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

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What is SOGIE and Why Use it?

SEXUAL ORIENTATION, GENDER IDENTITY, AND EXPRESSION
“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
**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
Non-Binary Gender – a gender identity that doesn’t fit within 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

Gender Identity
- Female / Woman / Girl
- Male / Man / Boy
- Other Gender(s)

Gender Expression
- Feminine
- Masculine
- Other

Sex Assigned at Birth
- Female
- Male
- Other / Intersex

Physically Attracted to
- Women
- Men
- Other Gender(s)

Emotionally Attracted to
- Women
- Men
- Other Gender(s)

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 1 – 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 28-bed 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.
Lives We Touch

- 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

*2018 calendar year
Focus of Services

- Family-centered
- Youth-guided
- Strengths-based
- Culturally competent
- Individualized
- Evidence-based
- Supporting youth exploring SOGIE
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 co-existing 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
What are dominant discourses?

- Heteronormativity – a viewpoint 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
There is no such thing as a single-issue struggle because we do not live single-issue lives.

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

Overt behavior (e.g. macroaggression) 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.

Adapted from GLSEN website
https://www.glsen.org/sites/default/files/Safe%20Space%20Kit.pdf
Don'ts 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 self-identification 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.

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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
- More than 3 times as likely to be at high risk for HIV and STDs
Managing TG/NB mental health – What about homeless youth?
### Managing TGNB mental health –

**Our numbers are complicated**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Program</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>0.01%</strong></td>
<td>STRTP</td>
<td>The option to enter a client as Transgender was only added about two years ago. Since that time there were 26 clients identified, representing 0.01% of total clients served … but this is clearly inaccurate …</td>
</tr>
<tr>
<td><strong>28%</strong></td>
<td>STRTP</td>
<td>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.</td>
</tr>
<tr>
<td><strong>25%</strong></td>
<td>Camino a Casa</td>
<td>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.</td>
</tr>
<tr>
<td><strong>10%</strong></td>
<td>TYS</td>
<td>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.</td>
</tr>
</tbody>
</table>
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
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)**
  - [Sign: Gender Neutral Restroom]
- **trans people are fictional**
  - [Sign: Gender Neutral Toilet]
- **the thought of including you is annoying and hilarious**
  - [Sign: Unisex]
- **this is a bathroom**
  - [Sign: Restroom]

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Special Note:

- [Sign: Changing Table Inside]

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**Gender diversity is welcomed here.**

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**All are welcome to use the restroom that best fits their identity.**

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**A gender neutral restroom is located in the UUCA Office.**

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**Everyone**
This restroom may be used by any person regardless of gender identity or expression.
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
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.

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.


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