youth discloses their LGBTQ2S identity, respond in an affirming, supportive way.
- Understand the way people identify their sexual orientation or gender identity may change over time.
- Use the name and pronoun (he/she/they) youth prefers. (If unclear, ask how they prefer to be addressed.)
- Respect youth's privacy. Allow them to decide when to come out and to whom.
- Avoid double standards. Allow LGBTQ2S youth to discuss feelings of attraction and engage in age-appropriate romantic relationships, just as heterosexual youth.
- Welcome youth's LGBTQ2S friends or partner at get-togethers.
- Connect youth with LGBTQ2S organizations, resources and events. Consider seeking an LGBTQ2S adult role model for youth, if possible.
- Reach out for education, resources and support (if needed) to deepen understanding of LGBTQ2S youth experiences.
- Stand up for youth when they are mistreated.

Help for foster parents when contemplating fostering youth

Consider the following when helping foster parents contemplating fostering youth:

- Youth in care may be LGBTQ2S.
- Examine beliefs and attitudes that might influence ability to support LGBTQ2S youth in care. Regardless of personal beliefs, it is foster parents' responsibility to provide a safe, nurturing and nonjudgmental environment to all youth in care.
- Help educate families on LGBTQ2S issues by having them read books, watch films, conduct research on the internet and/or attending workshops.

- Help families to understand that being LGBTQ2S is not a choice or something that can be changed. Leading mental health and child welfare associations have long recognized that various sexual attractions/orientations are normal variations on human sexuality, and no more susceptible to change than a straight orientation. Foster youth in care should never be subjected to conversion or reparative therapies for changing their sexual attraction/orientation, or gender identity.
- Know that acceptance or rejection affects the health and well-being of LGBTQ2S youth in care.
- Respect the privacy and confidentiality of LGBTQ2S youth.
- Apply the same standards to LGBTQ2S youth that are applied to other youth for age-appropriate adolescent romantic behavior.
- Ensure families provide safety in all settings for LGBTQ2S youth.
- Assist families in learning how to advocate for LGBTQ2S youth.
- Families should acknowledge there is more to an individual than just one's sexual attraction/orientation, gender identity and expression. Foster parents need to avoid making assumptions about youth based entirely on the above characteristics. Do not assume that every struggle faced by an LGBTQ2S youth is the result of this aspect of their identity. Many struggles are a result of lack of support they received from caregivers and peers.
- Show families how to take advantage of community resources for LGBTQ2S foster children.

Chapter 5: Ensuring safe placement in residential care

Creating a welcoming environment

Residential facilities are a welcoming environment for many LGBTQ2S youth when best practices are in place.

- Are there signs or posters in the lobby or intake area indicating that LGBTQ2S youth are supported and respected? Examples include rainbow or pink triangle stickers, posters that portray LGBTQ2S youth and families, and other materials that promote acceptance, such as Safe Zone or Hate-free Zone, and others such as:



- Is agency's anti-discrimination policy posted in a prominent place? If so, does the policy include sexual attraction/orientation, gender identity and gender expression, in addition to the commonly included protected classes of race, religion, color, national origin, sex and disability?
- Is staff (including administration, non-direct practice staff, reception staff and volunteers) required to participate in regular training on diversity issues, including those regarding sexual attraction/orientation, gender identity and expression? Is administration willing to share details about training, such as who conducts trainings and/or curricula used?
- Is staff comfortable talking about LGBTQ2S related topics? How do they demonstrate comfort with the subject?
- Do facility forms use gender-neutral language? For example, is the option for selecting gender open-ended? This allows youth to self-identify their gender on admission and provides an opportunity for staff to educate youth about gender identity when cisgender youth ask about this.
- Does facility staff ask youth what pronouns they use and respect them by using those pronouns consistently?
- Do facility forms include a statement that it is welcoming and supportive of all gender identities and sexual orientations?
- Does facility have a policy that addresses confidentiality? Youth who choose to come out to one or more staff or peers should have assurance that their disclosure will be kept confidential, unless or until LGBTQ2S youth chooses to share information with a larger group.
- Does facility have all-gender bathrooms and/or a plan for all youth to safely use bathroom and shower facilities?
- Has facility gone through the process of inviting a group of LGBTQ2S youth and adults to do a walk-through to determine what has been done well, and what other steps it can take to ensure it is welcoming to LGBTQ2S youth?

Supporting safe placement of LGBTQ2S youth in residential care

Sometimes LGBTQ2S youth are placed in residential facilities when a family foster home is not an appropriate match for youth's needs. Some LGBTQ2S youth may prefer group home placement or services that may be available in a residential facility that meets youth's individual needs. As with placement of all youth, it is important to engage with them regarding their preferences and assess individual needs.

In some cases, LGBTQ2S youth may experience discrimination by facility staff and peers, inadequate policies, protections, support services and insensitivity, as follows:

- When LGBTQ2S youth are harassed or discriminated against, foster care facilities sometimes respond by moving them to another (often more restrictive) facility or isolating them rather than addressing underlying homophobia or transphobia.⁴⁰
- LGBTQ2S youth are sometimes segregated or put in isolation based on a myth that LGBTQ2S youth will prey on other youth. This segregation not only reinforces the notion that LGBTQ2S youth are bad or to blame for harassment directed at them, but also can result in further denial of access to resources and supports.
- Sometimes facilities discipline LGBTQ2S youth for engaging in age-appropriate conduct that would not be punishable if between two youth of different genders. Facilities are prohibited from this type of discrimination under Minnesota Rules, part 2960.0050, the right to be free from bias and harassment regarding race, gender, age, disability, spirituality and sexual orientation. Youth can file a grievance at a program, and have the right to report any violation to the Minnesota Department of Human Services, Licensing Division.

Policy of respect

All children, regardless of race, national origin, economic status, sex assigned at birth, sexual attraction/orientation, gender identity, religion, disability, national origin and HIV status deserve to be respected, cared for and supported by their caseworkers, foster family and/or residential care facility staff.

A policy of respect should be developed and enforced with all staff, regardless of their position, as well as other residents of residential care facilities. This policy statement should be displayed in the lobby of county and Tribal social service offices, as well as residential care facilities where youth are placed. Assumptions about people's sexual attraction/orientation and gender identity should not be made. Individuals should be treated according to their self-identified gender identity, not their sex assigned at birth. The importance of respecting youth's self-identity concerning sexual attraction/orientation and gender identity cannot be understated. LGBTQ2S youth who experience disrespect or bias from facility staff or agency caseworkers are at greater risk of being bullied, harassed, isolated, depressed and/or suicidal.

⁴⁰ DeSetta, Al. (2003). In the system and in the life: A guide for teens and staff to the gay experience in foster care. New York, N.Y.: Youth Communication.

Confidentiality and privacy

All staff in residential facilities should be ready to talk with incoming youth who self-identify as LGBTQ2S about their privacy and safety considerations. Conversations should be open and honest and include the following topics: name and pronouns they feel respected by (regardless of what is on their legal documents), options for housing or sleeping arrangements, privacy in showers and bathrooms, safety concerns and confidentiality. Caseworkers should ensure that these confidentiality measures are in place when referring youth to a facility.

Confidentiality is important and even more critical to stress with youth identifying as LGBTQ2S. These youth may or may not be out, or only out to certain people; it is up to youth to determine to whom and how they come out. Caseworkers should stress to residential facility staff that it is critical that confidentiality is honored and based on youth's desires.

Sleeping and bathroom arrangements

LGBTQ2S youth should not be treated differently in terms of sleeping arrangements or housing placements. If youth report being treated differently in terms of sleeping arrangements in a facility, caseworkers should contact the facility director to discuss the situation and ensure youth are treated equitably.

Some residential care facilities worry that allowing a gay or lesbian youth to be placed in the same bedroom with youth of the same gender will lead to sexually inappropriate behavior by LGBTQ2S youth. These youth are no more likely to engage in sexually inappropriate behavior than non-LGBTQ2S youth. An overall policy of no sexual activity or physical or sexual violence addresses these situations for all youth, regardless of their sexual attraction/orientation or gender identity.

Residential facilities often place transgender or two-spirit youth in sleeping areas of their sex assigned at birth. Program staff may be fearful a transgender girl may sexually or physically assault another resident; data does not support this stereotyping. An agency's policies on violence should address any violent behavior. Best practice is to ask youth during intake where they would be most comfortable and safe sleeping. Youth should determine if they are most comfortable and safe in a boys' or girls' area.

This discussion needs to take place prior to placement in gender-segregated facilities. If residential facilities are separated based on assigned at birth, discussions with youth can help determine which facility is most appropriate. Provide youth all information about each facility, and trust that they understand their own safety better than caseworkers do.

Bathroom arrangements are also a concern for many residential facilities, particularly for transgender or two-spirit youth. Ideally, bathroom and shower facilities for all youth should offer privacy, including single stalls and locking doors.

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

Dress codes

If residential facilities must have a dress code in place, it is best practice to enforce a code requiring specific body parts be covered, rather than types of clothing to be worn. An appropriate policy may simply require that everyone wear clothing that covers certain parts of their body.

If caseworkers are placing youth in a residential facility, they should ensure their clothing best represents their gender identity. If a staff member has safety concerns regarding a youth's choice of clothing, they should feel comfortable raising this issue.

Chapter 6: LGBTQ2S families

The following describes LGBTQ2S families:

- Approximately 2 million LGBTQ2S adults are interested in adoption.
- A study of public and private adoption agencies found that only one in five agencies made efforts to recruit LGBTQ2S people.
- Same-gender couples are seven times more likely to be raising foster children and seven times more likely to be raising adopted children than their different-gender counterparts.⁴¹
- Numerous studies concluded that children of gay or lesbian parents fare as well as those of different-gender parents; these children are also just as healthy, emotionally and physically.⁴²
- A national survey of gay and lesbian adoptive parents found that nearly half of respondents reported experiencing bias or discrimination from a child welfare worker or birth family member during the adoption process.⁴³

⁴¹ Ibid

⁴² Ibid

⁴³ Center for American Progress. *Welcoming All Families: Discrimination Against LGBTQ Foster and Adoptive Parents Hurts Children*: [Welcoming All Families - Center for American Progress](#)

Chapter 7: Special considerations for transgender and two-spirit youth

Terms and definitions

To be considerate of transgender and two-spirit youth, it is important to understand what gender identity is. Everyone has a gender identity, which refers to an individual's internal sense of being male, female or something else. For most people, one's gender identity matches their sex assigned at birth. A person assigned female at birth typically describes their gender identity as girl, and later as a woman. For many transgender and two-spirit persons, this is not the case. In many traditional cultures around the world, including many Native American cultures, biological sex, or sex assigned at birth, does not automatically lead to how gender identity is labeled.⁴⁴

Individuals with a different gender identity than their sex assigned at birth may refer to themselves as transgender or two-spirit. Through explicit requests from facilitators, community leaders and activists, the term two-spirit is reserved specifically for American Indian persons who are part of the LGBTQ2S spectrum. The two-spirit identity also denotes a Tribal/Indigenous identity and should **not** be used by non-American Indian persons.

In many traditional Native American cultures, there were more than two genders, based on social and cultural roles. Sometimes gender was not assigned until more was known about a child's personality; the culture recognized child's gender inside various gender identity options. Two-spirit people in Tribes were not shunned for their differences, but often given special roles. They often had specific names for their assigned gender roles, were revered leaders, medicine people, Tribal representatives in negotiations and conducted specific ceremonial roles.⁴⁵

An example of this is a person assigned female at birth but whose gender identity is male. This person may use the language transgender to identify themselves or they may use the term FTM (female to male) or AFAB (assigned female at birth). They may also simply identify as male. Similarly, a person who was assigned male at birth but whose gender identity is female may identify as a MTF (male to female) or AMAB (assigned male at birth) transgender person or simply as woman. It is important to ask individuals how they identify and to use the language they use for themselves, including the correct pronouns.

Many other terms are used to identify gender identity and/or expression. The glossary of terms includes some of these terms, including genderqueer, gender non-binary and gender non-conforming. Best practice is not to assume the meaning of these terms but to ask what a term means.

There is often confusion about the difference between sexual orientation and gender identity, or gender expression. Gay, lesbian and bisexual refer to identities in relation to sexual orientation, or to whom people are attracted to sexually and/or romantically. Gender identity refers to who a person is, regardless of whom they are attracted to. Some conflate the language lesbian, gay, bisexual and transgender, thinking all these words

⁴⁴ WERNATIVE. *Traditional perspectives on being LGBTQ2S*: [Traditional Perspectives on Being LGBTQ2S - We R Native](#)

⁴⁵ Ibid

refer to sexual orientation, but they do not. Sexual orientation and gender identity are two separate things. A person can be gay and transgender.

Two-spirit can be used interchangeably (only by Native Americans) to describe both gender identity *and* sexual orientation, as described and distinguished in two concepts in Western mainstream cultures. Relationships in traditional Native American cultures were not limited to assigned gender roles, allowing people to be true to their nature, which was seen as beneficial to Tribes or Native American culture.⁴⁶

Unique barriers for transgender or two-spirit individuals

Transgender and two-spirit individuals face similar barriers to those who are gay, lesbian or bisexual; however, they face several unique barriers like obtaining proper identification, employment, health care and housing. Many studies have shown that transgender and two-spirit individuals face higher rates of harassment and are more vulnerable to violence than cisgender persons are.

Other barriers and challenges that transgender individuals may face are:

- Difficulty obtaining a Social Security card, state ID or driver's license that matches their true gender identity
- Lack of family support and struggles with family members to feel acknowledged and respected
- Lack of education due to harassment in school/educational setting
- Discrimination by health care providers leading to inadequate services
- Inability to pay for transgender-related health care, such as hormone therapy, counseling and gender confirmation procedures. Insurance providers in the U.S. do not consistently cover transgender-related health care.
- Higher risk for substance abuse and addiction
- Discrimination by housing providers and landlords, social service agencies, and/or employers
- More vulnerability to street crime involvement due to lacking employment/income
- Victimization regarding hate crimes targeting transgender or two-spirit persons
- Children being prohibited from making necessary decisions for themselves because of their age, such as living and dressing according to their gender identity and expression
- Higher risk for depression and suicide.⁴⁷

Similar to gay, lesbian and bisexual youth, transgender and two-spirit youth face a high risk of being harassed, abused, disowned and/or kicked out by their biological or foster families. There is a high level of intolerance of transgender and two-spirit persons, which leads many parents to try to force youth to conform to gender norms associated with their sex assigned at birth. This can be devastating for youth, causing them to become isolated, depressed, and/or suicidal. It also can cause them to run away from home and face life on the streets. Due to high rates of non-acceptance by biological/foster parents of transgender children, and high rates in which these

⁴⁶ Ibid

⁴⁷ 2015 U.S. Transgender survey. National Center for Trans Equality: [USTS-Full-Report-Dec17.pdf \(transequality.org\)](https://transequality.org/USTS-Full-Report-Dec17.pdf)

youth either run away or are kicked out of their home, there is greater disparity in the number of transgender youth experiencing homelessness.⁴⁸

Ensuring respectful services for transgender and two-spirit youth

To ensure respectful services:

- Transgender youth should have the same rights as all youth. They should not be held to stricter standards due to their gender identity or expression.
- Develop use of language and practice, requesting caseworkers meet about using pronouns. Asking directly “What are your pronouns?” can feel invasive for youth who are undecided and may not be widely understood among varying literacy levels. Try introductions with pronouns first: “My name is Allison. I use she/her/hers pronouns. What is your name and what pronouns do you use?”
- Ask youth what name they want to use and call them by that name. Do not assume it is the name in their case file or on their legal ID. Make sure to use the correct pronouns (he, she, they, etc.) when referring to them.
- Ensure all agency forms offer various gender identities (male, female, non-binary, transgender, two-spirit, other, etc.).
- If youth are two-spirit, ask if they are connected to cultural components and if they would like resources to gain connections.
- When asking youth about relationships, inquire in a way that avoids assumptions. Ask if they are dating someone instead of if they have a boyfriend or girlfriend.
- Provide information about LGBTQ2S and trans-specific services for youth.
- Be aware that about 74% of transgender youth reported being sexually harassed at school; 90% reported feeling unsafe at school because of their gender expression.⁴⁹
- If youth disclose bullying, whether at school or somewhere else, address it by contacting appropriate individuals to resolve issues.
- Ensure youth are able to receive all transition-related treatments required or recommended by youth’s health care provider.
- Ensure safe-sex messages are inclusive of all sexual orientations, gender identities, bodies and expressions.
- Find local resources to help assist youth with legal issues like getting their names changed and obtaining identity documents (ID, birth certificate, etc.).
- Become familiar with local area support groups, clinics, counseling and other services specific to transgender and two-spirit youth; make referrals to services, as appropriate.
- If placing transgender youth in foster homes, ensure foster parents are supportive of their gender identity and expression.

⁴⁸ Ibid

⁴⁹ *Lesbian, gay, bisexual, transgender and queer youth in our nation’s schools*. The 2017 National School Climate survey. New York, N.Y.: Gay, Lesbian and Straight Education Network.

- If placing two-spirit youth in foster homes, follow the Indian Child Welfare Act (ICWA) and Minnesota Indian Family Preservation Act (MIFPA), and ensure foster parents or kin are supportive of youth's two-spirit identity.
- If placing transgender or two-spirit youth in a residential facility, ensure it is safe and respectful of transgender or two-spirit youth (see Chapter 4).

Transgender and two-spirit health care

When working with youth who are transgender or two-spirit, or any other identity on the gender spectrum, it is helpful to have basic knowledge of their health care needs. The summary below provides a generalized overview, but it is important to speak with a qualified medical professional for specific details for these youth.

The dynamics that play into the health care of transgender individuals include:

- Many are violently attacked because of their gender expressions. Some do not feel safe making changes to their physical appearance, including through surgery or hormone therapy, because they may be more vulnerable to this kind of violence. Others do not make physical changes because they are comfortable in their bodies as they are.
- Surgeries are very expensive and often not covered by insurance. While hormone therapy is less expensive than surgery, its cost is still prohibitive for some.
- Sometimes persons, because of their immigration status, cannot change legal documents.
- The process of changing gender on vital documents such as birth certificates, Social Security cards, drivers' license, etc., can be extremely difficult, depending on which state documents originated in.
- Many transgender and two-spirit persons do not feel the need to medically transition in any way. They may still need to be referred to qualified providers to get their needs met.

Hormone therapy and gender-affirming surgery

Sometimes transgender or two-spirit persons do not have the resources or legal authority⁵⁰ (due to age) to pursue hormone therapy or have gender affirming surgery. Transgender and two-spirit persons may or may not seek hormone therapy, surgery or other transition-related medical care. These are personal decisions and youth may need support in considering various treatments. Parental consent is required for youth under age 18 to access hormone therapy and/or have gender affirming surgery.

Those who are AFAB and pursuing transition-related care may take testosterone, which increases muscle mass, causes facial and body hair to grow, lowers the pitch of one's voice and/or changes body fat distribution to a male pattern. Those who are AMAB and pursuing transition-related care may take estrogen, along with testosterone blockers, which cause breast development, softened skin and redistribution of body fat to a female pattern. Ideally, medical professionals prescribe hormone therapy with effects monitored in regular check-ups. However, because many cannot afford to get hormone therapy through the medical system, some may purchase hormones through an underground market.

⁵⁰ [Sec. 253B.04 MN Statutes](#)

The following is a list of what to consider for transition-related hormone treatment:

- Disruption in hormone treatment may have mental and physical effects.
- Puberty blockers are an option for pre-pubescent youth or youth who have recently started puberty.
- Transgender or two-spirit persons may possess syringes for hormones, not necessarily for illegal drugs.
- Hormones purchased on the street come with risk. If needles are shared, there is risk of HIV or other disease transmission. Dosage of hormones may not be at the correct level for the person using them without laboratory testing.
- Without regular medical check-ups, hormones may be causing or exacerbating other health problems that go undetected and untreated.
- If transgender or two-spirit persons are using non-prescription hormones, silicone injections or other risky practices to make their physical appearance more congruent with their gender identity, remember that these are valid needs related to mental health and physical safety. While safer transition-related care alternatives should be found as quickly as possible, transgender or two-spirit persons should not be shamed or scolded for changing their bodies in this way.

LGBTQ2S glossary

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

Cisgender: Person whose sense of personal identity and gender corresponds with their sex assigned at birth.

Cissexism: The set of acts and norms that privilege cis people and/or oppress transgender people.

Coming out: The process of disclosing one's sexual orientation or gender identity to others. Because most people are presumed to be straight, coming out is not a one-time event, but a lifelong process. Straight family members or allies of LGBT persons also experience coming out when they disclose to others that they have friends or relatives who are LGBT.

Gay: Person whose emotional, romantic and sexual attractions are primarily for individuals of the same sex, typically in reference to men. In some contexts, this is still used as a general term for gay men and lesbians.

Gender dysphoria (GD): The diagnosable medical condition in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), describing a conflict between a person's physical or assigned gender and the gender with which he/she/they identify. Those with gender dysphoria may be uncomfortable with the gender they were assigned, sometimes described as being uncomfortable with their body (particularly developments during puberty) or being uncomfortable with expected roles of their assigned gender.⁵¹

Gender expression: A person's expression of their gender identity (see below), including characteristics and behaviors, such as appearance, dress, mannerisms, speech patterns and social interactions.

Gender identity: A person's internal, deeply felt sense of being male or female, or something else, or in between. Everyone has a gender identity.

Gender non-binary: Most individuals – including most transgender people – are either male or female. However, some do not neatly fit into the categories of man or woman, or male or female. Some have a gender that blends elements of being a man or woman, or a gender that is different from either male or female. Some do not identify with any gender. Some people's gender changes over time. Those whose gender is not male or female use many different terms to describe themselves, with non-binary being one of the most common. Other terms include genderqueer, agender, bigender and more. None of these terms means exactly the same thing – but all speak to an experience of gender that is not simply male or female.⁵²

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

⁵¹ American Psychiatric Association. *What is gender dysphoria*: <https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria> (2020).

⁵² National Center for Transgender Equality. *Understanding Non-Binary People. How to be Respectful and Supportive*: <https://transequality.org/issues/resources/understanding-non-binary-people-how-to-be-respectful-and-supportive>. (2020).

Genderqueer: A term of self-identification for those who do not identify with the restrictive and binary terms that traditionally described gender identity (male or female only). See gender-nonconforming, queer and transgender.

Gender spectrum: There are many different gender identities, including male, female, transgender, gender neutral, non-binary, agender, pangender, genderqueer, two-spirit, third gender, and all, none, or a combination of these. Many more gender identities exist than listed in this guide.⁵³

Heteronormativity: A belief system that assumes heterosexuality, or identifying as straight, is normal and all people are straight.

Heterosexism: A belief system that assumes identifying as straight is inherently preferable and superior to other forms of sexual orientation.

Heterosexual: A person whose emotional, romantic and sexual attractions are primarily for individuals of a different sex; sometimes referred to as straight.

Homophobia: Fear, hatred of, aversion to or discrimination against LGB people, individuals perceived as LGB, and those associated with them.

Indian Child Welfare Act (ICWA): Federal law that protects and preserves American Indian tribes, their children and families/clans. Congressional policy protects Native American children's best interests by actively promoting stable, safe and secure families through establishment of federal standards when removing and/or placing Native American children in foster or adoptive homes reflecting the unique values of Native American or Indigenous culture.⁵⁴

Intersex: A term used to refer to an individual born with a reproductive or sexual anatomy that does not conform exclusively to male or female norms in terms of physiological sex (this may include variations of genetics, genital or reproductive structures, or hormones). According to the Intersex Society of North America (ISNA), an organization that advocates and educates about intersex concerns, about one in every 2,000 children is born intersex. Many intersex people prefer this term to the historically negative term hermaphrodite. An intersex person may or may not identify as LGBT.

In the closet: Keeping one's sexual attraction/orientation or gender identity secret.

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

⁵³ Teaching Tolerance. *The Gender Spectrum*: <https://www.tolerance.org/magazine/summer-2013/the-gender-spectrum> (2020).

⁵⁴ Minnesota Department of Human Services. *Indian Child Welfare: Policies and procedures*: <https://mn.gov/dhs/partners-and-providers/policies-procedures/indian-child-welfare/> (2020).

LGBT: Common acronym for lesbian, gay, bisexual, transgender, queer/questioning, two-spirit and queer/questioning persons who, despite their differences, are often discriminated against in similar ways. Sometimes written to include **I** for intersex, and/or **A**, for ally; also written as LGBTQ2S or GLBTQ.

Minnesota Indian Family Preservation Act (MIFPA): Strengthens and expands the Indian Child Welfare Act (ICWA), calling for greater Tribal involvement, notification of Tribes for voluntary proceedings and appropriate funding for provision of services to American Indian children and families.⁵⁵

Pronouns: Linguistic tools used to refer to people (e.g., they/them/theirs, she/her/hers, he/him/his). *She* went for a walk and will be back later, or *they* went for a walk and will be back later, or *he* went for a walk.

Queer: A historically derogatory term for a gay man, lesbian or gender-nonconforming person. The term has been widely reclaimed, especially by younger LGBT persons, as a positive social and political identity. It is sometimes used as an inclusive, or umbrella, term for all LGBT people. More recently, queer has become common as a term of self-identification for those who do not identify with the restrictive and binary terms that traditionally described sexual orientation (gay, lesbian or bisexual only). Some still find queer an offensive or problematic term. See genderqueer.

Questioning: An active process in which a person explores their own sexual orientation and/or gender identity and questions cultural assumptions that they identify as straight and/or gender conforming. Many LGBT people go through this process before coming out. Not all who question their identities end up self-identifying as LGBT.

Reparative or Conversion Therapy: Any form of intervention intended to change an individual's sexual orientation, sexual behaviors or gender identity. This practice is not condoned by the American Academy of Pediatrics, the American Psychiatric Association, or other major professional associations. [Executive Order 21-25](#) banned the use of Conversion Therapy in Minnesota.

Sexual orientation: A term describing a person's emotional, romantic and sexual attraction. This term is more appropriate than sexual preference. A person's sexual orientation may or may not dictate their sexual behavior or actions.

SOGIE: An acronym for Sexual Orientation, Gender Identity and Gender Expression. Everyone has a sexual orientation, gender identity and gender expression.

Straight: A term often used to identify a heterosexual person.

Transgender: An umbrella term used to describe people whose gender expression is nonconforming and/or whose gender identity is different from their assigned sex at birth. This can include transsexuals, genderqueers, cross-dressers and others whose gender expression varies from traditional gender norms.

⁵⁵ Ibid

Transition: The period when a transgender person starts living as the gender they identify as. Often includes a change in style of dress, selecting new name, requesting that people use the correct pronoun, and possibly hormone therapy and/or surgery.

Transphobia: Fear, hatred of, aversion to or discrimination against transgender people or those who are gender-nonconforming.

LGBTQ2S resource list

Central Minnesota

- pflagstcloud@gmail.com
- [East Central Minnesota PFLAG](#)
- [St. Cloud State University LGBT Center](#)
- [TheShop / RainbowRoad](#) (A safe place for LGBTQ+ youth.)

Northeast Minnesota

- [Together for Youth/Lutheran Social Service Duluth](#), 218-529-2233 (Social/support group for LGBTQ2S teens.)
- [Trans Plus](#) (Providing community care, connections and resources to trans+ people.)
- [Twin Ports Directory](#) (Services and resources for Duluth and the surrounding area.)
- [University of Minnesota-Duluth GLBTQAI Commission](#) (Committed to creating a safe, welcoming and enriching climate for all.)

Northwest Minnesota

- [Evergreen Youth and Family Services](#)
- [Haven](#) (A place for all to improve the quality of life for LGBTQAI+ people in northern Minnesota.)
- [Moorhead State University](#)
- [Pride Collective and Community Center \(Moorhead\)](#), 218-287-8035.
- [Servant Hearts of Bemidji](#)
- SOHR, Sexual Orientation and Human Rights (Detroit Lakes, monthly support group/meetings.) 218-847-3823 or sohrmn@yahoo.com.

Southeast Minnesota

- [The Center: 7 Rivers LGBTQ Connection](#) (Creates space for connection, community, education, and advocacy for LGBTQ+ people, allies and neighbors.)
- [Mankato State University LGBT Center](#)
- [Riverland Community Gay-Straight Alliance](#)
- [South Central Minnesota Pride \(Mankato\)](#)

Southwest Minnesota

- [Southwest Minnesota State University](#)

Twin Cities metro area

- [Home - Annex Teen Clinic](#) (A sexual health clinic serving young adults through age 25 that supports and celebrates LGBTQ youth.)

- [Avenues for Youth](#) (ConnectQ: GLBT Host Home Program, 612-522-1690.)
- [Ellie Mental Health](#)
- [Face to Face](#)
- [Family Tree Clinic](#) (Sexual health services and specialized care for LGBTQ individuals, including an LGBTQ+ drop-in center on Tuesdays.)
- [Minnesota Indian Women's Resource Center: MIWRC](#) (Educates and creates awareness of the Two-spirit/Native LGBTQ experience, creating a safe space for socializing and reconnection to the Native American community.)
- [OutFront Minnesota](#) (LGBTQ2S community organizing and coalition building, public policy, anti-violence, law, education and training programs.)
- [Pride Institute](#) (Individual treatment for addiction and mental health.)
- [QueerSpace Collaborative](#) (Creates space for LGBTQ+ youth to feel safe and empowered to be their true selves.)
- [Rainbow Health](#) (Provides equitable health care access and outcomes to those who experience injustice.)
- [Reclaim](#) (Mental health services for queer and trans youth.)
- [Bridge for Youth](#) (Shelter, basic needs and resources)
- [Campus Pride Index](#) (Queer Student Cultural Center at the University of Minnesota-Twin Cities.)

West Central Minnesota

- [University of Minnesota, Morris](#)

Education

- [Gay, Lesbian, Straight Education Network](#) (safe schools for all)
- [Out for Equity](#) (St. Paul Public Schools)

Faith-based organizations

- [Dignity USA](#) (Catholic)
- [Reconciling Works](#) (Lutheran)
- [Keshet](#) (LGBTQ equality in Jewish life.)
- [Brethren Mennonite Council](#)
- [Affirmation](#) (Mormon)
- [Everyone is Gay](#) (Muslim)
- [Muslims for Progressive Values](#)
- [I'm Muslim and I Might Not Be Straight](#)
- [Covenant Network of Presbyterians](#)
- [Seventh Day Adventist Kinship International](#)
- [Reconciling Ministries](#) (United Methodist Church)

General

- [LGBTnearMe](#)
- [Q Chat Space](#)
- [The Trevor Project](#) (Crisis and suicide prevention line for LGBTQ2S youth, 866-488-7386.)

Legal resources

- [American Civil Liberties Union \(ACLU\)](#) (Works to ensure that LGBTQ people can live openly without discrimination and enjoy equal rights.)
- [Executive Order 23-03](#) (Signed by Governor Tim Walz on March 8, 2023. Protects and supports the rights of Minnesota's LGBTQIA+ community members to seek and receive gender affirming health care services.)
- [Gender Justice](#) (Creating a world where everyone can thrive regardless of gender, gender expression, or sexual orientation.)
- [Lambda Legal](#)
- [Immigration Equality](#) (Lesbian and gay immigration rights.)
- [Minnesota Lavender Bar](#)
- [Take Pride Act](#)

Parenting

- [Family Acceptance Project](#)
- [Parents, Families, and Friends of Lesbians and Gays](#)
- [Trans Youth Family Allies](#)

Racial/ethnic community connections

- [Unity Coalition](#)
- [Minnesota People of Color Pride](#)
- [LGBT - Two Spirit - We R Native](#)

Training

- [All Children – All Families: LGBTQ Resources for Child Welfare Professionals](#)
- [Caring for LGBTQ Children and Youth: A Guide for Child Welfare Providers](#)
- [Foster Adopt Minnesota Webinars: Webinars \(by topic\) - Foster Adopt Minnesota \(\[fosteradoptmn.org\]\(https://fosteradoptmn.org\)\)](#)

Transgender

- [Gender Education Center](#) (Transgender resources and information.)
- [Trans Equality](#)
- [Gender Spectrum](#)
- [Transforming Families Minnesota](#)
- [The TransParent Alliance](#)

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