

Working with Transgender and Nonbinary Youth in the Child Welfare System

Richard A. Brandon-Friedman, PhD, LCSW, LCAC¹

Ryan Karnoski, MSW³

Seventy F. Hall, BS⁴

¹Indiana University School of Social Work

²Private Practice

³University at Buffalo School of Social Work

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Abstract

For transgender/nonbinary (TNB) youth, the child welfare system (CWS) is often an unfriendly environment. Many experience continued rejection, discrimination, harassment, and hostility from those who are tasked with protecting them. Working with these youth requires understanding their unique needs and targeted strategies to address concerns related to their gender identities and facilitate healthy development. This chapter begins by exploring the limited data available on the number of TNB youth in the CWS and their experiences within the CWS. Next, the chapter provides recommendations for policy changes to better address the unique needs of TNB youth, before outlining guidelines for working with TNB youth based on a synthesis of prior recommendations. The fourth component of the chapter consists of two case studies, one that explores the experiences of a transgender youth in a pre-adoptive placement and the other looking at a nonbinary youth living in a group home. Following this is a list of resources for professionals seeking additional information on working with TNB youth in the CWS. Through the provision of supportive services within an affirming environment, TNB youth in the CWS can grow and thrive, meeting the primary goals of the CWS.

Introduction

Transgender and nonbinary (TNB) youth make up a small but substantial portion of youth in the child welfare system (CWS). These youth are not homogenous and each face different challenges per their membership in one of four different subgroups: (1) those who enter the CWS directly and partially due to familial conflict regarding their gender identities; (2) those who enter the CWS for reasons unrelated to their gender identities and for whom their gender identities were not a significant source of strain within their families of origin, (3) those who enter the CWS for reasons other than their gender identities, come out when they are in the CWS, and their gender identities become a significant source of strain within their families of origin; and (4) those who enter the CWS for reasons unrelated to their gender identities, come out while in care, and for whom their gender identities are not a source of strain within their families of origin. Each set of youth faces different challenges in their lives and within the CWS but have similarities in how they are treated within the CWS.

TNB youth are often treated poorly by child welfare workers, service providers, and caregivers within the CWS. Efforts to understand their experiences typically rely on behavioral frameworks that attribute blame to the youth by emphasizing their gender-expansive identities and difficulties with social functioning instead of focusing on care and affirmation. A more informed lens would acknowledge and foreground the significant stress and trauma the youth have experienced and recognize the need for specialized services and individualized treatment plans that address their unique life situations. The development of supportive, affirming environments that are designed to assist TNB youth with navigating their identities requires explicit attention to how professionals and caregivers interact with these youth. The intent of this chapter is to summarize the existing body of research on the experiences of TNB youth in the

CWS, provide recommendations for policy change, and offer best practice guidelines, so individuals who work with TNB youth in the CWS can better serve this population.

Literature Review

Few studies have explored the experiences of TNB youth in foster care. However, preliminary analyses suggest that these youth become involved with the CWS at disproportionately high rates and face additional concerns relative to their cisgender peers throughout their time in out-of-home care. Among a random sample of LA County foster youth between the ages of 12 and 21, 5.6% identified as trans [sic] despite transgender youth making up only approximately 1-2% of the general youth population (Herman, Flores, Brown, Wilson, & Conron, 2017; Johns et al., 2019; Wilson & Kastanis, 2015). Few studies have explored the rate of nonbinary individuals among the general youth population. TNB youth also have greater crossover involvement with the juvenile justice system than cisgender youth, with one study showing 3.5 times as many trans and gender-nonconforming [sic] youth in the juvenile justice system had previously been involved with the CWS and five times as many had been placed with foster families or in group home facilities (Irvine & Canfield, 2016).

Even though sexual orientation and gender identity are distinct concepts, it is worth noting that studies indicate that over three-quarters of TNB individuals have lesbian, gay, bisexual, queer, pansexual, asexual, or other sexual orientation identities that are not heterosexual (James et al., 2016). Sexual minority youth in the CWS experience disparities relative to heterosexual youth, such as reduced self-sufficiency, lower levels of sexual health wellbeing, worse sexual health outcomes, and lower quality of foster parent and peer relationships (Brandon-Friedman, 2019; The Annie E. Casey Foundation, 2016). For instance, LGBTQ youth report histories of physical abuse and TNB youth report being kicked out of the

house or running away at approximately four and six times the rates of heterosexual and cisgender youth, respectively (Irvine & Canfield, 2016; Wilson & Kastanis, 2015).

TNB foster youth also suffer disparities across a wide range of risk domains, including abuse history at home and in the community, ongoing conflicts with members of their families of origin, mistreatment by child welfare workers and system-based caregivers, rates of mental health hospitalization and congregate care placements, housing insecurity, placement instability, academic achievement, and odds of aging out of foster care (Irvine & Canfield, 2016; McCormick, Schmidt, & Terrazas, 2016; Wilson & Kastanis, 2015). Furthermore, many of these youth experience additional harassment and/or abuse while in care, contradicting the CWS's goals of achieving safety and permanency for youth (Matarese, Greeno, & Betsinger, 2017; McCormick et al., 2016).

TNB youth are also at increased risk of exposure to *identity abuse* while in care (Woulfe & Goodman, 2018). According to Woulfe and Goodman, identity abuse may entail disclosure of an individual's gender identity without their consent (i.e., outing), use of homophobic or transphobic slurs, attempts to shame the individual about their gender identity, refusal to allow the individual to express their gender identity, and/or efforts to bar contact with the LGBTQ+ community altogether. Within the context of foster care, identity abuse may manifest as harassment from caregivers, staff, and peers; failure to use gender pronouns and names that align with youths' gender identities; or outright discrimination against TNB youth.

Scholars have hypothesized that the limited number of families willing to foster who have experience caring for TNB youth, as well as transphobia or discrimination within the CWS, contribute to placement instability and insecurity among TNB youth (Barnett, 2018; McCormick et al., 2016). Other pertinent areas of consideration include the strong religious foundations of

many child welfare agencies, the legal ability of social service agencies to refuse to place a sexual or gender minority youth, misconceptions about sexual minority youth (e.g., they are more likely to sexually offend against other youth), and state policies that do not require social service agencies to consider sexual orientation and/or gender identity when making placement decisions (Bucchio, 2012; Clements & Rosenwald, 2008; Martin, Down, & Erney, 2016).

Policy Considerations

Several organizations and agencies have developed policies and best practice guidelines to assist professional providers and caregivers with working with TNB youth. While some focus on LBGQ+ individuals as well, this chapter will only explore guidelines for working with TNB youth. What follows is a synthesis of recommendations from the National Resource Center for Adoption, National Resource Center for Permanency and Family Connections, and National Resource Center for Recruitment and Retention of Foster and Adoptive Parents at AdoptUSKids (n.d.); Children's Rights, Lambda Legal, and the Center for the Study of Social Policy (Remlin, Cook, Erney, Cherepon, & Gentile, 2017); the Putting Pride Into Practice Project of Family Builders by Adoption (Wilber, 2013); New York City's Administration for Children's Services (Ryan, 2016); the National Center for Lesbian Rights (Marksamer, Spade, & Arkles, 2011); the Capacity Building Center for States (n.d.); the Child Welfare League of America (2012); the Walter S. Johnson Foundation (Perron, 2015); Mallon (2011); McCormick et al. (2016); the Human Rights Campaign (n.d.); the University of Maryland School of Social Work's Institute for Innovation & Implementation (Matarese et al., 2017); and the California GetR.E.A.L. Initiative (getR.E.A.L., n.d.). Agencies not familiar with the needs of TNB youth would benefit from having a consultant attuned to these youths' need available when making treatment and placement decisions.

Regulations

State regulations are often unclear on differentiating gender and sex, so many agencies have adopted conservative policies based on a young person's sex assigned at birth (generally limited to males and females). State statutes are needed that distinguish between sex and gender and allow for recognition of youths' gender identities. Written policies should also require accommodations related to dress codes, sleeping arrangements, and attendance at gender-segregated activities. For example, inclusive regulations would ensure that TNB youth are permitted to wear clothing that corresponds with their gender identities.

Documentation

A lack of well-established standards for collecting data on the sexual orientations and/or gender identities of youth in the CWS likely contributes to their visibility (Barnett, 2018; Wilson & Kastanis, 2015). Wilber (2013) developed a comprehensive set of guidelines for documentation of youths' sexual orientations and gender identities in state and clinical records. The guidelines suggest that these areas of youths' lives should only be noted when pertinent, such as in therapy referrals, but should otherwise be minimized to prevent an invasion of privacy. Further, records that include this information should document the reasons for its inclusion. Finally, due to the inherent fluidity of gender identity and expression, those who work with youth in the CWS should continually reassess the impacts of these factors on the youths' placement and service needs.

Use of Names and Pronouns

Although court and medical records must have youths' legal names documented in them, these standards need not apply to everyday interactions with youth (Marksamer et al., 2011). Failure to use TNB youths' chosen names and identified pronouns can harm their mental health

and psychosocial functioning, especially as others in the youths' lives may have displayed this behavior in an attempt to demean them and/or negate their identities previously (Marksamer et al., 2011; Matarese et al., 2017; Woronoff, Estrada, & Sommer, 2006). Child service agencies should implement written policies that require professional providers and caregivers to use the names and pronouns specified by youth when addressing them directly and in communications that do not require legal name usage.

Placement Decisions

All youth have equal rights to placement decisions and treatment protocols, yet, even though doing so is illegal, the CWS often isolates TNB youth from other youth under the pretext of 'ensuring their safety' (Marksamer et al., 2011). It is incumbent on the CWS to prescreen prospective placement settings for safety to eliminate the need for such measures. Preferably, a multidisciplinary team experienced in working with TNB youth would explore the options available and make individualized placement decisions according to the youths' specific needs. A youth-driven approach that gives youth the opportunity to identify individuals with whom they feel safe and affirmed might be advantageous in these cases, though child welfare agencies must ensure that such a placement would meet state standards. Moreover, youth should have the authority to determine how out they want to be to their caregivers and to what degree their gender identities should play a role in placement decisions. In some circumstances, youth may choose to background their gender identities in order to maintain or enter a placement they feel will be in their best interests (Stoessel, 2013). Doing so should only be done per a youth's choice.

Best Practices

Wilber (2013) suggested four principles to guide services for LGBTQ+ youth in the CWS: (1) All children deserve safety and acceptance, (2) Children need support and nurturance to explore and develop positive identities, including their sexual orientations and gender identities, (3) Children thrive when caregivers affirm and respect their sexual orientations and gender identities and expressions, and (4) Children perceived as LGBTQ+ experience the same risks as those who are LGBTQ+. An additional consideration is what the Capacity Building Center for States (n.d.) refers to as the principle of “normalcy.” In upholding this principle, the CWS must place TNB youth in environments that are as close to the standards and healthy as possible and ensure that they feel as “normal” as their peers. TNB youth must receive the same degree of safety, freedom from abuse, and ability to explore themselves and their identities as do all other youth, whether that be with supportive professionals, socially with peers, or in relationships. The remainder of this section will note common concerns TNB youth in the CWS face and suggest ways to address them.

Affirming Environments

TNB youth are accustomed to seeking out indications that they are in affirming environments. Displaying symbols used by lesbian, gay, bisexual, transgender, queer, and other sexual and gender minority communities (e.g., rainbow, transgender flags, pink triangles), safe space indicators, nondiscrimination policies, and books or reading materials that celebrate diversity and let TNB youth know they are in places that recognize and affirm them. Caregivers and service providers should also be knowledgeable about local and national service agencies that work with TNB youth so youth can access them as needed.

Evaluating Caregivers

Before placing TNB youth, the CWS must assess placements for safety and the caregivers' and service providers' abilities to provide affirmative environments. This conversation should take place before making a placement decision to minimize the risk of harassment, abuse, and/or subsequent placement disruptions. Areas to assess include the caregivers' and service providers': (1) knowledge of gender identity and expression; (2) willingness to accept and affirm the youth; (3) ability to discuss gender identity and expression openly and in a positive, respectful manner; (4) strategies for addressing gender identity and expression with others to whom the youth is exposed, including their ability to exercise discretion in disclosing a youth's gender identity and intention to confront harassment and/or abuse directed towards the youth, and (5) willingness and ability to connect the youth with other TNB youth and organizations serving these populations.

Lack of Caregiver and Service Provider Education Regarding Gender Identity

It is essential that all caregivers and service providers that work with youth in the CWS receive comprehensive training on gender identity, gender diversity, and gender fluidity, as many feel unprepared to discuss these topics with youth in their care. Even those who feel they are reasonably familiar with these issues may feel uncomfortable broaching them with youth if they do not know how to initiate the conversation or lack an understanding of what is considered appropriate for discussion. In addition to a basic foundation in sex, gender identity, gender expression, and gender fluidity, training curricula should cover other frequently misunderstood areas such as the differences between these terms, their relationships to sexual orientation and sexual behavior, and various nonbinary gender identities (e.g., enby, genderqueer, agender).

Many trainings fail to address these other gender identities, leaving youth who identify as gender minorities but not as transgender misunderstood.

Abuse and Harassment

Among the factors identified as contributing to elevated levels of harassment and/or victimization among TNB youth in the CWS are inadequate caregiver and provider training, high professionals and caregivers turnover, lack of policies that explicitly forbid harassment related to sexual orientation and gender identity, failure to enforce existing policies, inadequate staff oversight, the tendency to frame such actions as representing professionals' and caregivers' personal or religious beliefs and therefore not subject to discipline, and the number of religiously-affiliated social service agencies that are legally able to exclude LGBTQ+ adults from their agencies. Anti-harassment policies and oversight are essential to addressing the needs of TNB youth in the CWS and should remain applicable to all perpetrators, whether they be caregivers, providers, staff members, peers, foster siblings, mentors, or others with whom the youth interact. Agencies should establish procedures for reporting harassment and abuse safely and confidentially and must ensure that all caregivers and service providers are aware of these procedures and their responsibility to utilize them.

When considering placements with religiously-affiliated agencies or with caregivers who hold strong religious beliefs, service providers must carefully evaluate the environment. While many of these organizations are welcoming, affirming, and supportive, others can be hostile for TNB youth. For example, some caregivers and agency personnel try to force youth to attend therapy to change their gender identities, despite the proven ineffectiveness and danger of reparative practices (Bucchio, 2012; Matarese et al., 2017; McCormick et al., 2016). Caregivers and professionals must address their own biases and remember the guiding principles of safety,

youth affirmation, positive support, and normalcy, as well as ethical and legal standards that prohibit conducting or advocating for conversion or reparative therapies (e.g., American Psychiatric Association, 2018; National Association of Social Workers, 2015).

Furthermore, agencies, caregivers, and service providers must be in tune with aspects of youths' environments that are outside of their direct control. When youth experience abuse or harassment offsite, such as in an educational facility or community location, it is incumbent on those who have legal responsibility or who are serving as caregivers for the youth to intervene and advocate on their behalves. Caregivers can mitigate concerns ahead of time by approaching the school or other social organizations to discuss accommodations for the TNB youth before they arrive.

Privacy

Privacy and discretion regarding gender identity and body are concerns for many TNB youth. In home environments, TNB youth should be treated according to their gender identities and not forced to share rooms with youth with different gender identities against their will. When a single room is unavailable, youth should be placed with someone of their asserted gender unless doing so would pose safety risks. In particular, caregivers and providers should be aware that it may not be safe to place adolescents who were assigned female at birth with cisgender males due to concerns about sexual assault.

Within congregate care settings, attention must be paid to multi-person restrooms, shower facilities, and policies regarding bodily searches. TNB youth should have access to facilities that match their asserted genders or, where more appropriate, single-user facilities. A youth's decision to use a multi-person restroom that corresponds with their asserted gender should be respected as long as safety can be maintained (e.g., keeping other residents out of the multi-person restroom

when the youth is using it). During mandatory body searches, TNB youth should be provided a location separate from other residents and be permitted to choose the gender of the person conducting the search.

Gender Policing and Sexualization

LGBTQ+ youth in the CWS often experience more oversight of their peer interactions and social engagements than those who are cisgender and heterosexual. Examples include banning the youth from dating, attending social events, or having peers over to visit and excessive monitoring of communications and clothing choices (McCormick et al., 2016; Woronoff et al., 2006). Furthermore, caregivers of TNB youth are more likely to misread the youths' actions as sexualized and, thus, to restrict their rights and privileges, despite the lack of empirical evidence indicating they are more sexually motivated than other youth (McCormick et al., 2016). Such practices are discriminatory and hamper youths' intrapersonal and interpersonal development. While it may be necessary to consider a youth's gender when evaluating sleeping arrangements, social events, and other activities when relevant, such evaluations should not subject TNB youth to additional scrutiny relative to their cisgender peers.

Access to Community Resources

TNB youth should have access to community agencies and organizations that serve LGBTQ+ individuals. Affirming environments and the ability to socialize with others who identify as LGBTQ+ positively impact youths' intrapsychic and social development and afford them opportunities to grow and establish autonomy (Brandon-Friedman & Kim, 2016; Matarese et al., 2017). TNB youth should be granted access to these programs, including through facilitated transportation per the same policies that allow any youth to attend any other social events.

Access to Mental Health Care and Healthcare

As a consequence of harassment, abuse, stigma, and discrimination, many TNB youth experience significant social-emotional concerns and require clinical therapeutic services. While being TNB is not directly associated with mental health needs, TNB youth may experience psychosocial difficulties related to the incongruence between their self-image and their bodily presentation and the gendered ways they are treated (Connolly, Zervos, Barone, Johnson, & Joseph, 2016). Clinicians who provide therapeutic services to TNB youth should have experience working with this population and understand the trauma many have experienced.

Regulations regarding access to gender-affirming medical treatments for youth in the CWS vary widely by state, with several states providing little guidance. Medical associations recommend that TNB youth be permitted to receive gender-affirming care from a young age and advocate that youth should have access to age-appropriate information about gender-affirming medical treatments. Medical treatment options range from puberty suppression for prepubertal youth to gender-affirming hormones for pubertal youth to surgical interventions for late teens and older individuals. Many larger cities have multidisciplinary clinics that provide TNB youth with comprehensive mental and physical health care as well as access to fertility resources, care for eating disorders, and additional psychological services. Caregivers and service providers should be knowledgeable about these specialty clinics and include professionals from such clinics or other mental health providers attuned to the unique needs of TNB during care planning. These resources are especially important during placement changes, as this is when TNB youth often experience disruptions in gender-related care (Karnoski, 2017). For more information on mental health and medical care for trans/NB youth, please see other chapters in this volume.

Role Models

LGBTQ+ youth often emphasize the importance of positive adults as role models in their lives. Unfortunately, LGBTQ+ adults face considerable barriers when attempting to become foster or adoptive parents. For instance, some states do not permit members of these populations to be licensed or do not allow individuals in a same-sex relationship to adopt, and many social service providers hold negative views of LGBTQ+ individuals. As a result, LGBTQ+ adults may begin to doubt their own abilities to serve as positive role models for youth (All Children - All Families, 2012; Mallon, 2011). Recommendations to counteract these difficulties include targeted recruitment of LGBTQ+ adults, modification of discriminatory state licensing and adoption laws, efforts to increase knowledge about sexual and gender minorities and reduce prejudice among social service providers, and integration of sexual orientation and gender identity into agency nondiscrimination policies (All Children - All Families, 2012; Mallon, 2011). As suggested previously, connecting youth to community-based agencies serving TNB individuals can provide access to these resources.

Relationships with Families of Origin

Specific attention to TNB youths' prior home environments is crucial, as LGBTQ+ youth experience higher levels of adverse childhood experiences, enter the child welfare system due to direct conflict with family members more often (for reasons that are frequently related to sexual orientation and/or gender identity), and are more likely to have been physically, sexually, or emotionally abused by their parents (Brandon-Friedman, 2019; Friedman et al., 2011; McCormick et al., 2016). The assessment tool noted previously for evaluating affirming environments can be used with families of origin, as can other toolkits such as that from the Child Welfare League of America (2012). Regardless of the reasons that TNB youth enter the

CWS, services should address the home environment if it was not affirming of the youth's gender identity. Strategies that could improve the home environment include family member education, family member support groups, and family therapy. For further information on working with parents and families of TNB youth, please see the chapter on this topic in this volume.

Conclusion

TNB youth in the CWS system face interpersonal, familial, and systemic challenges that exceed those of their cisgender peers. They often experience harassment and/or discrimination from those charged with their care and have significantly worse psychosocial and educational outcomes. Organizations have developed guidelines CWS agencies can use to evaluate their current practices and modify them to best serve TNB youth, many of which have been synthesized in this chapter. Ultimately, service decisions for TNB youth in the CWS should adhere to the principles of normalcy, safety, and acceptance; support and nurturance for identity exploration and development; and respect and affirmation. Appropriate service provider and caregiver education, adherence to stated non-discrimination policies, and conscious attention to the development of positive and affirming environments can ensure TNB youth in the CWS receive the care needed to thrive.

Case Studies

General Reflection Questions for Both Case Studies

1. What are the largest challenges currently facing the client?
2. What do you think the client would identify as their greatest need at this time?
3. What are the client's strengths?
4. What are the most important considerations for the state caseworker?
5. How is the client's gender identity impacting their current situation?
6. As the client's social worker, what would be your treatment foci be with the client?
7. As the client's social worker, how might you best advocate for your client?

Case Study 1

Jasmine (she/her/hers) is a seven-year-old trans girl living in a therapeutic group home for foster children. She entered foster care at age three after being found wandering on the street with her siblings. She was placed into foster care, later diagnosed with gender dysphoria and oppositional defiant behaviors, and separated from her siblings. Jasmine's original foster placement disrupted after Jasmine broke a window and she moved between several other foster placements before moving into the group home at age six. Jasmine attends school in her community, has several friends there, and is at grade level academically. Jasmine's mom Brandi reported that Jasmine's father died before she was born. A termination of parental rights petition may soon be filed against Brandi after two disrupted trial returns home for her children, and there is a concurrent permanency plan with a primary plan of adoption.

Brandi is in recovery for addiction and has recently begun participating in extrajudicial visits with her children to rebuild relationships with them. Brandi credits her substance abuse recovery to her Christian faith and believes gender must correspond to sex. Brandi and Jasmine's

siblings refuse to use Jasmine's chosen name and use he/him pronouns despite protestation from Jasmine. During family visits, Brandi frequently makes disparaging comments about Jasmine being allowed to wear girl clothes, noting she gave birth to a boy. A trans-affirming employee in the group home overheard these comments, and Brandi is no longer allowed to visit at the group home. Jasmine has told her therapist that while the comments upset her, she still wants to visit her mom and siblings regularly.

Six months ago, a couple with two other children in the home began having pre-adoptive visits with Jasmine. After multiple visits per week in the community, Jasmine began to have overnight visits in the couples' home. During a lengthy visit, the couple unexpectedly returned Jasmine to the group home early, yelling that Jasmine had exposed her genitals to their two other children explaining to them, "I'm a girl with a penis." The on-call case manager at the group home wrote a case note about this incident, labeling Jasmine a "sexually aggressive youth." Jasmine's new state caseworker is struggling to find Jasmine an adoptive home and is considering moving her to a group home that offers long term placements for youth sexual offenders.

Case Study 1 Reflection Questions

1. How do you think Jasmine may feel in this situation?
2. What do you think are the priorities of Jasmine, her mother, the group home case manager, the state caseworker, and the prospective adoptive family?
3. How might Jasmine's gender identity impact others' interpretation of the events in the couple's home?
4. If you were Jasmine's therapist, how would you process her experience with the adoptive couple with her?

5. If you were a visit supervisor, how would you coach Brandi on using language that reflects her commitment to Jasmine without disrespecting Jasmine's gender identity?

Case Study 2

Quintin (they/them/theirs), a 14-year-old nonbinary teenager assigned female at birth, is currently in a kinship care placement with their grandparents after their parents were incarcerated for felony burglary. Quintin's current permanency plan is relative guardianship to be finalized in the next few months. Quintin regularly dresses in ties, top-hats, tutus, and tights. Quintin recently began ninth grade and has been bullied at school, primarily around their clothing choices, changing in the women's locker room, and using the women's bathroom. During a meeting with Quintin, their grandparents, and the school principal, the principal "outed" Quintin as nonbinary to their grandparents, who did not know Quintin had been using they/them pronouns or requesting use of a single stall bathroom. After this meeting, Quintin ran away from their grandparents' home and stayed in a teen shelter for two nights, before being returned to their grandparents' home by their state caseworker. Quintin's grades began to suffer and it was discovered that Quintin had been skipping class to use the bathroom at a nearby coffee shop where there was an all-gender bathroom they could use.

Quintin's grandparents are concerned about the amount of time Quintin spends online and on their cell phone and recently threatened to restrict Quintin's access to the internet. Later that night, Quintin superficially cut themselves with a razor blade and posted online that they had taken a handful of pills. An online friend called 911 and Quintin was taken to an inpatient behavioral health unit where they remained for one week. While there, Quintin stated that they were suicidal because of their severe gender dysphoria related to their body. A psychiatrist diagnosed Quintin with major depressive disorder and gender dysphoria and recommended an

antidepressant, but Quintin refused the prescription. At the end of the hospital stay, Quintin stated that they would not return home unless they could begin taking testosterone. Quintin's grandfather refused, stating that although he would support Quintin identifying as nonbinary, he would not allow Quintin to make any permanent changes to their appearance. Quintin was discharged from the hospital to their grandparents' care despite Quintin's objections.

Quintin currently receives weekly outpatient counseling, but the therapist told Quintin that she had never had a transgender client before and that it might be a good opportunity for her to learn something new through Quintin. Quintin has not come out to their parents and is worried that their grandparents will "out" them when discussing Quintin's mental healthcare and hospital stay. Recently Quintin's grandparents have begun threatening to disrupt the placement as they feel too overwhelmed by Quintin's difficulties and gender "problems." This would result in Quintin being placed into foster care. Yesterday, Quintin told a teacher at their school that they plan to run away to live with a 19-year-old boyfriend they met through school friends and who supports their gender identity.

Case Study 2 Reflection Questions

1. How do you think Quintin is feeling in this situation?
2. How do you think Quintin's grandfather is feeling in this situation?
3. If you were Quintin's state caseworker, what would you do to try to stabilize Quintin's placement with their grandparents? Would you seek an alternative placement for Quintin? Why or why not?
4. What do you think of Quintin's therapist's comment? How do you think Quintin would feel after hearing their therapist say that?

5. How do you think being in kinship care impacts Quintin's experience of coming out as nonbinary? How might this be different than being in foster care with an unrelated family?

Resources

A Place of Respect: A guide for Group Care Facilities Serving Transgender and Gender Non-Conforming Youth (2011)

Guide developed by the National Center for Lesbian Rights

Safe Havens: Closing the Gap Between Recommended Practice and Reality for Transgender and Gender-Expansive Youth in Out-of-Home Care (2017)

Guide developed by Children's Rights, Lambda Legal, and the Center for the Study of Social Policy

Guidelines for Managing Information Related to the Sexual Orientation & Gender Identity and Expression of Children in Child Welfare Systems (2013)

Guidelines developed by Family Builders, Legal Services for Children, National Center for Lesbian Rights, and the Center for the Study of Social Policy

Caring for LGBTQ Children & Youth: A Guide for Child Welfare Providers

Guide developed by the Human Rights Campaign

beFierce: A Toolkit for Providers Working with LGBTQ Foster Youth

Toolkit developed with support from the Walter S. Johnson Foundation

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