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Chapter:	Working with Families	
Subject:	Supporting and Affirming LGBTQ Children & Youth	Page 1 of 11
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Purpose

To provide a safe, healthy, and inclusive environment for all children and youth served by the division.

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Introduction

Exploring one’s sexual orientation, gender identity, and gender expression (SOGIE) is a normal part of human identity development.

The division is committed to:

- Being respectful of the dignity of all children, youth and families;
- Keeping children and youth safe while meeting their unique needs, regardless of whether these needs are related to their sexual orientation, gender identity or gender expression; and
- Prohibiting discrimination and bias based on a child or youth’s real or perceived sexual orientation, gender identity, or gender expression.

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Definitions

Cis(gender): Adjective that means “identifies as their sex assigned at birth”. A cisgender/cis person is not transgender. “Cisgender” does not indicate biology, gender expression, or sexuality/sexual orientation. Note that cisgender does not have an “ed” at the end. In most cases, “trans” and “cis” by themselves are sufficient descriptors.

Gender Identity: One’s internal sense of being male, female, neither of these, both, or other gender(s).

Gender Expression: The physical manifestation of one’s gender identity through clothing, accessories, hairstyle, voice, body shape, etc. (typically referred to as masculine or feminine).

LGBTQIAPP (abbreviated to LGBTQ): A collection of queer identities short for lesbian, gay, bisexual, trans, two spirit, queer, questioning, intersex, asexual, pansexual, polysexual LGBTQIAPP is often abbreviated to LGBT, LGBTQ, or LGBTQ+. This acronym is sometimes replaced with “queer”.

Sexual Orientation: A person’s enduring physical, romantic, emotional, and/or other form of attraction to others.

SOGIE: An acronym that stands for sexual orientation, gender identity, and gender expression.

Trans(gender): An umbrella term for people whose gender identity differs from the sex they were assigned at birth. The term transgender is not indicative of sexual orientation, hormonal makeup, physical anatomy, or how one is perceived in daily life. Note that transgender does not have an “ed” at the end. In most cases, “trans” and “cis” by themselves are sufficient descriptors.

LGBTQ terminology changes over time to reflect individuals’ identities. The best approach is to talk to one another, listen to how people self-identify, and use language and pronouns that work best for each person. Additional terms and definitions are available here: <http://www.outrightvt.org/terms-definitions/>

Policy

All division staff are prohibited from engaging in any form of discrimination or bias based on sex, sexual orientation, gender identity, gender expression, or marital status or partnership.

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Division staff shall not attempt to persuade an LGBTQ individual to reject or modify their sexual orientation, gender identity, or gender expression. Staff will not impose personal or religious beliefs onto children and youth served by the division.

Identity, Name and Pronoun Preferences

Staff will not make assumptions regarding one’s identity. The only way division employees can know someone's sexual or gender identity is if the person shares this information. Children and youth may disclose their sexual or gender identity when they feel ready, and if a safe environment and trusting relationship has been established.

Staff will not attempt to convince or coerce a LGBTQ child to disclose or reveal their sexual or gender identity. Direct questioning may make it difficult for an individual to disclose their identity. Staff will use sensitive, gender neutral, and inclusive language to set a tone of respect and dignity.

Division staff will affirm the diversity, dignity, and identity of all children to create a supportive environment. This includes:

- Division staff will talk to children and youth in an open and understanding manner if someone discloses that they are lesbian, gay, bisexual, transgender, intersex, questioning, queer, or gender non-conforming.
- Division staff will support children and youth if they request to use a preferred first name rather than their legal name. Staff will refer to children and youth by the name and pronoun that they prefer which reflects their identity and expression.
- Children and youth will be supported in wearing gender affirming hairstyles, clothing, and accessories.

It is expected that children’s identities may evolve and change over time. All children and youth explore their identities and express their sexuality and gender differently. Young people may change the way they identify over time.

Safety Factors & Considerations for Child Safety Interventions Specific to the LGBTQ Population

When assessing safety and risk in an environment where an LGBTQ child or youth resides, family services workers will determine whether a parent, caregiver, or other family member’s attitude and behavior about the child or youth's sexual or gender identity impact the safety and well-being of the child.

Interviews with parents or caregivers of LGBTQ children may include a discussion of the child's sexual or gender identity. In instances where the child or youth has already identified openly as LGBTQ and the alleged abuse or neglect is directly related to the

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child's sexual or gender identity, workers should gather information from the caregiver about their attitudes and beliefs regarding the LGBTQ population.

The caregiver's beliefs and attitude about the child's sexual or gender identity, as well as the caregiver's behaviors and actions that may stem from their beliefs or attitude, will be carefully considered when identifying dangers and risks in cases involving LGBTQ youth. Family services workers should consider whether:

- The child or youth is fearful of their parent/caregiver or others living in the residence;
- The caregiver is verbally hostile when talking to or about the child;
- The caregiver has not, will not, or is unable to provide care and supervision necessary to protect the child from harm, including self-harm; or
- The caregiver is verbally abusive to the child, ostracizes the child, ridicules, or belittles the child.


Staff may seek support from a supervisor, contact [Outright Vermont](#), or request consultation from the Commissioner's LGBTQ Committee if additional support or guidance are needed while conducting a child safety intervention related to a child or youth's gender or sexual identity.

As is true for all children and youth served by the division, safety planning for LGBTQ children and youth should include interventions that allow the child to be both physically and emotionally safe.

Some families may need additional supports and resources to work through barriers they may face regarding their child's gender or sexual identity. In instances where children or youth are lacking supportive family members or other natural supports, efforts should be made to grow the young person's safety network. This may include genograms, ecomaps, family finding, circles of support, three-column mapping (*What are we worried about? What is working well? What needs to happen next?*), and ongoing discussions with the young person about who they are connected to and view as supportive.

Case Planning with LGBTQ Children and Youth

As is true for all children and youth served by the division, LGBTQ children and youth will be at the forefront of decision-making and case planning activities. No single approach, accommodation, or plan will apply in all circumstances. Family services workers, with the support of supervisors, must determine the appropriate resources and supports for LGBTQ children and youth on a case-by-case basis, informed by the individual child's needs.

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Staff should provide information on LGBTQ community resources to all children, youth, and families who need referrals or support. Staff may seek support from a supervisor, contact [Outright Vermont](#) with questions, or request consultation from the Commissioner’s LGBTQ Committee if additional support or guidance are needed while working with children, youth, and families through an open case with the division.

Confidentiality and Documentation Considerations

In instances where having information about the child’s sexual or gender identity is important to making an informed case decision (which serves the child or youth’s best interests and protects their safety), division staff will exercise professional discretion in asking for the individual’s sexual or gender identity.

Staff will respect each child, youth and family member’s right to confidentiality, which includes the information shared with parents and foster/kinship families. To support the child or youth’s health, safety and well-being, staff must be mindful when a child or youth discloses their LGBTQ identity. This information is sensitive and should be kept confidential. Division employees are not obligated to share information about a child or youth’s gender or sexual identity with anyone (including parents, family members, foster/kinship families, providers, or the court) until the young person expresses they are ready to share this information. The decision to share this information will be guided by the child or youth’s preferences and wishes. Staff should ask children and youth to what extent they want to disclose this information and to whom.

Because a young person’s information about their identity is sensitive and confidential, careful consideration shall be given to whether it is appropriate to document this information in the division’s records or information submitted to the court or other partners. Employees will inform children and youth of who could see the information (if documented in an affidavit, case determination, case notes, case plan, disposition report, etc.) and allow the young person to determine whether information about their identity should be documented. **With the permission of the young person**, an introductory clarifying statement may be used in documents. For example:

John 'Jane' Smith is a transgender youth who uses the name Jane and she/her pronouns. The rest of the [affidavit, case plan, report] will refer to Jane accordingly.

Entering Information into FSD Databases

A child or youth’s legal name is the name entered into SSMIS. When a legal name change occurs to affirm the young person’s identity, the name listed in SSMIS will also be changed.

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With the permission of the young person and if space allows in the SSMIS name field, the youth’s preferred name may be added in parentheses. Additionally, a case note alert should be added in FSDNet to indicate the youth’s preferred name and pronouns. For example:

John 'Jane' Smith is a transgender youth who uses the name Jane and she/her pronouns. Case notes will refer to Jane accordingly.

Placement Considerations for LGBTQ Children and Youth

The division is committed to making ongoing efforts to recruit, train, support, and retain foster families who are LGBTQ affirming and supporting. When LGBTQ children and youth cannot safely remain in their homes, they will be placed in an LGBTQ affirming out-of-home placement.

Youth who identify as transgender should be placed in a home or location consistent with their individualized needs and preferences (which may be based on their stated gender identity), unless there is a safety-based rationale determined in consultation with a supervisor and the Commissioner’s LGBTQ Committee. If a residential-level of placement is needed, workers will consult with the residential services manager or designee, a representative from RLSI, and the director of operations. Safety-based exceptions to placement decisions shall have a specific and credible basis (such as other treatment needs or aggression/violence), and will not be solely based on a gender identity reason. This information must be documented in case notes.


Placement decisions for transgender youth will be reassessed at least monthly during the worker’s monthly face-to-face visit, or as needed or requested by the youth, to review any threats, harassment, bullying, or safety concerns experienced by the youth.

Commissioner’s Committee on LGBTQ Issues

The DCF Commissioner has designated a committee to assist division employees in making decisions on medical treatment, situations where agreement cannot be reached by the team, and other complex case issues related to LGBTQ children and youth in DCF custody. Waiting to address the medical needs of transgender children and youth is not a neutral option.

The Commissioner’s LGBTQ Committee provides support to staff and shall be consulted about the following issues and decisions:

- Legal name changes
- Legal gender marker (the male [M] or female [F] identifier on one’s birth certificate, ID, or passport) change
- Obtaining or changing photo identification (passports or driver’s licenses)

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- Situations where a young person feels unsafe, uncomfortable, or disagrees with a placement because of their identity
- Medical treatment decisions, including:
 - Puberty blockers/suspenders
 - Gender affirming hormone treatment
 - Fertility preservation
 - Gender affirmation surgery or other medical procedures

The Commissioner’s LGBTQ Committee also supports district staff in instances where there may be parent disagreement about legal or medical decisions outlined above. In consultation with the Commissioner’s LGBTQ Committee, the process described in Family Services [Policy 77](#) about parent disagreement with medically recommended treatment is followed.

Staff may request consultation by the Commissioner’s LGBTQ Committee on issues beyond the topics identified above. All requests for consultation with the committee will be directed to the director of operations, who will convene the committee by phone or in-person within two business days.

Representation on the Commissioner’s LGBTQ Committee may vary on a case-by-case basis. The director of operations will convene the committee and a representative of [Outright Vermont](#) will always be invited to participate. The case and topic to be discussed will determine other participants. Examples include:

- Individuals close to the child or youth
- Advocates requested by the child or youth
- Foster parents
- A pediatrician or physician
- A therapist or mental health clinician
- The assigned policy and operations manager for the district
- The residential services manager or a client placement specialist
- A representative from Residential Licensing and Special Investigations (RLSI)
- A domestic violence specialist
- The co-chairs of the LGBTQ Workgroup

Consultation notes and the required next steps as determined by the Commissioner’s LGBTQ Committee will be shared with the family services worker, supervisor, and all other participants via email. The district director and assigned policy and operations manager will also receive the notes and required next steps to provide additional support to staff and address any barriers that may arise.

Appendix I: The Gender Unicorn

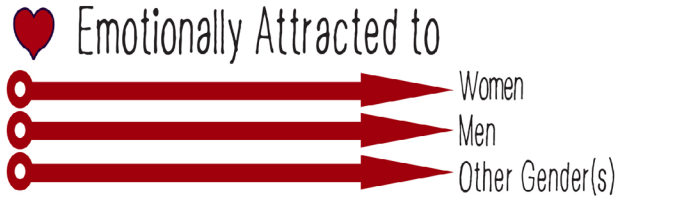
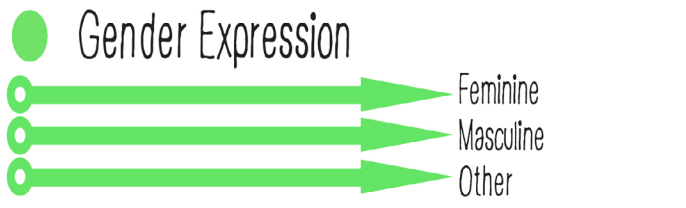
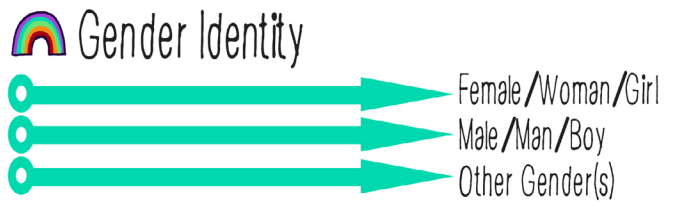
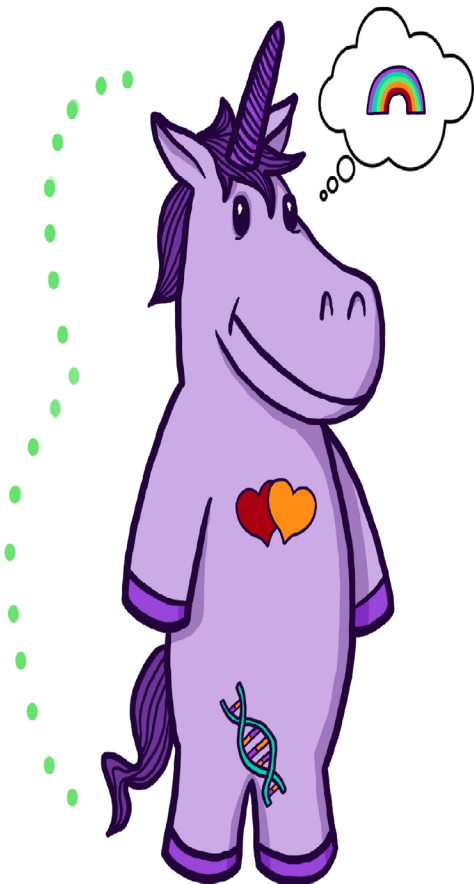
The Gender Unicorn

<http://www.transstudent.org/gender>

The Gender Unicorn was developed by the Trans Student Educational Resources, which is a youth-led organization dedicated to transforming the educational environment for trans and gender non-conforming students through advocacy and empowerment.

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



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

Design by Landyn Pan and Anna Moore

Appendix II: Practice Guidance

Supporting Families with LGBTQ Children

Family reactions, behaviors, and level of support about a child or youth's gender or sexual identity affect their self-esteem, feelings of love and belonging, sense of the future, life satisfaction, and social support. Being valued by parents, caregivers, and family helps young people learn to value and care about themselves. Family acceptance and support from a young person's connections promotes well-being and helps protect LGBTQ youth against dangerous health and mental health outcomes.

When parents, caregivers, or family members learn of a young person's LGBTQ identity, they may feel overwhelmed and need information and support while going through their own process. In instances where a family is not rejecting the child or youth because of their identity, but their reactions are not as supportive as the young person needs, informational documents and local resources may be options to support the family. Links to educational materials and additional information are available in within this policy. Examples of support may include connecting family members to peers, community advocacy organizations, designated agencies, or online resources.

When working with families with an LGBTQ child or youth, it is helpful to engage in conversation and redirect unsupportive or rejecting behaviors. Parents, family members, and resource families should be encouraged to:

- Talk with young people about their gender and sexual identities;
- Express support and affection when children tell them about their identity;
- Support children's identities even if it feels uncomfortable;
- Advocate for youth if they are ever mistreated because of their identities;
- Advocate for children and youth within their schools;
- Require that siblings, other family members, and friends respect LGBTQ children;
- Bring young people to LGBTQ organizations and events in the community;
- Connect youth with an LGBTQ adult role model to demonstrate options for the future;
- Welcome youth's friends and partners into the home;
- Support young people's gender expression; and
- Believe that youth can have a happy future as an LGBTQ adult.

Family rejection significantly impacts LGBTQ children and youth's risks for health and mental health challenges – including depression, self-harm, suicide, substance use or abuse, HIV and STDs. LGBTQ youth who do not receive the support they need or are rejected by their families because of their identities have fewer people they can turn to for help; they are more isolated than young people who are accepted by their families.

The following caregiver behaviors signify the need for additional support and planning regarding a child or youth's physical and emotional safety. The following are behaviors to help families avoid:

- Any form of physical abuse or violence such as hitting, slapping, or otherwise hurting a child because of their identity;
- Verbal harassment or name-calling because of a child's identity;
- Excluding LGBTQ youth from contact with family members and activities with friends and family;
- Blocking access to LGBTQ friends, events, and resources;
- Blaming a child when they are discriminated against because of their identity;
- Pressuring a child to be more or less masculine or feminine;
- Using religious beliefs to indicate the child will be punished because of their identity;
- Telling a child that family members are ashamed of them, or that how they look or act will shame the family; and
- Making a child keep their identity a secret in the family or not letting them talk about it.

Supporting LGBTQ Young People

Resilience should be reinforced with LGBTQ children and youth, consistent with the [Youth Thrive](#) framework, by promoting:

- **Youth Resilience** – by assisting youth in identifying and relating to the stress and trauma that they have experienced. LGBTQ youth often experience additional stress and negative behaviors from others and need assistance in overcoming and processing these experiences.
- **Social Connections** – by encouraging and assisting youth in identifying positive and permanent relationships with LGBTQ affirming caring adults. This can also be achieved by ensuring that youth and families are familiar with the resources within their community.
- **Knowledge of Child and Adolescent Development** – by understanding that child brain development is not fully developed and that their reactions, actions, and behavior may frequently change. This does not mean that a youth who identifies as LGBTQ is uncertain of their sexual or gender identity. Young people may change the way they identify over time.
- **Concrete Support in Times of Need** – by ensuring that youth's needs are met. Supportive adults should facilitate opportunities for youth to engage in meaningful and strength-based activities that enable an increased sense of self-worth. The youth may desire to be connected to an organization that is relevant to their sexual or gender identity. This does not mean that all LGBTQ youth will want to be referred or connected to a LGBTQ friendly group/organization.
- **Cognitive and Social-Emotional Competence** – caregivers and supportive adults facilitate this by using appropriate pronouns, preferred name, and allowing the youth to wear clothing and accessories of their preference.

Additional Resources

[CWLA's Best Practice Guidelines for Serving LGBT Youth in Out-of-Home Care](#)

[NCLR's A Place of Respect: A Guide for Group Care Facilities Serving Transgender and Gender Non-Conforming Youth](#)

[Supportive Families, Healthy Children](#)

[A Practitioner's Guide: Helping Families to Support Their LGBT Children](#)

[Vermont Agency of Education Best Practices for Schools Regarding Transgender and Gender Nonconforming Students](#)

Outright Vermont: <http://www.outrightvt.org/>

Pride Center of Vermont: <http://www.pridecentervt.org/>

The Vermont Human Rights Commission: <http://hrc.vermont.gov/>

Human Rights Campaign: <http://www.hrc.org/>

GLAD: <http://www.glad.org/>

Youth.gov: <http://youth.gov/youth-topics/lgbtq-youth>

Gender Spectrum: <https://www.genderspectrum.org/>