Serving Transgender and Gender Expansive Youth and Young Adults in Residential Care: An affirmative approach by Casa Pacifica

BETH ZACHER BURKE, LCSW APRIL 8, 2020 What is SOGIE and Why Use it?

SEXUAL
ORIENTATION,
GENDER IDENTITY,
AND EXPRESSION

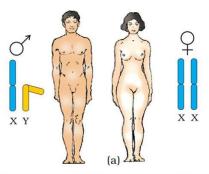
Guiding Perspective

"The social justice perspective informs us that it is not the transgender person who is sick. It is society and the mental health professions that need to become more accepting of difference and to let go of rigid definitions of gender and the gender binary that hurts everyone, to one degree or another."

- lore m. dickey & Michael I. Loewy

Definition Review

Sex



Classification based on anatomic or biological markers.

2% of infants born with intersex condition

Gender Identity



How one identifies, internally, as male, female, or an intersection of the two

Gender Expression



How one manifests or expresses their masculinity or femininity (e.g., dress, hair, behaviors, mannerisms)

Sexual Identity



Whom one chooses to have sex with, or are sexually attracted to

Definition Review

Transgender – an individual whose assigned sex does not match their gender identity

Cis-gender – someone whose gender identity matches assigned sex

Trans-Male – a transgender person assigned female at birth whose gender identity is that of a man

Trans-Female – a transgender person assigned male at birth whose gender identity is that of a woman



Definition Review

Non-Binary Gender – a gender identity that doesn't fit w/in the gender binary.

▶ I'm not a boy but not quite a girl. I'd feel more myself if I was somewhat more feminine, but I like my dangadoo.

Gender Fluid – a gender identity which varies over time. A gender fluid person may, at any time, identify as male, female or non-binary, or some combination of identities

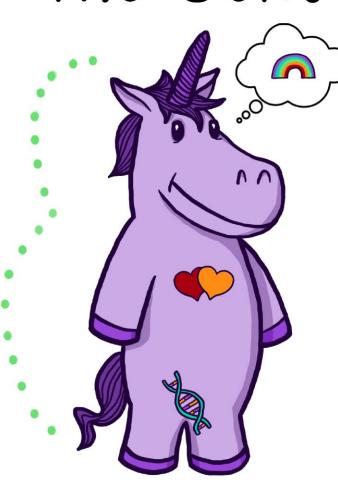
Genderqueer – a person who does not subscribe to conventional gender distinctions but identifies with neither, both or a combination of male and female genders

AFAB – Assigned Female at Birth

AMAB – Assigned Male at Birth

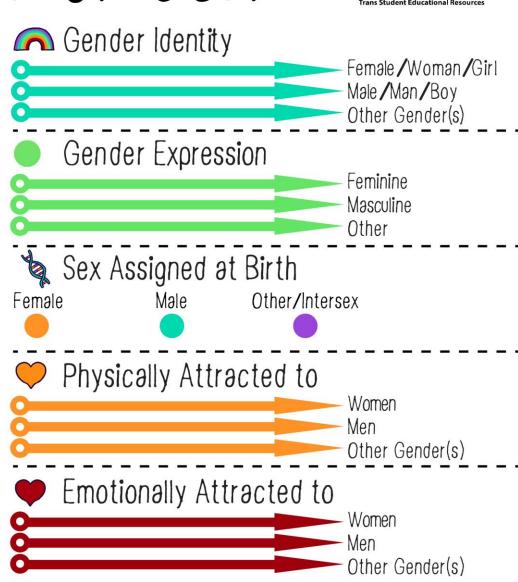
The Gender Unicorn





To learn more, go to: www.transstudent.org/gender

Design by Landyn Pan and Anna Moore





Changes over time and generations

Who is Casa Pacifica?

Serving youth and families in Ventura and Santa Barbara Counties

▶ Campus-based

Community-based

Campus located in Camarillo, California

We help kids and families overcome some of life's most difficult circumstances, including complex trauma, emotional and behavioral issues, family crises



Casa Pacifica Programs

Private

- Short-Term Adolescent Residential Treatment
- Partial Hospitalization Program (PHP)
- Intensive Outpatient Program (IOP)
- Intensive In-Home Behavioral Health Services (IIHBHS)
 - ► Tier I TBS-like
 - ▶ Tier 2 WRAP-like
 - Mobile Crisis Response

Public

- Short-Term Residential Therapeutic Programs (STRTP)
- ► Therapeutic Behavioral Services (TBS)
- Wraparound Services (WRAP)
- Safe Alternatives for Treating Youth (SAFTY)
- Transitional Youth Services
- Parent Child Interaction Therapy
- Non-public School
- Foster Family Agency
- Intensive Services Foster Care
- School-Based Services

Residential Programs at Casa Pacifica





- ▶ Short Term Residential Treatment Program (STRTP), a 28bed Ventura County Residential Treatment Program serving youth ages 11 through 17 who have proven too difficult for a foster home or other youth care programs and have exhausted all other treatment options in the community
- ► Camino a Casa, a 20-bed Residential Treatment Program (also short term) serving youth ages 9 through 17 years with commercial insurance, who struggle with emotional dysregulation and high-risk behaviors that jeopardize their safety at home, school and/or the community
- ▶ Stepping Stones, a transitional housing program serving young adults ages 18 through 22, who have aged out of foster care

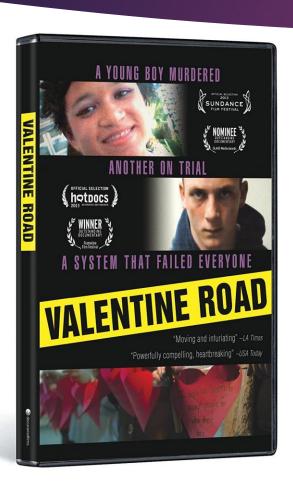


- ▶ 15% clients served on campus
- > 78% of the children we serve are in a home environment
- Casa Pacifica serves over 600 youth per day
- Each month, 100 youth served by our 24/7 mobile crisis response team





Casa Pacifica and Larry King

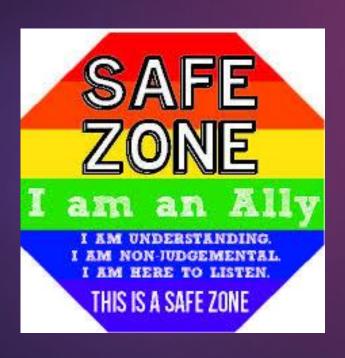


- ► Larry King, a 15 year old transgender youth, was murdered on Valentine's Day in 2008 by a 14 year old classmate in their 8th grade computer lab at a public middle school in Oxnard, CA
- At the time Larry lived at Casa Pacifica
- Reaction in the community at the time was varied; some were supportive and others felt Casa Pacifica was at fault for "allowing" Larry to accessorize his school uniform and wear make-up
- Many felt that by asking Brandon to be his Valentine, Larry had "sexually harassed" Brandon. Even one juror in the murder case said, "[Brandon] was just solving a problem."
- Valentine Road, a 2013 documentary, explores the complexities of this tragedy

Best Practices at Casa Pacifica

- ▶ **Training staff** to provide affirmative care and avoid pathologization of the transgender experience,
- Managing transgender and gender-non binary youths' (TGNB) mental health, including coexisting conditions,
- Creating Sexual Orientation Gender Identity and Expression (SOGIE) support groups for youth,
- Working with families to decrease rejection and increase acceptance of transgender and gender non-binary youth,
- Creating affirming spaces (including bathrooms, bedrooms, offices, and common areas) for transgender and gender non-binary youth, and
- Creating a Sexual Orientation Gender Identity and Expression (SOGIE) Taskforce to manage ongoing issues and challenges on campus.

Training Staff – Affirmative Approaches & Therapy



- Not a concrete, stepwise model
- It addresses the negative impacts of homophobia, transphobia, cissexism, and heterosexism
- Affirmative therapists stay informed by reading current literature, going to trainings, and getting adequate consultation or supervision
- Involves advocacy
- Exploring and addressing your own (the therapists) biases and beliefs
- ▶ LGBTQ Friendly vs. LGBTQ informed

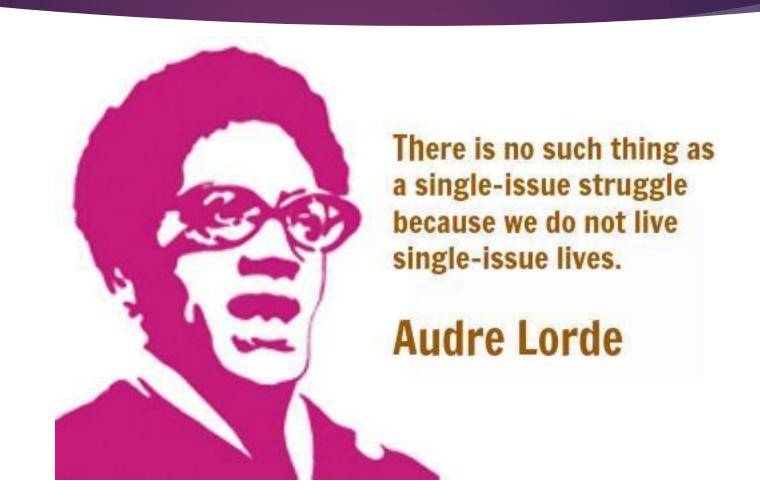
Training Staff - Dominant discourses

Gender

- Female
- Male
 Mal
- Show my gender on my timeline
- Save Cancel

- What are dominant discourses?
- Heteronormativity a view point that expresses heterosexuality as a given instead of being one of many possible identities
- Dominant discourses such as heteronormativity can lead to macro/microaggressions
- Other cultures commonly using they/them
 - Hindi, Punjabi (languages in India) use the formal "they/them" when addressing elders, as a sign of respect
- Microaggressions reinforce the dominant discourse

Training Staff - Intersectionality



Training Staff - Intersectionality

- Definition "Complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism,) combine, overlap, or intersect especially in the experiences of marginalized individuals or groups"
 - The study of how different power structures interact in the lives of minorities, specifically black women
 - Kimberle Crenshaw coined the term ("gave name to the concept")
 - Black women were marginalized by both feminist and anti-racist movements
 - Concerns did not comfortably fit within either group
- Different forms of discrimination can interact and overlap
 - Need to take into account needs of women from a variety of backgrounds
- Originally described how race and gender intersect as forms of oppression
 - Now encompasses sexual orientation, identity and expression, nationality, class, disability, etc.
- Can't only focus on gender and not the other aspects of other identities

Intersecting Axes of Privilege, Domination, and Opression

Adapted from Kathryn Pauly Morgan, "Describing the Emperor's New Clothes: Three Myths of Educational (In)Equalty."

The Gender Question in Education: Theory, Pedagogy & Politics, Ann Diller et al., Boulder, CO: Westview, 1996.



Training Staff – Bias and behavior



Marginalized- v. to treat (a person, group, or concept) as insignificant or peripheral.



Overt behavior (e.g. magroaggression) is behavior done out in the open (hate crimes, discriminatory jokes)



Covert behavior (e.g. microagression) is behavior that is covered up and hidden (Fearing certain people based on skin color, business discrimination).



Implicit/Unconscious Bias- n. refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.

Do's of being an ally

- ▶ Listen. One of the simplest yet most important ways to be an ally is to listen. Individuals identifying as LGBTQ need to feel comfortable expressing themselves. If a person comes to talk to you about being harassed, feeling excluded or just about their life in general, keep in mind that you may be the only person they feel safe speaking to. Be there to listen.
- ▶ Respect confidentiality. Effective allies will respect confidentiality and privacy. Someone who is coming out may not want everyone to know. Assume that the person only told you and just wants you to know, unless they indicate otherwise. Informing others can create an unsafe environment for the youth.
- ▶ Respect the rights of everyone to define themselves. This means respecting their chosen name, pronouns, and SOGIE, even if this changes day to day. Relax, we are not the SOGIE Police.
- ▶ Be conscious of your biases. Effective allies acknowledge how homophobia, transphobia and heterosexism may affect their efforts to be an ally to LGBTQ people. They continuously work to recognize and challenge their own biases.
- Ask questions respectfully. Recognize that it may take a lot of energy and courage for LGBTQ people to hear and answer your questions and they are justified in not answering any questions that make them uncomfortable.
- ▶ Seek out knowledge. Effective allies periodically brush up on SOGIE-related language and current issues facing the LGBTQ community. If you don't know the answer, try to find someone who does.
- ▶ Be a resource. An effective ally will also know when and how to refer LGBTQ people to outside resources.

Dont's of being an ally

- ▶ Think you have all the answers. Do not feel you must always have the answers. If you are faced with a problem you don't know how to solve, let the person know you will look into the subject to try and find an answer.
- ► Make unrealistic promises. Be careful not to promise something you may not be able to deliver. This can damage the relationship you have with the person as an ally.
- ▶ Make assumptions. It is important to avoid making assumptions and perpetuating stereotypes. These can be extremely offensive and may turn a person away from you. It is also important to avoid assuming you know what the person needs. Be sure to listen to the person and ask how you can support them.
- ▶ "Out" a LGBTQ person without their express permission.
- ▶ Assume an individual's sex or gender identity based upon their appearance.
- ▶ Put the chosen name, chosen pronouns, or selfidentification of a person in quotation marks; this conveys a belief that the individuals chosen name, pronoun or identity is ultimately invalid or false.
- ▶ Ask an LGBTQ person about their body, genitalia or sex lives in any situation where you would not ask a cisgender person about their body, genitalia or sex life.

Managing TGNB mental health – Trans youth have higher rates of:

- Low Self-Esteem
- Anxiety/Depression
- •Self-Harm
- Trauma/Victimization
- Substance Use
- Sexual Risk Behaviors
- Social Isolation

- Peer Harassment
- •Homelessness
- School Problems related to

victimization

Research has found that 30-50% of transgender youth report a past suicide attempt

(e.g., MA Dept of Ed, 2006; Dean et al., 2000)

Managing TGNB mental health – Why does supporting Trans and GNB Youth matter?

More than 8 times as likely to have attempted suicide

Nearly 6 times as likely to report high levels of depression

More than 3 times as likely to use illegal drugs 3

More than 3 times as likely to be at high risk for HIV and STDs

NUMBER OF HOMELESS YOUNG PEOPLE

550,000

🏁 Homelessness lasting longer





HOMELESS YOUTH & SEXUAL VIOLENCE

oung people who are homeless also are often sexually assaulted. You can help by listening to youth who have been harmed by homelessness and sexual violence. Your support can make a positive difference in their lives over time.

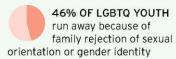
RUNAWAY YOUTH



1 IN 3 RUNAWAYS have been forced to perform a sexual act against their will



12.4 TO 13.9 YEARS OLD was the average age range of first leaving home

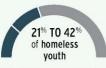


Rates of major depression, conduct disorder, and post-traumatic stress disorder are 3 TIMES HIGHER among runaway youth



HOMELESS YOUTH





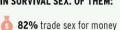
PERCENTAGE REPORTING SEXUAL ABUSE

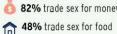
1 IN 3 TEENS ON THE STREET

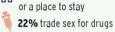
WILL BE **LURED** INTO PROSTITUTION



MORE THAN 1 IN 3 HOMELESS YOUTH ENGAGE IN SURVIVAL SEX. OF THEM:









LGBTQ YOUTH ARE 3X MORE LIKELY

TO HAVE ENGAGED IN SURIVAL SEX

32%

of homeless youth have attempted suicide







🕒 t 🗹 See next page for citations. Infographic by Mallory Gricoskie. Sample of the Control of the Control

Managing TGNB mental health -What about homeless youth?

Managing TGNB mental health –

Our numbers are complicated

.01% - The option to enter a clients as Transgender was only added about two years ago. Since that time there were 26 clients identified, representing .01% of total clients served ... but this is clearly inaccurate ...

28% - In STRTP we currently have 28 youth living with us. Of those youth, 5 are transgender, 2 are non-binary, and 1 is questioning. These numbers represent 28% of clients in this program.

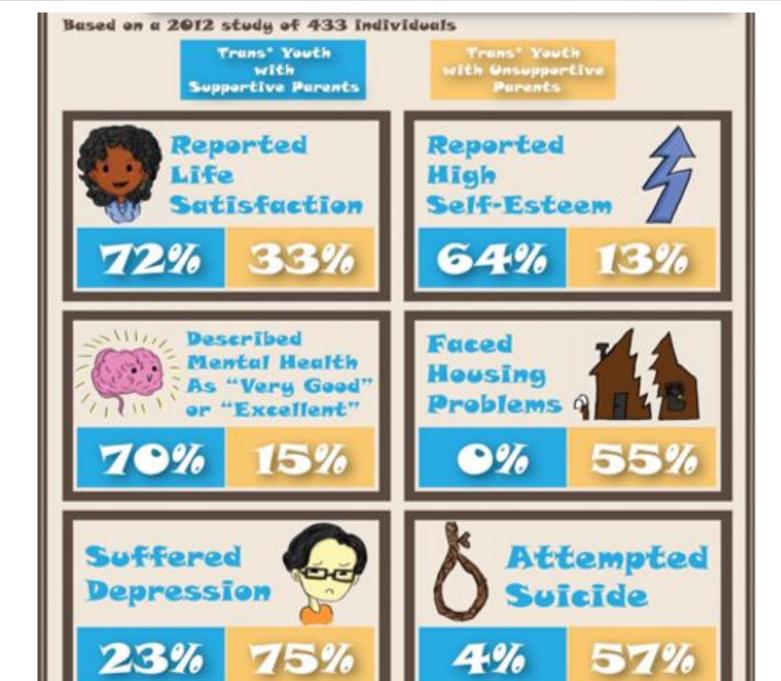
25% - In Camino a Casa we have 12 youth in residential care. Of those youth, 2 are transgender and 1 is non-binary. These numbers represent 25% of clients in this program.

10% - In TYS we have 30 youth currently. Of those youth, 3 are transgender. These numbers represent 10% of clients but does not include youth who are questioning.

SOGIE Support Groups



- Created in 2017, My-Dentity is an optional therapeutic group with a focus on exploring SOGIE (Sexual Identity and Gender Identity Expression).
- Group goals include reducing feelings of isolation, alienation, confusion, and to increase emotional regulation surrounding SOGIE by receiving validation, psychoeducation, and peer support.
- Currently running two groups, one in STRTP and the other in Camino a Casa – both are well attended
- Activities have included Open Mic Night, watching movies such as Love, Simon and shows like Queer Eye, T-shirt design contest for Pride Month, and attending a local "Pride Prom"



Working with Families – Does Family Support Matter?

Travers, Bauer, Pyne, & Bradley, 2012; TSER

Family Acceptance vs. Rejection

Accepting

- Brought in by family, supported by family; high level of acceptance.
- Brought in by family, somewhat supported by family; lower level of acceptance
- Come without family support; out to family with some level acceptance.

Rejecting

- Brought in by family, high family involvement; family rejecting and in crisis.
- Out to family; severely rejected by family.
- Not out to family; worried about rejection.

Our long term goal is always to build family acceptance. For some who are severely rejected or who don't feel they can come out, this is sometimes impossible.

Creating affirming spaces - Bathrooms

WHAT IS YOUR BATHROOM SIGN SAYING?

nonbinary is in between or both male and female (not true)





trans people are fictional





the thought of includ- this is ing you is annoying and hilarious



WE DON'T

a bathroom





Creating affirming spaces - Bedrooms

In STRTP we have two cottages that house females, but accept youth that are AFAB and AMAB, as well as who identify as transgender and gender non-binary

In TYS and Camino a Casa we allow youth and young adults to choose the cottage where they feel most comfortable ...

- What about parents? We tell them that we are an affirmative space and that we allow youth the choice of cottage where they wish to be
- We have allowed youth to switch cottages based on how they identify

Creating affirming spaces – Offices and Common Areas









- ▶It's important for youth, families AND staff to see visual reminders that we are an affirming space
- Consider also putting affirming visuals on websites and any brochures/promotional material

SOGIE Taskforce

Created in 2017, this is a monthly workgroup that includes staff from all areas of the workforce in Casa Pacifica

Purpose: Our mission is to take special consideration of diverse sexual orientation, gender identity, and expression (SOGIE) individuals in order to create an inclusive environment that aligns with our Casa Pacifica values of respect, integrity, courage, and compassion.

Past projects have included changing bathroom signage, revamping the new hire orientation, creating targeted trainings for staff, developing a Do's and Don't's list, and gathering and developing resources for youth and families.

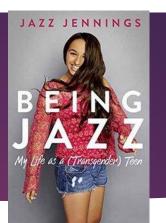
Resources















The Help Group's





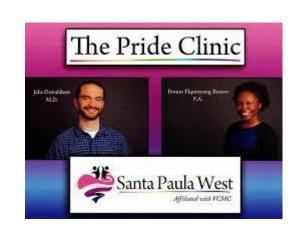


Trans**Youth** Family Allies

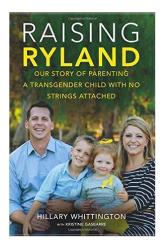


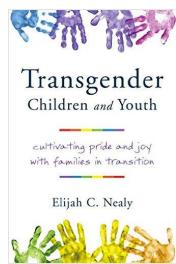












References

- Connolly, M.D., Zervos, M. J., Barone, C.J., Johnson, C. C., & Joseph, L. M. (2016). The mental health of transgender youth: Advances in understanding. Journal of Adolescent Health, 59, 489-495.
- de Finney, S., Dean, M., Loiselle, E., & Saraceno, J. (2011). All children are equal, but some are more equal than others: Minoritization, structural inequities, and social justice praxis in residential care.
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality, Retrieved from: http://www.ustranssurvey.org/report
- McKean, A.J., Vande Voort, J.L, & Croarkin, P.E. (2016). Lack of rating scale normalization and a socioeconomically advantaged population limits the generalizability of preadolescent transgender findings. Pediatrics, 138(1), 1-3.
- Oransky, M. & Burke, E.Z. (In press). Building Professional Competency: Training the Next Generation of Mental Health Professionals in Gender-Affirming Care. Clinical Practice in Pediatric Psychology.
- Oransky, M., Burke, E. Z., & Steever, J. (2018). An interdisciplinary model for meeting the mental health needs of transgender adolescents and young adults: The Mount Sinai Adolescent Health Center approach. Cognitive and Behavioral Practice.
- Olson, K.R. (2016). Prepubescent transgender children: What we do and do not know. Journal of the American Academy of Child and Adolescent Psychiatry, 55(3), 155-156.e3.
- Olson, K. R., Durwood, L., DeMeules, M., & McLaughlin, K. A. (2016). Mental health of transgender children who are supported in their identities, Pediatrics, 137, 1-8.
- Remlin, C. W., Cook, M. C., & Erney, R. (2017). Safe Havens: Closing the Gap Between Recommended Practice and Reality for Transgender and Gender-Expansive Youth in Out-of-Home Care. Children Rights, Lambda Legal, Center for the Study of Social Policy.

Beth Zacher Burke, LCSW eburke@casapacifica.org (805) 366 4144