

DEPARTMENT OF CHILDREN AND FAMILY SERVICES


Distribution: X and Z

POLICY TRANSMITTAL 2009.06

**PROCEDURES 302.APPENDIX K, Support and Well-Being of
Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youths**

RELEASE DATE: March 13, 2009

TO: DCFS and POS Child Welfare Staff
Rules and Procedures Bookholders

FROM: Erwin McEwen, Director 

EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Transmittal is to issue Appendix K of Procedures 302, Services Delivered by the Department. These procedures promote the safety, adjustment and well-being of Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) youth.

II. PRIMARY USERS

The primary users of these Procedures are direct service staff and supervisors of DCFS and POS child welfare agencies and residential care facilities.

III. QUESTIONS

Questions regarding these Procedures may be directed to the Office of Child and Family Policy at 217-524-1983 or email to OCFP-Mailbox on Outlook. Persons not on Outlook can e-mail questions to cfpolicy@idcfs.state.il.us.

IV. FILING INSTRUCTIONS

File the attached Appendix K after Procedures 302.Appendix J.

Remove pages 11-12 of the Table of Contents of Procedures 302 and replace with the attached pages 11-12.

Remove Policy Guide 2003.02 from behind Procedures 302.320, Counseling or Casework Services, and discard.



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302.APPENDIX K Support and Well-Being of Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youths

a) Purpose

Procedures 302, Appendix K provides DCFS and POS staff with direction and information that will support the Department's efforts to promote the safety, adjustment and well-being of Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) youth in the Department's care. These procedures describe the role of the Department's LGBTQ Clinical Consultants. The LGBTQ Clinical Consultants can be contacted through the Clinical Divisions Office of Specialty Services at 312-328-2285 or 312-814-5987.

Youth who are lesbian, gay, bisexual, transgender, and questioning are protected by the Illinois Human Rights Act. They have many legal rights while in care, including the right to be free from verbal, emotional and physical harassment in their placements, schools, and communities. The adults involved in their care have a legal and ethical obligation to ensure that they are safe and protected. These youth also have the right to be treated equally, to express their gender identity, and to have the choice to be open about their sexual orientation.

Early consultation with LGBTQ Clinical Consultants improves the coordination of services for youth and their caregivers and can prepare and stabilize placements, preventing unnecessary disruptions. Ongoing training and education regarding sexual orientation, gender identity and gender expression is a requirement for all child welfare staff and is currently available as needed or requested through the LGBTQ Clinical Consultants and other community resources. While these procedures are aimed at youth for whom the Department has responsibility for placement and care, staff are reminded that the gender identity and sexual orientation of all people is protected by the Illinois Human Rights Act and that the diversity of all clients, parents, caregivers as well as other staff members must be respected and protected from discrimination.

b) Background Information

For many children and youth, understanding their sexuality, sexual orientation and gender identity can be a time of reflection, questioning, as well as turmoil and stress. For Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) youth, understanding these issues is often more difficult, as LGBTQ youth may face prejudice and discrimination from their family, friends, and community. LGBTQ youth of color and diverse cultural backgrounds may experience added bias.

According to the Child Welfare League of America, LGBTQ youth are at higher risk than their heterosexual counterparts for emotional and physical abuse from family members and/or peers, failed out-of-home placements, homelessness, emotional/physical victimization, and/or institutional neglect or abuse. LGBTQ youth, as a group, have a higher incidence of suicide attempts, runaway behavior, substance abuse, high-risk sexual

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behaviors, sexually transmitted infections, HIV and pregnancy. In school, LGBTQ youth are at greater risk than their heterosexual counterparts for academic failure, school truancy and premature withdrawal, often as a result of fear, intimidation or threats from other students or staff. Consequently, many LGBTQ youth are unlikely to reveal their sexual orientation or gender identity, particularly to people in perceived positions of authority or power (e.g., social service staff, family members, caregivers, teachers, church members, etc.).

c) Definitions

LGBTQ: Lesbian, Gay, Bisexual, Transgender and Questioning. This acronym is used to refer to these individuals collectively. (It is sometimes stated as GLBT.) Occasionally, the acronym is stated as LGBTQA to include allies – i.e., straight and supportive individuals in the community.

Sexual Orientation: Sexual behavior does not necessarily determine sexual orientation. Sexual orientation refers to one's enduring emotional, romantic, and/or sexual feelings to another person. Heterosexual (straight) individuals experience these feelings primarily for people of the opposite sex. Homosexual (gay or lesbian) individuals experience these feelings primarily for people of the same sex. Bisexual (bi) individuals experience these feelings for people of both sexes.

Gender Identity: A person's sense of being male or female; resulting from a combination of genetic and environmental influences. Awareness of gender identity is usually experienced in infancy and reinforced in adolescence as part of a normal developmental process.

Gender Expression: A person's way of communicating gender identity to others through behavior, dress, and physical characteristics. Most people express a range of masculine and feminine characteristics.

Transgender: A broad term describing the state of a person's gender identity/expression, when their identity/presentation does not necessarily match those characteristics associated with their biological sex. Associated terms may include female to male (FTM) male to female (MTF), transsexual, trans, drag queen, cross-dresser, gender queer, and gender blender.

Coming Out: A gradual process of becoming aware of one's sexual orientation and gender identity that includes a personal sense of when to safely disclose this information to others. There is also a gradual coming out process for family, friends, and caregivers as they learn to understand and accept the LGBTQ youth.

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d) Identifying a Need

A youth may self-identify as having questions surrounding his/her sexual orientation or gender identity, or may be identified as LGBTQ by child protection or child welfare staff, school personnel, a birth or foster family member, a therapist, or others from within the community.

The caseworker shall notify her/his supervisor and contact a LGBTQ Clinical Consultant immediately to address the youth's safety and well-being. The Clinical Consultant can provide information, training, and resources as well as participate in staffings and assessments. The caseworker and supervisor are responsible for respecting the youth's sexual orientation, gender identity and expression; for informing the youth about their legal rights; and for protecting the youth's privacy in the coming out process. They are also responsible for ensuring that recommendations from the consultation are implemented within five working days to protect the safety and well-being of the youth.

Sexual orientation, gender identity, and gender expression are central components of each individual's development. *These components may or may not be factors in the emotional or behavioral concerns of the LGBTQ youth.* It is important to distinguish these developmental milestones from actual problematic behavior. Workers and supervisors must seek consultation with a LGBTQ Clinical Consultant to assess these concerns.

e) Meeting the Need

Placement and Support Services: Most needs of Lesbian, Gay, Bisexual, Transgender and Questioning youths can be met through positive caregiver and family support, and community peer educational support groups. Placement decisions must be guided by the caregiver's capacity to meet the unique and diverse needs of the individual. If a youth is known to be LGBTQ, the caseworker is responsible for determining prior to placement the caregiver's attitudes and beliefs regarding sexual orientation, gender identity and gender expression. **In no instance should a LGBTQ youth be placed with a caregiver who is opposed to sexual orientation, gender identity or gender expression that differ from the caregiver's own.** It is critical that the youth be placed in as safe environment as possible for the youth's physical and emotional well-being. The youth's worker, family, foster family members, or placement caregivers and peers may themselves need assistance in accepting and supporting the LGBTQ youth. The LGBTQ Clinical Consultant can provide education and identify resources that will support the youth in placement. Participation in education and support groups, such as Parents, Families and Friends of Lesbians and Gays (PFLAG), shall be encouraged.

LGBTQ youth may also experience difficulty in school. The Illinois Safe Schools Alliance promotes safe and respectful schools for LGBTQ and allied youth throughout Illinois by providing professional development to school personnel, supporting youth in organizing Gay-Straight Alliances, advocating for inclusive school policies, and providing crisis intervention to young people and families in need.

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As with any youth, LGBTQ youth experiencing emotional and/or behavioral problems may require more specific services, such as short-term outpatient counseling or psychotherapy. When a youth or family member is having a more severe emotional reaction to the youth's acknowledgment of his or her sexual orientation or identity (e.g., persistent depression or anxiety, engaging in substance use or dangerous, high-risk behaviors, social withdrawal, rejection of youth, placement disruption), more intensive services may be required. These services might include, but are not limited to, individual, group or family therapy.

In some situations, the sexual identity or orientation of an LGBTQ youth may not be respected and he or she may not be safe from harassment, stigma, or discrimination. The LGBTQ Clinical Consultant may be able to assist in stabilizing a placement through education or support services. However, when the risk of harm cannot be mitigated and placement stabilization or reunification is no longer in the best interest of the youth, the caseworker shall immediately make every effort to seek a new placement that is gay-affirming and respects the youth's right to self-determination. The LGBTQ Consultants can help identify and prepare potential resources.

Respect and Privacy: It is important to respect the youth's gender expression and self-determination. This may include the youth's choice of clothes, friends, and activities within appropriate boundaries and may include regard for the youth's chosen name and preferred gender pronoun. While records will utilize the youth's legal name, use the chosen name wherever possible or in conjunction with the legal name.

Some youth choose privacy. Respect refers to protecting the youth's right to confidentiality about sensitive and private information such as his or her sexual orientation and gender identity. Child welfare staff must be sensitive to the timing and nature of the youth's coming-out process and must obtain the youth's explicit oral or written permission prior to disclosing this information. The caseworker must not assume that permission to disclose need only be obtained once and thereafter is universal. It must be requested from the youth each time a different individual is involved. LGBTQ youth in care may be referred to the LGBTQ Clinical Consultant to discuss issues around respect for their identity process and resources.

Reference to a youth's orientation or identity may be disclosed *without* permission only if there is reason to believe that the youth presents an immediate danger to his- or herself or is at risk of being harmed by others because of his or her LGBTQ identity.

If the youth feels that they are not receiving equal services, feel discriminated against or harassed, they should be advised to contact the LGBTQ Clinical Consultant for assistance. The youth also has a right to contact their Guardian Ad Litem, Lambda Legal, or the ACLU.

Documentation: Documentation and disclosure of LGBTQ issues shall be guided by the youth's right to privacy, the scope of document distribution, and the youth's informed consent. Most references should be limited to case notes. Permission to include explicit LGBTQ references in assessments shall be sought from the youth. If the youth does not

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or cannot consent, general references regarding “identity” and “relationships” may be substituted. Service plans shall incorporate the recommendations as they relate to specific daily living, emotional or behavioral concerns. These may include recommendations for counseling or support groups “to address identity and relationship issues” but there should be no explicit reference to LGBTQ services without the permission of the youth.

f) **DCFS Clinical Consultants**

The DCFS LGBTQ Clinical Consultants can help workers and supervisors in addressing the sensitive matter of sexuality or emerging sexuality of children and youth for whom the Department is responsible. The Consultants can help:

- consult about the Department’s LGBTQ policy
- educate staff, caregivers, and youth about LGBTQ legal rights and issues
- raise self-awareness about attitudes or bias
- participate in meetings and staffings
- identify gay-friendly resources and placements
- help with the preparation of a new placement
- consult about the preservation of the current placement
- distinguish problematic behaviors from identity development
- consult with youth about legal rights, identity process, and resources
- advocate respect for diversity

g) **Resources**

LGBTQ resources are available on the Statewide Provider Database at www.illinoisoutcomes.org/spd.

LGBTQ Consultants can provide additional resources including community services, publications, videos and websites.

h) **Summary: Child Welfare Do’s and Don’ts**

Do:

- 1) **Contact a LGBTQ Clinical Consultant immediately when there are acknowledged or suggested concerns regarding the sexual orientation, gender identity and/or expression of a children or youth for whom the Department is responsible.** For example, a youth may confide to staff that his foster parent or other children in the home tease him because he “acts like a girl” or “acts gay.” The consultant can provide information, training, and resources as well as participate in staffings and assessments. The LGBTQ consultants can be contacted in the Clinical Division’s Specialty Services office at 312-328-2285 or 312-814-5987.

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- 2) **Implement recommendations made by the LGBTQ consultant within five working days of the contact.** Request additional assistance as needed.
- 3) **Inform youth about their legal rights.** Youth who are lesbian, gay, bisexual, transgender, and questioning are protected by the Illinois Human Rights Act. They have many legal rights while in care, including the right to be free from verbal, emotional and physical harassment in their placements, schools, and communities. The adults involved in their care have a legal and ethical obligation to ensure that they are safe and protected. These youth also have the right to be treated equally, to express their gender identity, and to have the choice to be open about their sexual orientation.
- 4) **Make every effort to ensure that LGBTQ youth are placed in gay-affirming environments that respect the youth's right to self determination.** LGBTQ Clinical Consultants can assist by providing training and resources to the caregiver or provider prior to placement or anytime gender or sexual orientation issues are identified. When there is risk of impending emotional or physical harm in the youth's placement due to the bias of others about his or her acknowledged or perceived sexual orientation, gender identity or gender expression, the caseworker must contact a LGBTQ consultant and consider the prompt removal of the youth from that placement when the risk cannot be mitigated.
- 5) **Always be respectful of the youth's gender expression and self-determination.** Child welfare staff must be sensitive to the nature and timing of the youth's coming out process. The youth's choice of clothes, friends, and activities should be respected within appropriate boundaries along with regard for the youth's chosen name and preferred gender pro-noun.
- 6) **Protect the youth's right to privacy about his or her sexual orientation and gender identity.** Child welfare staff must obtain the youth's explicit oral or written permission for disclosure of this information. The information may be disclosed *without* permission only if there is reason to believe that the youth is in immediate danger to him/her self or is at risk of being harmed by others because of his or her LGBTQ identity.
- 7) **Documentation and disclosure of LGBTQ issues shall be guided by the youth's right to privacy, the scope of document distribution, and the youth's informed consent.** References to a youth's gender and orientation should be limited to case notes. Permission to include explicit LGBTQ references in assessments must be obtained from the youth. If the youth does not or cannot consent, general references regarding "identity" and "relationships" may be substituted. Document recommendations in the youth's service plan only as they relate to specific daily living, emotional or behavioral concerns. This may include recommendations for counseling or support groups "to address identity and relationship issues" but there should be no explicit references to LGBTQ services without the youth's permission.

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- 8) **Consider personal attitudes, beliefs, and knowledge surrounding issues of sexual orientation, gender identity, and gender expression.** In order to provide services that are respectful and without bias, child welfare staff and providers must put aside personal beliefs and seek immediate consultation when issues involving sexual orientation and gender identity arise.
- 9) **Create an environment in your office and in meetings that signals to all clients that you are a safe and supportive person for them to talk with about LGBTQ issues and concerns.** "Safe space" stickers or informational pamphlets from local LGBTQ youth support and drop-in groups may be displayed in the office. These materials may be obtained by contacting one of the Department's LGBTQ Clinical Consultants at 312-328-2285.

Do Not:

- 1) **Make written reference to a youth's sexual orientation, gender identity or expression *without* the permission of the youth *except* in case notes or when the youth presents a danger to self or is at risk of being harmed by others because of his or her LGBTQ status.**
- 2) **Address a youth as deviant, pathological, immoral or in need of changing because of his or her sexual orientation, gender identity, gender expression or questioning status or allow a youth to receive services from such providers.**
- 3) **Contract or seek treatment services for the purpose of changing a youth's sexual orientation, gender identity, or gender expression.** Such treatment would be ineffective and extremely damaging to the youth's sense of self and well-being.
- 4) **Assume that only LGBTQ adults can be effective in working with LGBTQ youth.**

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