



Kari Sisson, Executive Director

11700 W. Lake Park Drive, Milwaukee, WI 53224 • Phone (877) 33AACRC • FAX (877) 36AACRC
E-mail ksisson@aacrc-dc.org • www.aacrc-dc.org

Redefining Residential: Ensuring Competent Residential Interventions for Youth with Diverse Gender and Sexual Identities and Expressions

Adopted October 17, 2014

This is the 12th in a series of papers by the American Association of Children's Residential Centers (AACRC) addressing critical issues facing the field of residential treatment. AACRC is the longest standing association focused exclusively on the needs of children and youth who require residential treatment, and their families. The purpose of the papers is to stimulate dialogue and self-examination among organizations, stakeholders, and the field.

This paper focuses on the many issues faced in the field in providing quality residential interventions for youth of sexual diversity, including sexual orientation and gender identity. For lesbian, gay, bisexual, transgender, questioning, intersex, and two-spirit (LGBTQI2-S) youth in residential care, open expression of sexuality or gender identity can be a significant challenge, with many barriers faced both within the program and in the community at large. Many gains have been made in the past several years towards building a greater understanding of this diverse group of young people, but the field is just starting to move past the importance of creating a safe space¹ for LGBTQI2-S youth as a fundamental starting point to understanding the multiple factors involved in ensuring the creation of a climate that effectively supports and promotes positive outcomes for them.

This paper provides guidelines and strategies for serving and supporting LGBTQI2-S youth, building on the efforts of programs that have successfully created "sexual and gender minority-positive" cultures. It defines key terms to aid in understanding the diversity of sexual orientations and gender identities; discusses prevalence and relevant issues for LGBTQI2-S youth in residential settings; presents a philosophical approach and strategies for addressing the needs of these youth; and addresses important considerations associated with helping these young people emerge from adolescence with a sense of pride and normalcy in who they are and who they are becoming.

Definitions

Sexuality and gender are very complex human qualities and cultural and societal shifts can change the meanings of these and other terms over time for communities and individuals. The following definitions offer a useful place to start (SAMHSA, 2014).

Sex: Genetic and anatomical characteristics with which people are born: "male" or "female."

Intersex: Individuals born with a reproductive/sexual anatomy that does not fit typical definitions of male or female. 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 (SO): A person's emotional, sexual, and/or relational attraction to others. This can include attraction to people of the opposite sex/gender ("heterosexual"), the same sex/gender

¹ Safe space can be defined as "a place where any young person can relax and be fully self-expressed, without fear of being made to feel uncomfortable, unwanted, or unsafe on account of biological sex, sexual orientation, gender identity or gender expression, race/ethnicity, cultural background, age, or physical and mental ability. It is a place where the rules guard each person's self-respect and strongly encourage everyone to respect others." *Girl's Best Friend Foundation and Advocates for Youth (2005)*.

("gay"/"lesbian"), multiple sexes/genders (e.g., "bisexual" or "pansexual"), or even a lack of attraction on a sexual basis ("asexual").

Gender identity (GI): A person's internal sense that they are male, female, both, neither, or something else, and how they experience this gender. Because GI is internal, it is not necessarily visible to others. "Cisgender" refers to people whose GI/expression does not differ from that typically associated with their assigned sex at birth (e.g., a person who was born as male and identifies as a man). In contrast, "transgender" describes people whose GI/expression differs from that typically associated with their assigned sex at birth. People may also experience having multiple or fluid gender identity ("bigender," "genderqueer," "gender fluid") or no gender ("agender"), and alternative inclusive terms such as "trans" or "trans*" are sometimes used to encompass this broader continuum.

Gender expression (GE): The manner in which people represent their gender to others. Although gender expression is most commonly discussed among lesbian and transgender people, there is a wide range of variation of gender expression even among non-LGBTQI2-S people, and an atypical gender expression may or may not mean that a youth is LGBTQI2-S--identified. People may express gender through mannerisms, clothes, and personal interests. A transgender person may or may not "transition," or begin to express their identity through various changes, which may include wearing clothes and adopting a physical appearance that aligns with their internal sense of gender. Other individuals may express their gender through cross-dressing (taking on the appearance of the other sex without necessarily identifying internally with the other sex).

Questioning: A term used to describe individuals who are unsure about their SO or GI.

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, SO, 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.

LGBTQI2-S Youth in Residential Settings

Prevalence. Attempts to estimate overall representation of LGBTQI2-S people in the larger population have been complicated by several factors, including longstanding marginalization of the individuals being studied and safety concerns that lead to underreporting (Grant, 2010; Pew Research Center, 2013), as well as confusion about definitions used to describe population demographics. There is particularly little epidemiological evidence for the prevalence of youth compared to adults, complicated by the reality that young people may be in the process of fully forming their sexual and/or gender identity, which can affect estimates of prevalence.

Current studies estimate that a highly disproportionate number of LGBT youth are in out-of-home settings, including residential treatment centers. Anecdotal evidence exists to support the contention that LGBTQI2-S youth will not self-identify publicly in a residential setting, where they believe they will not be supported or where they may be at risk for negligence, abuse, shaming and/or ridicule (Matarese, 2012). LGBTQI2-S youth are sensitive to environmental cues that deny, discount or are hostile to them and their identities, and the failure to feel safe and supported negatively affects them and their expression of their sexual identity and/or gender identity.

Health-related Issues. The inherent stress present in environments where LGBTQI2-S clients are not safely and fully integrated is associated with negative mental health, substance abuse, and physical health outcomes. Youth whose families are not accepting of their sexual or gender identities are nearly 6 times as likely to have high levels of depression, more than 8 times as likely to have attempted suicide, more than 3 times as likely to use illegal drugs, and more than 3 times as likely to engage in unprotected sexual behaviors (Ryan, et. al, 2010). It is reasonable to infer that out of home settings that are similarly unaccepting would pose similar risks.

Identifying the Needs of LGBTQI2-S Youth in Residential Settings. An informal survey of residential service providers conducted at the AACRC Annual Conference (April, 2014) identified a number of themes and opportunities for improvement related to the field's response to LGBTQI2-S youth.

- 94% of respondents noted that their agency or program included SO, GE and GI in their non-discrimination policy; however, in some instances the definition of "sexual orientation" was incorrectly assumed to also include "gender identity" and "gender expression." 63% of respondents indicated that their programs include LGBTQI2-S content in their training for cultural competence. Only 15% of these respondents, however, indicated that training about these issues is fully integrated throughout their programs.
- Approximately 50% of respondents are considering LGBTQI2-S factors throughout the treatment process, but primarily only when the issue is raised by the client.
- Only 28% of programs offer programming specific to the needs of LGBTQI2-S clients; 25% of respondents have specific agency-wide policies, procedures and practices in place for working with these young people in care; 12% of respondents noted they have ever done a self-assessment regarding their program's cultural and linguistic competency related to this population.
- There was variation in responses regarding room/unit/housing decisions for LGBTQI2-S youth. Only 15% of respondents noted that they considered SO and GI relative to housing decisions.
- 89% of respondents noted that they were aware of external resources for this population of youth, but only 36% of those consult regularly with these resources for program improvement.

Towards Improved Outcomes: Instituting Organizational Policies, Procedures and Practices

To respond to these data and improve outcomes for LGBTQI2-S youth in residential care, it is important to adopt a philosophical framework that helps drive the development and institution of a set of policies, practices, and strategies.

A philosophical position that organizations can incorporate into their existing mission, vision, and values would state that all LGBTQI2-S youth deserve residential interventions that offer:

- Protection and safety
- Holistic support and affirmation of diverse sexual orientations and identities, including of staff
- Access to culturally and linguistically competent services and supports
- Youth voice in determining their treatment and care
- Staff members reflective of the LGBTQI2-S population served
- A system of care approach to ensure that organizational leaders, youth, family members, staff and community partners are included in the youth's treatment (Matarese, 2012).

Ten key strategies to align practice with this framework (American Institutes of Research - http://www.tapartnership.org/docs/LGBT_improved_supports_tool.pdf) are summarized below.

1. Conduct an Agency Self-assessment and Ongoing Continuous Quality Improvement Efforts.

Ensuring that agency self-assessments specifically include content about SO/GI/GE is an extremely important first step in any self-assessment process. An agency self-assessment tool and process can help identify areas for ongoing improvement and ensure that the needs of LGBTQI2-S youth are addressed in agency policies, activities, operations, services and supports.

2. Enforce Non-discriminatory Policies for Serving LGBTQI2-S Youth and Their Families.

Implementing specific and detailed policies, procedures and practices for the respectful treatment of clients who are LGBTQI2-S and their families is critical to the successful creation of a supportive environment. Programs can send a strong message internally and externally by including GI/GE and SO in their non-discrimination policy, choosing **not** to collaborate or contract with persons or agencies that discriminate, and establishing clear mechanisms for reporting of violations. Defining discrimination broadly, to include examples such as not intervening when a slur or disrespectful language is used, helps underscore the policy's importance. Definitively enforcing the policy reduces discriminatory behavior and promotes safety and respect for LGBTQI2-S youth and their families.

3. Promote Staff Knowledge and Development Around LGBTQI2-S Youth and Their Families.

Staff attitudes play a critical role in creating an environment that is supportive of LGBTQI2-S youth and their families. Screening staff for both their attitudes and expertise in working with this population should begin during initial interviews in an intentional and explicit way. Both clinical and direct care staff have been found to display similar degrees of internalized negative attitudes toward sexual diversity (Gandy, et.al., 2013), underscoring the critical importance of hiring for fit, plus ongoing training and coaching at all levels of the organization.

4. Incorporate Culturally & Linguistically Appropriate Intake Processes, Data Collection & Information Sharing.

An agency can set the stage for a culturally and linguistically appropriate intervention by using the preferred gender pronouns and name(s) of youth during the intake process. It is important to be careful about assumptions that often lurk in traditional intake questions. For example, asking a question at admission about whether a young man has any girlfriends can demonstrate a bias that the young person may not feel safe to counter. Instead, ask questions such as, "Are you seeing anyone?" Collecting demographic data about how youth self-identify their gender and sexual orientation can help agencies better understand the prevalence of these youth within their residential populations. Ensuring strict confidentiality of SO/GI information shared by youth is critical.

5. Promote a Safe, Supportive and Culturally and Linguistically Competent (CLC) Environment.

Occasional and episodic training for CLC must instead be genuinely and comprehensively incorporated within ongoing training, in practice and in supervision sessions with all employees. Daily integration of best practices with these populations helps create an inclusive organizational culture that promotes respect and dignity towards all youth, including those with LGBTQI2-S identities.

6. Implement Practices to Support Preferences and Affirm Identities.

Practices that support LGBTQI2-S youth in residential interventions include the use of inclusive language that is non-heterocentric and that creates safe spaces for youth to tell us who they are. It is important to abandon assumptions that youth are heterosexual and/or cisgender or that LGBTQI2-S youth are "...just in a passing phase." Asking clients about their preferred name and gender identification is a respectful practice that conveys support and affirms identity, and explicitly extends the philosophy of mutual respect upheld by most residential programs to include addressing the needs of LGBTQI2-S youth.

7. Promote Healthy and Supportive Peer Connections.

Healthy and supportive peer connections can be promoted by making hired peer support specialists available, whether on staff or through community peer support organizations, bringing the value of lived experience to youth, families and staff. These connections are de-stigmatizing and foster the development of positive self-esteem and strengths-based interactions. Allowing for customized social opportunities in the community can also promote normative and healthy relationships with youth who are not LGBTQI2-S.

8. Strengthen Family Connections.

Family plays a critical role in the emotional, psychological and physical health of LGBTQI2-S youth. Viewing families on a continuum from highly accepting or highly rejecting can better inform the approach to take with the family system and is sensitive to the reality that rejection and acceptance can change over time. Accurate information can build bridges within the family, who often may feel inadequate to the task of learning how to support their children and/or learning to be less rejecting. Issues of grief, anger, and fear may require a readjustment of what they perceive as "the good life" they want for all their children.

A strengths-based and multicultural approach with the family coupled with "meeting them where they are" has been demonstrated to improve outcomes for LGBTQI2-S children and their families (Ryan, 2014). *A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children* is an invaluable resource explicating this approach. In addition, Parents and Friends of Lesbians and Gays (P-FLAG) offers resources and extensive supports for families of LGBTQI2-S youth. Residential staff can play a key role in connecting families and foster families to these resources to help them gain knowledge and support to advocate for their LGBTQI2-S family member.

9. Promote Access to an Array of Affirming Services and Supports. The availability of affirming types of services and supports will vary between communities. Residential interventions can incorporate: creating weekly or bi-monthly support/affinity groups co-led by an openly LGBTQI2-S adult and a peer support specialist for youth, families, and/or staff; connecting families with P-FLAG (www.pflag.org) for support in the community setting; consulting and collaborating actively with community groups on program improvements and formal or informal ties to support their LGBTQI2-S clients; and establishing collaborations with LGBTQI2-S agencies and supportive communities of faith.

10. Facilitate Community Outreach and Engagement. Community engagement and involvement have been shown to be key indicators of long-term positive outcome in residential interventions (Blau, et.al 2014). This is also true for LGBTQI2-S youth, who are likely to benefit from supports and opportunities available to them within the larger community. Helping youth to plan outings and identify resources in their communities can also offer these young people outlets to give back through outreach to other youth who may not have experienced the supports that they now enjoy. Providers can create a resource guide to link youth and their families to the resources in their area or to internet-based resources such as the Gay, Lesbian, Straight Educators Network (www.glsen.org), Advocates for Youth (www.advocatesforyouth.org), and The Centers for Disease Control and Prevention practice recommendations and resources <http://www.cdc.gov/lgbthealth/youth.htm>.

Important Considerations and Issues for Residential Agencies

Youth-Guided Programming. Youth-guided programming, discussed in a previous paper (http://www.aacrc-dc.org/public_policy), is a powerful, seamless approach to integrating LGBTQI2-S youth in residential interventions.

Non-coercive Environments. Coercive structures and cultures yield negative impacts, as discussed in a previous AACRC paper (http://www.aacrc-dc.org/public_policy). “Specific to this population, reparative therapies” or other widely discredited efforts to attempt to coercively “cure” youth of their sexual diversity are unethical and in some states illegal and must not be used. More subtly and pervasively direct or indirect coercion occurs when residential interventions don’t create the space for LGBTQI2-S clients to express themselves and explore their gender identity or sexual orientation. For example, same-sex social engagement and dating may be frowned upon or explicitly prohibited, even though LGBTQI2-S clients should be able to pursue relationships with other youth via the same age-appropriate developmental trajectory that is encouraged among cisgender and heterosexual youth. Staff in these programs may intentionally and unintentionally be coercive by alluding to such self-expression as “less than” that of their straight/cisgender counterparts. Implementing the strategies identified above helps to detect and address such nuances of attitudinal and cultural coercion.

Housing Considerations. Research is unclear about whether LGBTQI2-S youth should be placed in separate housing quarters while in residential treatment centers. There have been very few, if any, methodologically rigorous studies of housing to determine whether these youth should be segregated. What is known is that if integrated housing is not supportive and affirming, LGBTQI2-S youth generally prefer to have separate housing to remain safe. While transgender youth generally prefer to be placed in housing with the gender with which they identify, they are generally challenged by such placements, particularly if their experience in such housing has been unsafe.

Separating/integrating LGBTQI2-S youth relative to room or unit assignment may yield mixed results. On the one hand, separate housing may increase feelings of comfort and understanding resulting from placement within one's own peer group. Assigned staff could be specifically trained to work successfully with these youth in separate housing. Alternatively, separate housing can lead to unintended consequences, such as being removed from the life of the larger residential community and increased stigmatization and potential targeting.

Within the limits of physical plant constraints, asking LGBTQI2-S and transgender youth for their preference regarding housing and allowing them to use the bathroom of their identified gender is in

keeping with youth-guided care. Decisions based on these factors may be limited in immediate effectiveness since many adolescents will not arrive in residential programs prepared to disclose. The ideal is to create cultures and programs in which youth are comfortable disclosing their identity(ies) and that make provisions of safe spaces for youth choice regarding such living decisions.

Navigating Multiple Identities. Navigating cultural identities related to race and ethnicity can create challenges for *some* youth attempting to integrate their sexual orientation, identity, and expression. Young people with multiple minority statuses may face discrimination from both outside and within their culturally and linguistically identified communities. Racism, cultural bias, stereotyping, and homophobia/heterosexism are factors that may intersect and lead to overlapping issues of identity for these youth. Learning the youth's family context of culture and the youth's perspective on the culture(s) with which they identify are key to assessing risk factors and promoting supportive factors that will help LGBTQI2-S youth find a place for themselves within their culture(s).

Non-LGBTQI2-S youth. Programs should be aware that some young people in our residential settings are presumed to be LGBTQI2-S and actually identify as heterosexual and/or cisgender. These youth are also often marginalized, vulnerable and at risk for abuse and negative outcomes and are often targeted for abusive, homophobic responses by heterosexual peers and/or staff. As a result, these youth may feel isolated and unsafe and without a community of support as they do not identify with or access support from the LGBTQI2-S community. Establishing safe space for all is crucial.

Conclusion

AACRC urges its members, as well as other practitioners in the field, to learn more about and embrace the importance of establishing positive and safe spaces for LGBTQI2-S children and adolescents. Taking steps to ensure that equality of care is actively implemented across all aspects and components of residential interventions, as identified above, can make a significant and positive difference in the lives of these young people and improve outcomes. For more information you may contact AACRC at (877) 33AACRC or www.aacrc-dc.org.

Authors: Glick, Douglas A., LCSW; Krishnan, Mira C., Ph.D. ABPP; Fisher, Sylvia K., Ph.D.; Lieberman, Robert E., M.A., LPC; Sisson, Kari, BA.

References:

- Blau, G.M., Caldwell, B., & Lieberman R.E. (Eds.). (2014). *Residential interventions for children, adolescents, and families: A best practice guide*. New York: Routledge, Taylor and Francis Group.
- Fisher, S.K., Poirier, J.M., & Blau, G.M. (Eds.). (2012). *Improving emotional and behavioral outcomes for LGBT youth: A guide for professionals*. Baltimore, MD: Paul H. Brookes Publishing Company.
- Gandy, M.E, McCarter, S.A. & Portwood, S.G. (2013, July-September). Service providers' attitudes toward LGBTQ youth. *Residential Treatment for Children and Youth*, 30(3), 168-186. doi: 10.1080/0886571X.2013.813344
- Gates, G.J., & Newport, F. (2012). *Special report: 3.4% of U.S. adults identify as LGBT*. Retrieved from <http://www.gallup.com/poll/158066/special-report-adults-identify-lgbt.aspx>.
- Girl's Best Friend Foundation and Advocates for Youth. (2005). *Creating safe space for GLBTQ youth: A toolkit*. Washington, DC: Advocates for Youth.
- Grant, J. (2010). *How big is the LGBT community? Why can't I find this number?* Retrieved from <http://www.thetaskforce.org>.
- Helfgott, K.P., & Gonsoulin, S. *Standards of care for LGBT youth*. In S.K. Fisher, J.M. Poirier, & G.M. Blau (Eds.), *Improving emotional and behavioral outcomes for LGBT youth: A guide for professionals* (pp. 141-157). Baltimore, MD: Paul H. Brookes Publishing Company.
- Matarese, M. (2012). *Improving outcomes for LGBT youth in out of home care settings: Implications and recommendations for systems of care*. In S.K. Fisher, J.M. Poirier, & G.M. Blau (Eds.), *Improving emotional and behavioral outcomes for LGBT youth: A guide for professionals* (pp. 173-187). Baltimore, MD: Paul H. Brookes Publishing Company.
- Morales, L. (2011). U.S. adults estimate that 25% of Americans are Gay or Lesbian. Retrieved from <http://www.gallup.com/poll/147824/Adults-Estimate-Americans-Gay-Lesbian.aspx>
- Pew Research Center. (2013). A survey of LGBT Americans. Retrieved from <http://www.pewsocialtrends.org>.
- Rosario, M., Schrimshaw, E., & Hunter, J. (2004). Ethnic/racial differences in the coming-out process of lesbian, gay, and bisexual youths: A comparison of sexual identity development over time. *Cultural Diversity and Ethnic Minority Psychology*, 10(3), 215-228. doi: 10.1037/1099-9809.10.3.215
- Ryan, C., Russell, S.T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), 205–213.
- Substance Abuse and Mental Health Services Administration. (2014). *A practitioner's resource guide: Helping families to support their LGBT children*. HHS Publication No. PEP14-LGBTKIDS. Rockville, MD: Substance Abuse and Mental Health Services Administration.