1

PRACTICE BRIEF

PART 1 - COURSE 3J

Providing Services and Supports for Youth who are Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex or Two-Spirit

Purpose of This Brief

This Practice Brief is for policymakers, administrators, and providers seeking to learn more about (1) youth who are lesbian, gay, bisexual, transgender, questioning, intersex, or two-spirit (LGBTQI2-S) and (2) how to develop culturally and linguistically competent programs and services to meet their needs and preferences.

Needs of Youth Who Are LGBTQI2-S

An estimated 2.7 million adolescents who are lesbian, gay, or bisexual live in the United States. Other youth identify themselves as transgender, intersex, two-spirit, or questioning, or use other terms (see Box 1).[1] These youth frequently encounter numerous challenges and may feel isolated, alienated, depressed, and fearful as they attempt to navigate their emerging awareness of their sexual and/or gender identity.

Studies indicate that youth who are LGBTQI2-S are at risk for a number of negative experiences and outcomes associated with how others react to their sexual orientation and/or gender identity.[2,3] Compared with other youth, youth who are LGBTQI2-S are two to three times more likely to attempt suicide.[2] They are more likely than their peers to suffer from depression and use or abuse substances.

Youth who are LGBTQI2-S may also be more likely to experience harassment from other youth and significant adults in their lives, and to be subjected to verbal, sexual, and physical abuse and other forms of trauma. Further, they are more likely to drop out of school and become homeless.[3]

Finally, bullying and rejection by peers and family members due to a youth's LGBTQI2-S identity may exacerbate mental health challenges.

Addressing the needs of youth who are LGBTQI2-S presents many challenges to child-serving agencies. Challenges stem, in part, from limited knowledge and/or stereotypes about these youth. Providers can benefit from acquiring a better understanding about the experiences of

1 Harris, K. M., Florey, F., Tabor, J., Bearman, P. S., Jones, J., & Udry, J. R. (2003). The National Longitudinal Study of Adolescent Health [Online]. Available at: http://www.cpc.unc.edu/addhealth.

2 Gibson, P. (1989). Gay male and lesbian youth suicide. In M. R. Feinleib (Ed.), *Report of the Secretary's Task Force on Youth Suicide: Vol. 3. Preventions and interventions in youth suicide* (pp. 110-142). Washington, DC: U.S. Department of Health and Human Services.

3 Ragg, D. M., Patrick, D., & Ziefert, M. (2006). Slamming the closet door: Working with gay and lesbian youth in care. In R. Woronoff and G. P. Mallon (Eds.), LGBTQ youth in child welfare [Special issue]. *Child Welfare, 85*(2), 109-438.

BOX 1

DEFINITIONS OF SEXUAL ORIENTATION AND GENDER IDENTITY

Lesbian — Females who are emotionally and sexually attracted to, and may partner with, females only.

Gay — Males who are emotionally and sexually attracted to, and may partner with, males only. "Gay" is also an overarching term used to refer to a broad array of sexual orientation identities other than heterosexual.

Bisexual — Individuals who are emotionally and sexually attracted to, and may partner with, both males and females.

Transgender — Individuals who express a gender identity different from their birth-assigned gender.

Questioning — Individuals who are uncertain about their sexual orientation and/or gender identity.

Intersex — Individuals with medically defined biological attributes that are not exclusively male or female; frequently "assigned" a gender at birth, which may differ from their gender identity later in life.

(2-S) Two-Spirit — A culture-specific general identity for Native Americans (American Indians and Alaska Natives) with homosexual or transgendered identities. Traditionally a role-based definition, two-spirit individuals are perceived to bridge different sectors of society (e.g., the male-female dichotomy, and the Spirit and natural worlds).

Sexual Minority — The term "sexual minority" is inclusive, comprehensive, and sometimes used to describe youth who are LGBTQ2-S. However, it may have a negative connotation because minority suggests inferiority to others.

Other Terms — Youth also may use other terms to describe their sexual orientation and gender identity, such as homosexual, queer, gender queer, non-gendered, and asexual. Some youth may not identify a word that describes their sexual orientation, and others may view their gender as fluid and even changing over time. Some youth may avoid gender-specific pronouns.

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youth who are LGBTQI2-S, including discrimination and stigma. The limited availability of programs and services that are tailored for these youth and their families also presents a challenge. These youth may fear disclosing their identities and, as a result, may be inhibited from seeking the supports and therapeutic resources they need. Youth who are afraid to be open about their identity, or "come out," may be less likely to report their experiences and needs to providers and others in a service system.

Youth who are LGBTQI2-S are part of a distinctive cultural group. They may share a larger cultural identity, which includes a defined set of norms, social events, styles, and use of language. These youth also come from diverse racial and ethnic backgrounds. Given these factors, youth who are LGBTQI2-S can be doubly stigmatized because of their sexual orientation and/or gender identity and their cultural, racial, or ethnic identity. The potential for dual discrimination can further deter these youth from accessing resources. Thus, it is important to provide services in a culturally and linguistically competent manner (see Box 2).

System-Level Approaches for Helping Youth Who Are LGBTQI2-S and Their Families

Services for youth who are LGBTQI2-S can be improved by implementing service- and agency-level interventions that include families and communities. A comprehensive approach to addressing the needs of these youth includes:

- integrating services and supports across child- and youth-serving systems, including health care providers;

- ensuring appropriate services and supports are available;

- facilitating access to services;

- delivering culturally and linguistically competent services and supports;

- delivering quality care without bias or prejudice; and

- monitoring and assessing outcomes.

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The application of the principles of cultural and linguistic competence by administrators and providers is especially important because this population of youth is frequently misunderstood and underserved. Cultural and linguistic competency for this population of youth and their families requires inclusion of appropriate values, principles, policies, structures, behaviors, and attitudes throughout the entire service delivery system at all levels.

Recommendations & Strategies

Creating a "Welcoming Environment"

☑ Assess your community or agency at all levels to identify needs, barriers, challenges, strengths, and readiness to develop a welcoming environment and appropriate services for youth who are LGBTQI2-S and their families.

☑ Develop mission and vision statements indicating your community's or agency's commitment to address the needs of youth who are LGBTQI2-S and their families.

☑ Develop a plan to create a resourced infrastructure that includes policies, structures, practices, and services that meet the needs and preferences of youth who are LGBTQI2-S.

☑ Ensure that staff and volunteers possess the necessary knowledge and appropriate attitudes and behaviors to provide services and supports. A high level of awareness of LGBTQI2-S issues will improve the ability to provide needed services to these youth and their families.

☑ Provide opportunities for youth who are LGBTQI2-S to discuss experiences and exchange ideas in a confidential, nurturing, safe and supportive environment.

☑ Provide services and resources to youth who are LGBTQI2-S and their families that are linguistically competent (e.g., welcoming and nonjudgmental, respectful of preferred terms for sexual orientation and/or gender identity, and offered in sign language and in languages other than English).

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4 National Center for Cultural Competence. (n.d.). Cultural Competence Definition and Framework. Retrieved January 13, 2008, from http://gucchd.georgetown.edu/nccc.

5 Goode, T., & Jones, W. (2004). National Center for Cultural Competence. Linguistic Competence Definition. Retrieved January 13, 2008, from http://gucchd.georgetown.edu/nccc.

- Give voice to the experiences of youth who are LGBTQI2-S by encouraging them to express their needs, preferences, and interests. Elicit their input and meaningful involvement in service design and evaluation.

- Display symbols of support for LGBTQI2-S issues within offices and public areas. Hanging rainbow flags or pink triangles on agency walls and in windows lets youth who are LGBTQI2-S know that the community or agency welcomes and provides a "safe space" for youth and families.

- Ensure that the agency's location and service delivery hours, to the extent possible, are accessible for youth who are LGBTQI2-S. These youth may seek services alone because they are not open with their families about their sexual orientation and/or gender identity; therefore, accessing services may require considerable effort on their part.

Protecting Youth Who Are LGBTQI2-S

- Include protections for the sexual orientation and gender identity of youth and their families in agency nondiscrimination policies.

- Maintain confidentiality and privacy of all youth self-disclosures (particularly when youth share their LGBTQI2-S identity) to protect them from victimization, stigma, abuse, and discrimination.

- Carefully assess foster care families to ensure that they are supportive of youth who are LGBTQI2-S. Youth report that sometimes "coming out" in foster care can create conflicts and challenges.

- Offer youth who are LGBTQI2-S safe places to identify resources within their communities, such as information about sexually transmitted diseases and infections and preventive measures. Online resources are helpful; however, youth also benefit from having direct contact with a supportive individual.

Strengthening Staff and Supports

- Ensure that agencies have nondiscrimination policies for employees and volunteers that address LGBTQI2-S issues.

- Promote positive attitudes in staff working with youth who are LGBTQI2-S; staff may need periodic and updated training about LGBTQI2-S issues.

- Provide resources, information, and training on issues associated with youth who are LGBTQI2-S and their families to service providers. Consider partnering with LGBTQI2-S organizations for staff training. Internet and community resources with this information are readily available.

- Encourage staff to conduct self-assessments to determine their current level of cultural and linguistic competence, including sensitivity, awareness, and knowledge about youth who are LGBTQI2-S and their families.

- Ensure youth advocates are available as support for youth who are LGBTQI2-S. Ensure that the advocates are aware of, and sensitive about, issues affecting these youth.

Working With Youth Who Are Transgender

- Provide training for staff who work with youth who self-identify as transgender, particularly regarding health and medical issues. These youth should not have to educate agency staff about their needs, preferences, and issues to receive effective therapeutic services. Therapeutic gains may be compromised if these youth function in a teaching role, rather than receive the help they need.

- Design or revise agency forms with gender-neutral language, and allow youth to identify gender as "other" if they wish. Requiring youth who are transgender or non-gender to identify their sex or a male-female gender identity is especially problematic when youth are in crisis.

☑ Have safe, non-gendered bathrooms for youth who are transgender or do not identify as male or female.

Enhancing Practice and Service Delivery

☑ Discuss sexual orientation and gender identity issues with youth in a supportive manner. It may be helpful to ask older youth how they define their identity. A safe and open environment allows youth to comfortably explore their sexual or gender identity.

☑ Do not assume that youth are heterosexual. Similarly, do not assume that youth are distressed or troubled because of their LGBTQI2-S identity.

☑ Demonstrate an open and positive attitude about youth who are LGBTQI2-S because this approach is likely to promote a positive therapeutic relationship. It is also important to understand that some mental health challenges experienced by youth who are LGBTQI2-S are independent of their identity, not caused by their LGBTQI2-S status.

☑ Offer services and supports to the entire family unit. Families of youth who are LGBTQI2-S may be struggling with either understanding or accepting their child's sexual orientation or gender identity and may also be seeking resources or supports.

Engaging Communities

☑ Develop an understanding of how LGBTQI2-S identities are perceived within the community. Associated beliefs and norms about persons who are LGBTQI2-S differ significantly based on both cultural and geographic factors. Such knowledge is a prerequisite to service planning and implementation efforts.

☑ Provide information to youth who are LGBTQI2-S and their families about alternative services and supports outside of their local community.

☑ Provide a community center or other "safe" meeting place for youth who are LGBTQI2-S to obtain needed information and interact socially.

☑ Build relationships with other organizations that support youth who are LGBTQI2-S; partner and collaborate with appropriate youth and family advocacy organizations (see "Internet Resources") to enhance the availability of supports for youth who are LGBTQI2-S and their families.

What Does the Internet Have To Offer?

Several Web sites provide valuable information and resources such as educational brochures, tool kits, and training materials about working with youth who are LGBTQI2-S and their families, including the following.

Internet Resources: Lesbian, Gay, Bisexual, Transgender, or Questioning Focus

Advocates for Youth
www.advocatesforyouth.org/glbtq.htm

American Psychological Association
www.apa.org/topics/orientation.html

American Psychological Association
www.apa.org/pi/lgbc/publications/justthefacts.html

Child Welfare League of America
www.cwla.org/programs/culture/glbtq.htm

Family Equality Council
www.familyequality.org/index.html

Gay and Lesbian Alliance Against Defamation
www.glaad.org

Gay, Lesbian and Straight Education Network
www.glsen.org/cgi-bin/iowa/all/home/index.html

GLBT National Help Center, National Youth Talkline
www.glnh.org/talkline/index.html

Click the links to the URLs below for future use!

The National Coalition for Gay, Lesbian, Bisexual and Transgender Youth
www.outproud.org
www.transproud.com/index.html

The National Coalition for LGBT Health
www.lgbthealth.net

National Youth Advocacy Coalition
www.nyacyouth.org/nyac/resources.html

Parents, Families and Friends of Lesbians & Gays
www.pflag.org

Safe Schools Coalition
www.safeschoolscoalition.org/safe.html

Youth and AIDS Projects
www.yapmn.com/index.php

YouthResource
www.youthresource.com

Internet Resources: Transgender and Intersex Focus

American Psychological Association
www.apa.org/topics/transgender.html

American Psychological Association
www.apa.org/topics/intersx.html

Internet Resources: Two-Spirit Focus

NorthEast Two-Spirit Society
www.ne2ss.org

The Red Circle Project
www.apla.org/native_american/RCP

Internet Resources: Spanish Language

Ambientejoven
www.ambientejoven.org

American Psychological Association
www.apa.org/topics/orientacion.html

Gay & Lesbian Alliance Against Defamation
www.glaad.org/espanol/bienvenido.php

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Child, Adolescent and Family Branch
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U.S. Department of Health
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CARING FOR EVERY CHILD'S MENTAL HEALTH

Systems of Care

A Guide for Understanding, Supporting, and Affirming LGBTQI2-S Children, Youth, and Families

About This Guide

This resource provides general information for service providers, educators, allies, and community members who seek to support the health and well-being of children and youth who are lesbian, gay, bisexual, transgender, questioning, intersex, and/or two-spirit (LGBTQI2-S) and their families. This guide will help to promote full and affirming inclusion of diverse LGBTQI2-S youth and families in all aspects of systems of care.

I. Key Concepts

Young people may question their sexual orientation and gender identity during their early development, and the terms they use to describe their identity may change over time. This section defines some key concepts and terms related to sex, sexual orientation, and gender. Although no one term fully describes a person or community, this information provides a reference point for this guide.

▶ **Sex:** Genetic and anatomical characteristics with which people are born, typically labeled "male" or "female." Some individuals are born with a reproductive/sexual anatomy that does not fit typical definitions of male or female. This is sometimes referred to as "intersex." Many medical and some advocacy communities now use the term "disorder" (or sometimes, "differences") of sex development (DSD) to distinguish between such medical conditions and a person's self-label or identity. Not all people who are born with a DSD identify as intersex.

▶ **Sexual orientation:** A person's emotional, sexual, and/or relational attraction to others.[i] This can include attraction to people of the opposite sex/gender (heterosexual), the same sex/gender (gay/lesbian), or multiple sexes/genders (e.g., bisexual).

▶ **Gender identity:** Our internal sense of being male, female, or something else. Because gender identity is internal, it is not necessarily visible to others.[i] "Cisgender" refers to people whose gender identity/expression does not differ from that typically associated with their assigned sex at birth. For example, a person who was born as male and identifies as a man may be considered cisgender. In contrast, "transgender" describes people whose gender identity/expression is different from that typically associated with their assigned sex at birth.[i] A transgender person "transitions" to express gender identity through various changes. These changes may include wearing clothes and adopting a physical appearance that aligns with their internal sense of gender.

▶ **Gender expression:** The manner in which people represent their gender to others.[i] For example, an individual may express gender through mannerisms, clothes, and personal interests.

▶ **Questioning:** A term used to describe individuals who are unsure about their sexual orientation or gender identity.

▶ **Two-Spirit:** An inclusive term created specifically by and for Native American communities. It refers to American Indian/Alaskan Native American people who (a) express their gender, sexual orientation, and/or sex/gender roles in indigenous, non-Western ways, using tribal terms and concepts, and/or (b) define themselves as LGBTQI in a native context. Often peoples' spiritual experiences or cultural beliefs are core to the formation of their two-spirit identity.[ii]

Cultural shifts can change the meanings of terms over time for communities and individuals. A more comprehensive list of terms and definitions is available from *Top Health Issues for LGBT Populations Information & Resource Kit*[i] as well as websites at the end of this guide.

II. Myth Busters

▶ **MYTH:** "People choose to be gay, bisexual, or transgender."
FACT: People don't choose their sexual orientation or gender identity. According to research, sexual orientation and gender identity emerge early in life and do not depend on such factors as home life. People choose how they express themselves, but their underlying sexual orientation and gender identity are not self-selected and are not "lifestyle" choices.[iii]

▶ **MYTH:** "Being gay or bisexual is a dysfunction that can be cured."
FACT: In 2009, the American Psychological Association adopted a resolution stating that "mental health professionals should avoid telling clients that they can change their sexual orientation through therapy or other treatments."[iv] Identifying as LGBTQI2-S is not a mental health condition or mental illness. Identifying as LGBTQI2-S cannot be cured by psychotherapy or other means. However, mental health challenges can be brought on by victimization, rejection, isolation, and internal struggles with self-acceptance.[v]

▶ **MYTH:** "Gay and bisexual people who keep their sexual orientation to themselves fit into society better."
FACT: Young people who are LGBTQI2-S and whose identity has been openly accepted and affirmed by friends, family members, and their community are more likely to be healthy, happy, and successful.[vi]

III. What Is Coming Out? Why Is It Important?

Sexual and gender identity may be expressed at an early age and is a normal part of development for children and youth. Further, sexual orientation and gender identity develop in varying ways for different people. For example, a person who is born with external male genitalia may identify as a heterosexual woman.

Coming out refers to the process through which people identify, acknowledge, and decide to share information about their sexual orientation and/or gender identity with others. Transgender or intersex people may refer to this as *disclosure*.

It is important for youth to have a positive sense of the future. The process of coming out can be a positive experience that results in a sense of belonging. Coming out can connect young people to LGBTQI2-S communities and supports. Safe, accepting, and supportive environments enhance the well-being of children and youth who are LGBTQI2-S. A lack of support can also increase stress and put young people at risk for negative outcomes, such as substance use and homelessness.[vii] See the **"Challenges"** section for more information about this.

Some young people may not come out because they fear rejection or are concerned for their safety. Others may feel that coming out will affect their standing in their communities. Disclosing the sexual orientation and/or transgender identity of young people without their permission, either accidentally or intentionally, is inappropriate and may be dangerous to their safety and well-being.[viii] The process, meaning of, and responses to coming out can vary by culture.

Coming out is *not* a clear step-by-step process. However, here are some common experiences of the coming-out process:

▶ **Coming out to self:** Some young people question their sexual orientation and/or the gender that they were assigned at birth. They may feel uncertain about or rethink assumptions held by society. Eventually, they may see their sexual orientation and gender identity in a way that reflects their true self. Exposure to positive role models who are LGBTQI2-S and support from peers and family members can promote self-acceptance among young people who are LGBTQI2-S.

▶ **Coming out to family or community:** Young people look for signs of acceptance from others to help decide if it is safe to come out. They need to know that they will not be rejected or harmed, and that coming out can also help them receive support from family members or others in the community. See the "Tips" section for examples of signs of acceptance.

▶ **Coming out to friends and peers:** Young people value acceptance from peers. Rejection from and bullying by peers can lead to negative outcomes, especially if this is coupled with rejection from families and other significant adults in their lives. Outcomes can improve when peers, families, and adults are accepting and help to prevent and address harassment.

▶ **Coming out at school and work:** Peers and peer culture may pressure young people to act in gender-stereotypical ways (e.g., date the opposite sex). Peer pressure may cause young people who are LGBTQI2-S to feel isolated and rejected in these settings. However, several factors can help young people to mature in healthy ways, including encouragement, acceptance, and positive interactions with peers, adults, and family members.

▶ **Families coming out:** Often, parents also have to navigate their child's coming out to extended family, community, and schools. Family members have to figure out how to integrate this aspect of the young person's identity into family life and may need support throughout this process.

▶ **Coming out is unique to each young person and is not a one-time event:** The initial coming out process is *not* the same for every young person. Personal, cultural, and social factors may influence this process. Young people may (and likely will) come out continually as they encounter new settings and people in their lives. Also, young people may not express their identity in every situation. For example, they may be open about their identity at home but not at school.[ix]

> *"[Supportive adults] can be more of that figure you look up to. And when they are accepting of you, it means the world to you. To know that you're ok and that they are there for you."*

Ximena, *9th grade*

IV. Strengths

The meaning of family varies by personal, cultural, and other factors. To build on family strengths among young people, it is crucial to ask them who they consider to be part of their family. Common types of families include biological, adoptive, foster, step, and kin. Families can also include other people who may not be related biologically or legally (i.e., families of choice). These people may also provide significant emotional and other supports that foster youth resilience.

Support from peers, families, professionals, and communities can significantly strengthen young people who are LGBTQI2-S. This support can help to protect against risks and foster well-being. In particular, family support and acceptance can be critical strengths. See the "Tips" section for examples of ways to expand and strengthen this support for LGBTQI2-S young people.

V. Challenges

Children and youth who are LGBTQI2-S may experience challenges related to bias and rejection that can affect their well-being, including abuse, homelessness, running away from home, substance abuse, self-harm, and suicide attempts. For example, research has found that compared with heterosexual youth, youth who are LGBT report experiencing higher levels of harassment, victimization, and violence—including verbal, physical, and sexual abuse—and these experiences are related to increased mental health challenges, substance use, and sexual risk-taking behavior.[x]

► Bias, discrimination, lack of positive role models, rejection, and lack of support can create great challenges for young people who are LGBTQI2-S. Prejudice and rejection can occur in social service systems, schools, community settings, faith-based communities, and families. This may make it difficult for young people to receive safe and appropriate services and supports.

► Young people who are LGBTQI2-S may experience family rejection that can cause major trauma and affect well-being. Research indicates that young people who are LGBT and experience high levels of family rejection are more than eight times as likely to attempt suicide and more than three times as likely to use illegal drugs as those from families that express little or no rejection. By contrast, young people who are LGBT whose families express support or moderate levels of acceptance have lower levels of health risks and better health and well-being than those from families that express no or low levels of acceptance.[vi]

► Research on the experiences of school-aged young people who are LGBT has found that a large majority of these students report hearing antigay remarks and experience harassment or assault at school because of their sexual orientation or gender expression.[xi] This contributes to students skipping class or school altogether. These experiences are also associated with higher levels of depression and lower levels of academic achievement.

► Multiple sources of bias and discrimination can lead to poor outcomes related to health and well-being.[xii] For example, racial/ethnic bias affects or adds to bias related to LGBTQI2-S identity that youth may experience. Some youth may also experience bias associated with their LGBTQI2-S identity and expression in cultural, religious, and spiritual settings. However, these settings can be valuable sources of strength and important aspects of LGBTQI2-S youth identity.

► Child- and youth-serving organizations may need more information and professional development to address any misunderstandings and fully support young people who are LGBTQI2-S and their families.

> "I feel I was lucky enough to have staff that are understanding and respectful of LGBTQ teens, because even though some of the students aren't…I knew I would always have a few teachers to talk and share with. LGBTQ teens need that. They need to know that they're safe."
>
> – 2011 GLSEN National School Climate Survey Respondent

VI. Tips for Supporting Children and Youth

▶ **Assess and reflect on your awareness, attitudes, beliefs, and behaviors toward young people who are LGBTQI2-S.** Self-assessment checklists and other tools can guide this process and help you to become an effective helper and ally of young people who are LGBTQI2-S and their families. Do not be afraid to admit what you do not know, and your openness to learning.[xiii]

▶ **Be an ally by supporting young people who are LGBTQI2-S.** Foster and promote protective factors for young people who are LGBTQI2-S by learning about and working to implement standards of care[xiv] for them. Create safe and welcoming settings that are free of bias and discrimination. Directly address negative attitudes and behaviors, and intervene when they occur. Connect young people with peers in these supportive settings. Seek professional development opportunities to increase your knowledge and understanding about the experiences of young people who are LGBTQI2-S, including their needs, strengths, and resilience.

▶ **State your support and expectations.** Let young people who are LGBTQI2-S know that you support them and what information you can and will hold in confidence. Assure them of your support through your words and behaviors.

▶ **Be guided by young people and respect their coming out process.** Support young people who are LGBTQI2-S in making decisions about coming out and self-disclosing their identity. Respect the process and timeline that is most appropriate for them. Respect where they are in this process and their need to feel safe. Let them choose when to come out and to whom. Remember that it can be dangerous for young people to come out in unsafe situations. Do not disclose the identity of young people who are LGBTQI2-S without their permission. Inappropriate disclosure can result in rejection or violence against them, as well as traumatic stress.

▶ **Use appropriate and inclusive language.** Respect and acknowledge the identity of young people who are LGBTQI2-S by using acceptable and inclusive language in documents and discussions. For example, ask "are you seeing anyone?" rather than, "do you have a boyfriend/girlfriend?" Ask "what name do you prefer to be called?" and "what is your preferred gender pronoun." Use language that they use to describe their sexual and gender identity. Also, understand and use terms that are acceptable, and avoid terms that are not.

▶ **Display and share symbols, images, and resources that accept and affirm the identity of young people who are LGBTQI2-S.** Display rainbow flags and other messages and images, such as the GLSEN safe space sign, that signify a place of safety, acceptance, and support. Young people are likely to recognize these symbols and use them to identify spaces where they can be themselves without fear of harm. Importantly, be sure these spaces are indeed safe. Display pictures and posters of diverse people who are known to be LGBTQI2-S, positive role models (e.g., athletes and entertainers who are openly LGBTQI2-S), and families with same-sex parents. Ensure that public spaces such as waiting rooms include books and magazines that promote acceptance of the LGBTQI2-S community. In visible locations identify and post lists of health providers, community organizations, and school-based supports (e.g., gay–straight alliances) that affirm the LGBTQI2-S community.

▶ **Recognize that bias experienced by young people who are LGBTQI2-S may contribute to anxiety, depression, other mental health challenges, and/or substance use.** Support young people in finding non-biased and culturally and linguistically competent treatment and peer services. Help them to know that they will be supported in their recovery process. Work with children and youth to emphasize self-acceptance. Be courageous by challenging bullying behavior and openly addressing biased language (e.g., "that's so gay") and offensive humor.

▶ **Acknowledge and encourage participation of significant others and family of LGBTQI2-S children and youth.** With permission from young people who are LGBTQI2-S, ask and welcome significant others—including family members and friends—to be a part of the services and supports that you provide. Recognize the need for young people to find acceptance in their community, culture, religion, and spiritual life.

SAFE SPACE
GLSEN® GLSEN.org

VII. Websites for More Information

Organizations	Key Topics Related to Youth	Primary Audiences: Families	Primary Audiences: Professionals	Primary Audiences: Youth
Accord Alliance: http://accordalliance.org	Disorders of sex development, intersex conditions, practice guidelines	●	●	
American Psychological Association: http://www.apa.org/pi/lgbt	Addressing bias, coming out, community outreach, families, policy, psychological practice, understanding sexual orientation (SO) and gender identity (GI)		●	
Centers for Disease Control and Prevention (CDC): http://www.cdc.gov/lgbthealth/youth-resources.htm	Bullying, coming out, schools, suicide prevention, understanding SO and GI	●	●	●
Child Welfare League of America (CWLA): http://www.cwla.org/programs/culture/glbtq.htm	Child welfare, practice guidelines		●	
Family Acceptance Project: http://familyproject.sfsu.edu	Family acceptance	●	●	
Forty to None Project of the True Colors Fund: http://fortytonone.org	Homelessness, provider directory		●	
Gay, Lesbian & Straight Education Network (GLSEN): http://glsen.org	Gay–straight alliances, national research, policy, professional development, schools, student action		●	●
Gender Spectrum: https://genderspectrum.org	Health, mental health, parenting, policy, schools, understanding GI	●	●	
Human Rights Campaign Foundation: www.hrc.org/foundation	Child welfare, coming out, family acceptance, professional development, schools, well-being	●	●	
Interagency Working Group or Youth Programs http://findyouthinfo.gov/youth-topics/lgbtq-youth	Behavioral health, Federal initiatives and resources, homelessness, juvenile justice, schools, understanding SO and GI	●	●	
Lambda Legal: http://www.lambdalegal.org	LGBT & HIV civil rights, out-of-home care, practice guidelines, schools		●	●
National Association of School Psychologists: http://www.nasponline.org/advocacy/glbresources.aspx	Bullying, policy, school-based mental health interventions and supports		●	
National Association of Social Workers: http://www.socialworkers.org/diversity/new/lgbt.asp	Policy, practice standards, social work		●	
National Resource Center for Permanency and Family Connections: http://www.nrcpfc.org/is/lgbtq-issues-and-child-welfare.html	Child welfare, foster care, practice guidelines, spirituality, understanding SO and GI, youth permanency	●	●	
Native Youth Sexual Health Network: http://nativeyouthsexualhealth.com/index.html	Health, two-spirit and Native American youth		●	
Parents, Families, Friends, and Allies United with LGBT People (PFLAG): http://pflag.org	Family acceptance, schools, spirituality, support groups, understanding SO and GI	●		
Safe Schools Coalition: http://safeschoolscoalition.org	Addressing bias, coming out, community outreach, homelessness, intersex conditions, juvenile justice, out-of-home care, policy, schools, spirituality, understanding SO and GI	●	●	●
SAMHSA's Office of Behavioral Health Equity: http://samhsa.gov/obhe/lgbt.aspx	Behavioral health, Federal initiatives and resources		●	
Technical Assistance Partnership for Child and Family Mental Health: http://tapartnership.org/COP/CLC/lgbtqi2s.php	Behavioral health, child welfare, cultural and linguistic competence, families, practice guidelines, schools, understanding SO and GI		●	
The Trevor Project: http://www.thetrevorproject.org. The Trevor Lifeline (866–488–7386) is free and available 24 hours a day, 7 days a week.	Suicide prevention		●	●
TrueChild: http://truechild.org	Impact of gender norms, schools		●	
Williams Institute: http://williamsinstitute.law.ucla.edu/	LGBT demographics, national research, schools		●	

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LEARNING FROM THE FIELD:

EXPERT PANEL ON

YOUTH WHO ARE LGBTQI2-

S AND HOMELESS

SUMMARY OF PROCEEDINGS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
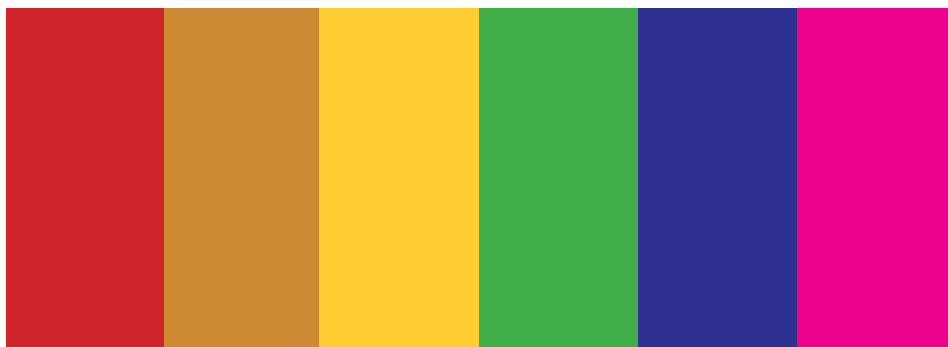
FEBRUARY 4, 2010
SAMHSA
1 CHOKE CHERRY ROAD
ROCKVILLE, MARYLAND

LEARNING FROM THE FIELD:

EXPERT PANEL ON YOUTH WHO ARE LGBTQI2-S AND HOMELESS

SUMMARY OF PROCEEDINGS

FEBRUARY 4, 2010

SUBSTANCE ABUSE AND MENTAL HEALTH

SERVICES ADMINISTRATION

1 CHOKE CHERRY ROAD

ROCKVILLE, MARYLAND

COMMONLY USED TERMS

Unaccompanied homeless youth are a distinct group, and are often not counted among adults experiencing homelessness or children in homeless families by research and population studies. Unaccompanied youth include runaways, street youth, youth who have "aged out" of the foster care system, those exiting the juvenile justice system, and those who are thrown out of their homes.[2] This broad definition of youth experiencing homelessness includes those between 12 and 25 years of age.[3] However, much of the literature to date has focused on unaccompanied youth and young adults who are "not more than 21 years of age."[4] For the purposes of this report, youth is broadly defined and determined by the authors of the referenced research. No single definition or parameter of "youth" is proposed in this summary.

Additionally, there are many variations on the descriptive acronym and definitions describing sexual minority populations. Various service providers, researchers, advocates, and consumers use different acronyms when working with different populations. For the purposes of this report, youth who are homeless and identify as sexual minorities will be described with the acronym used by the referenced research.

Terms cited in this paper include:

LGBTQI2-S: Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, or Two-Spirit

LGBTQ: Lesbian, Gay, Bisexual, Transgender, and Questioning

LGBT: Lesbian, Gay, Bisexual, and Transgender

LGB: Lesbian, Gay, and Bisexual

A list of definitions is included below but should not be considered complete or definitive:[5]

LESBIAN: Women who are emotionally and sexually attacted to women only, and may partner exclusively with women.

GAY: Men who are emotionally and sexually attracted to men only, and may partner exclusively with men. The term "gay" is also used as an umbrella term to refer to sexual minority individuals.

BISEXUAL: A man or woman who is emotionally and sexually attracted to and may partner with both men and women.

TRANSGENDER: A person who identifies as a gender that differs from their birth-assigned gender.

QUESTIONING: A person who is exploring his or her sexual orientation and/or gender identity.

INTERSEX: A person born with an indeterminate sexual anatomy or developmental hormone pattern that is neither definitively male or female. Intersex individuals are often "assigned" a gender at birth that may differ from their gender identity later in life. Intersex individuals include a wide range of gender identities and sexual orientations. Many consider themselves part of the sexual minority, as it is a community that can offer support.

TWO-SPIRIT: A term describing a Native American who possesses the sacred gifts of the female-male spirit, which exist in harmony with those of female and male. Traditionally, a person who is two-spirit is believed to bridge both the social categories of male and female and the spirit and human worlds. Native American people who are two-spirit may also identify as LGBT. The term is not universally accepted among Native American communities and nations; some also use terms from their own nations.

Although some research has focused on the needs of LGBTQI2-S youth who are experiencing homelessness, there is much to learn about this population of youth and ways to address their unmet service needs. The existing research suggests that these youth experience greater vulnerabilities and increased risk factors when compared to heterosexual youth who are experiencing homelessness. It also suggests that these youth are frequently misunderstood by service providers, highlighting an urgent need to improve capacity to provide respectful, sensitive, and culturally competent care to LGBTQI2-S youth who are experiencing homelessness. A handful of programs across the country have developed promising models for serving youth who are LGBTQI2-S and experiencing homelessness. Additionally, national advocacy groups have created best practice recommendations for serving LGBTQ youth in homelessness settings.[17]

> "In general, youth homelessness is off the radar. We need to get more attention for youth homelessness."
>
> —SETH AMMERMAN

FACTORS CONTRIBUTING TO THE HOMELESSNESS OF YOUTH WHO ARE LGBTQI2-S

The research literature documents multiple pathways into homelessness for youth and young adults.[18] Both sexual minority and heterosexual youth experience multiple and overlapping contributing factors, including intense family conflict, abuse, mental illness, neglect, poverty, and abandonment. In the section below, the most commonly identified pathways into homelessness for youth who are LGBTQI2-S are described.

Family Conflict

Family conflict is the primary cause of homelessness for all youth, both heterosexual and LGBT, but for the latter group it is often related to their sexual orientation.[19] Specifically, conflict over a youth's sexual orientation or gender identity is a significant factor that leads to homelessness or the need for out-of-home care.[20] Parents frequently lack resources to help resolve emotions when a youth shares his or her minority sexual orientation or gender identity with them. In one study, nearly half of LGBT teens report experiencing hostile reactions when revealing their sexual identity to their parents. Twenty-six percent of LGBT youth reported being forced from their home upon revealing their sexual identity to their parents.[21]

Foster Care

LGBT youth leave home at higher rates than their heterosexual peers, and are more likely to receive social services, including foster care.[22] Anecdotal evidence suggests that up to ten percent of the total youth foster care population identify as LGBTQ.[23] The prevalence of LGBT youth in the foster care population may be related to widespread abuse and discrimination they face in their families of origin or school environments.[24]

LGBT youth are also are more likely than their heterosexual peers to run away from foster care. Reported reasons for this include perceived hostility from staff and peers, rejection, abuse, and the perception of the youth's sexual orientation or gender identity as being "problematic."[25] Foster parents are also more likely to request that LGBT youth be moved out of a home. This is often due to a lack of understanding or misperceptions about the implications of the youth's sexuality or gender identity, resulting in difficulties identifying appropriate placements.[26]

EVEN MORE PROFOUND IS THE LEVEL OF VICTIMIZATION AND VIOLENCE THAT LGBTQ youth face in the foster care system. LGBT youth are frequently placed in child welfare settings to escape abuse at home, only to experience further abuse in foster care.[27] One report documents that close to 78 percent of youth describe harassment or abuse in their placement home.[28] LGBT youth report frequent physical and sexual harassment from their peers in child welfare settings. In one study, several youth reported being raped in a child welfare setting, and several others reported a constant fear of such an incident. Youth reported that staff members did not come to their aid and sometimes implied that the youth deserved the abuse.[29] As a result, many youth feel safer living on the streets than being subject to the violence and discrimination experienced in social service settings.[30] However, once on the street, LGBT youth face more challenges and threats.

There is a link between involvement in foster care and adult homelessness, and about 25 percent of youth who age out of foster care will experience homelessness.[31] A metropolitan Detroit study identified an alarming trend among young people who aged out of the foster care system over a two-year period. Of the youth surveyed, 17 percent experienced literal homelessness during the follow-up period. Only two percent of a comparative population of U.S. adults are literally homeless over a five-year period.[32] "Literal" homelessness was associated with much higher rates of high-risk behaviors, psychological distress, and substance use when compared to continuously housed youth. Recent research from the Midwest Evaluation of the Adult Functioning of Former Foster Youth indicates that almost 30% of youth studied had reported experiencing homelessness for at least one night after exiting foster care.[33]

Lack of Appropriate Housing

In shelters, sexual minority youth face myriad challenges. Shelters are frequently no better than out-of-home care settings at providing culturally and linguistically appropriate environments. Youth may be exposed to homophobic attitudes among staff, strict dress codes, and discrimination and harassment from their peers.[34] Many youth are asked to leave shelters upon revealing a LGB sexual orientation. Hostile shelter situations mean that LGBT youth are more likely to live on the streets than their heterosexual peers. All youth who experience homelessness are at a high risk for physical and sexual exploitation on the streets, and within this group, youth who are LGBTI2-S are especially vulnerable.[35] While experiencing homelessness, it can be very difficult for youth to obtain and maintain stable housing for reasons ranging from minor legal status to the lack of appropriate housing options.

But, even when placed in transitional or permanent housing, the supportive services necessary to meet the unique, age-appropriate needs of LGBTQI2-S youth may be lacking or underdeveloped. These services may include: protecting LGBTI2-S youth from harassment and abuse; providing safe spaces; offering family reconciliation services; helping transgender youth access the services they need; or connecting LGBTQI2-S youth with local LGBT community resources.

"We need everyone at the same table."

—MARC LEJEUNE

Many transitional or permanent housing programs are failing LGBTQI2-S youth who come to the door seeking support by not offering safe spaces for them and/or by lacking cultural and linguistic competence to adequately serve them.

Housing programs for adolescents must take on the responsibility of being a "guardian and life coach for homeless youth by providing services that encourage positive youth development."[36] Various programs have developed promising approaches to providing housing and supports for youth who are LGBTQI2-S, such as group homes, host home programs, scattered site apartments—with and without supervision—and various types of transitional and independent living programs.[37] However, there is a need for further program evaluation and longitudinal data to determine whether these programs manifest more positive outcomes than "practice as usual." This information will help to assess the effectiveness of different supportive housing approaches for LGBTQI2-S youth who cannot safely be reunited with their families.

Educational Issues

Factors such as lack of education and employment opportunities contribute to long-term homelessness among LGBT youth.[38] For LGBT teens, conflict is experienced in schools as well as at home and can make it difficult to attend and complete school. A study found that nearly 80 percent of LGBT youth report conflicts in school related to their sexual orientation, including verbal harassment (reported by 86 percent of LGBT youth), physical harassment (reported by 44 percent of LGBT youth), and physical assault (reported by 22 percent of LGBT youth). The study reported that 74 percent of students hear slurs such as "faggot" and "dyke" in school. Not surprisingly, 61 percent of LGBT youth report feeling unsafe at school. Indeed, 33 percent of LGBT students report missing school within the last month because of safety fears. As a result, LGBT teens report more academic struggles than their heterosexual peers and are at higher risk for dropping out of school.[39]

UNMET NEEDS

All youth experiencing homelessness are vulnerable to the devastations of life on the streets, and LGBTI2-S youth are especially vulnerable. By adolescence, a youth identifying as LGBTQI2-S may have experienced discrimination, harassment, and/or family rejection. These youth may also lack positive role models. By the time an adolescent identifying as LGBTQI2-S becomes homeless, it is likely that he or she has experienced verbal and physical abuse from peers and authority figures, anxiety, suicidal feelings, or out-of-home care.[40] LGBT youth who are homeless are less likely to have social support networks than their heterosexual peers and are at higher risk for using substances and resorting to survival sex.[41] The following section reviews some of the most commonly recognized needs and challenges experienced by youth who are LGBTQI2-S and experiencing homelessness.

Mental Health Issues and Suicide Risk

LGBT youth experience mental health issues at a higher rate than their heterosexual peers.[42] LGBT youth face stigma and discrimination, which can lead to higher rates of depression, psychosomatic illness, social problems, and delinquency. Youth who are homeless and identify as LGBT experience high rates of conduct disorder, post-traumatic stress, and suicidal behavior.[43] Research suggests that the relationship between sexual identity and mental health issues is more significant for females than males.[44] Recent research by the Family Acceptance Project demonstrates a strong link between family rejection of a LGB youth and negative health and mental health outcomes later in life. [45]

Homeless youth in general are more likely than their housed peers to have histories of physical or sexual abuse, placing them at further risk for mental illness.[46] Homelessness contributes to feelings of loneliness and isolation, increasing the impact of depression and other mental illnesses.[47]

LIFETIME SUICIDE ATTEMPTS FOR LGBT youth who are homeless are significantly higher than their heterosexual peers.[48] Forty-four percent of LGBT homeless adolescent males and 52 percent of LGBT homeless adolescent females have attempted suicide.[49] Discrimination and stigma make accessing services more difficult for LGBT youth—within an already fragmented homeless service system.[50]

Substance Use

Studies have suggested that LGBT youth have high rates of substance use because they turn to substances as a way of coping with discrimination.[51] LGBT youth are also more likely to have spent time in foster care, run away from home, been incarcerated, and been exposed to illegal substances— all of which are risk factors for substance use.[52]

According to research by the Substance Abuse and Mental Health Servies (SAMHSA), approximately 50 percent of youth who have run away from home will have used alcohol in the past year, compared to 33 percent of their housed counterparts.[53] Similarly, youth who have run away from home use illicit drugs (e.g. marijuana, cocaine, methamphetamine, mushrooms, PCP, heroin, etc.) at rates twice as high as those who have not left home.[54]

Survival Sex and Health Implications

Youth experiencing homelessness are especially vulnerable to engaging in risky sexual behaviors because their basic needs for food and shelter are not being met. Furthermore, youth with histories of abuse are more likely to experience sexual victimization on the streets. Youth who are LGBTQ experience sexual victimization before becoming homeless at twice the rate of their heterosexual peers.[55] One study reported that homeless youth who reported being physically abused by a family member were twice as likely to report having engaged in survival sex.[56] "Survival sex" is defined as "exchanging sex for anything needed, including money, food, clothes, a place to stay or drugs."[57] Research indicates that LGBT homeless youth are at especially high risk for engaging in survival sex.[58] A study of youth who were homeless in Canada found that those who identify as LGBT were three times more likely to engage in survival sex than their heterosexual peers.[59]

Youth who engage in survival sex are not likely to practice safe sex and are therefore at high risk for sexually transmitted diseases, pregnancy, and HIV infection.[60] Fifty percent of homeless youth in another study considered it likely or very likely that they will someday test positive for HIV.[61] LGBT youth are at a particularly high risk for HIV infection.[62] Health care programs that adequately address the health needs of youth who are LGBT and homeless are rare.[63]

> "Draw upon strengths of the individual, things that they identify with, that make things more comfortable."
>
> —J. DANEÉ SERGEANT

Trauma and Physical and Sexual Exploitation

Youth who are homeless often experience trauma prior to becoming homeless and are at increased risk of trauma after they become homeless.[64] Research on rates of post-traumatic stress among youth who are homeless is minimal, but one 1989 study found that rates are up to three times higher than their housed peers.[65] Another study that compared LGB and heterosexual homeless youth found that 47 percent of LGB homeless youth experienced post-traumatic stress disorder compared to 33 percent of their heterosexual peers. Lesbian youth who are homeless experience post-traumatic stress disorder at a particularly high prevalence, with rates as high as 59 percent.[66]

> "We have an opportunity to really make a difference in the lives of a group of young people who often do not have a vocal advocate."
>
> —Gretchen Stiers

Youth who are homeless experience high rates of physical and sexual victimization, and are more likely to be victims of assault or rape than their housed peers. LGBT homeless youth are more likely than heterosexual homeless youth to report experiencing neglect, physical victimization, sexual victimization by a caretaker, and sexual victimization on the street.[67] Research indicates that LGBTQ youth experience 7.4 more acts of sexual violence during their lifetime than heterosexual youth who are homeless.[68] Research shows that female youth who are homeless experience higher rates of sexual assault than male youth, but other studies indicate that male youth who are homeless experience higher rates of survival sex and prostitution.[69] Stigma and discrimination may make it difficult for males to safely report abuse and access appropriate services.

Strong anecdotal evidence from providers suggests that youth who are homeless rarely report or seek treatment for sexual assault and exploitation. Incidence rates are likely under-reported.[70] More research is needed to assess the prevalence of post-traumatic stress disorder among youth who are LGBTQI2-S and homeless and survivors of rape, sexual assault, and sexual exploitation, and to determine the appropriate interventions.

Creating Safe Spaces for LGBTQI2-S Youth

Youth who are LGBTQI2-S experience high levels of discrimination and harassment, and need safe spaces. A safe space is a place where youth will not face discrimination or harassment from staff or peers. If discrimination or harassment occurs, these spaces have measures in place to address it appropriately. Agencies can create safe spaces by training staff, building a program culture that is inclusive and accepting of differences, displaying posters or flyers that demonstrate acceptance, and implementing nondiscrimination policies with grievance procedures. In some communities, especially in more rural or isolated parts of the country, youth may not feel safe enough to self identify. Creating spaces where LGBTQI2-S youth can be safe, accepted, and affirmed can help mitigate other risk factors.[78]

Few communities have shelters or other emergency housing available specifically for youth experiencing homelessness. Furthermore, youth who are old enough to access the adult shelter system are often reluctant to do so because of previous experiences or peers' stories of victimization and discrimination. In shelters, youth who are transgender face sex-segregated sleeping arrangements. A transgender youth may be required to sleep in the section for his or her biological sex, putting the youth at risk for harassment or abuse from other youth. In response to this, and other problems that transgender individuals face in shelters, The National Gay and Lesbian Task Force developed a comprehensive guide, "Transitioning Our Shelters," to making shelters safe for transgender people. The guide includes a model policy and concrete steps shelters can take to become trans-friendly. However, making changes requires an organizational commitment to nondiscrimination and cultural competence at all levels. [79]

Training Providers to Offer Services that are Culturally and Linguistically Competent

Many homeless service providers, child welfare workers, and youth advocates do not have the knowledge, skills, and language to discuss issues of sexual orientation and gender identity with youth. As a result, they may feel uncomfortable or unable to adequately identify and care for the needs of youth who are LGBTQI2-S. Youth who are LGBTQI2-S are members of a sexual minority population that is often discriminated against in American society. These youth may come from diverse ethnic and racial backgrounds and have multiple, overlapping identities. The diversity of identities among sexual minority youth shapes each youth's individual and collective experience of stigma and discrimination.[80]

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