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GENDER IDENTITY & EXPRESSION

On October 1, 2011, Public Act No 11-55 added gender identity or expression to the list of protected classes within Connecticut’s civil rights statutes. Existing DCF policy explains, “DCF has an obligation to ensure fair, equal, and non-discriminatory treatment of all individuals who identify themselves as lesbian, gay, bisexual, transgender, questioning and intersex (LGBTQI).” Protections for transgender and gender non-conforming children and adolescents are particularly important in the DCF context because these youth face widespread misunderstanding and lack of knowledge about their lives; are at higher risk for peer ostracism, victimization and bullying; and may suffer psychological harm in an environment that rejects them for their gender identity.

<p>Conn. Gen. Stat. §46a-60, §46a-71; §46a-73</p>	<p>Connecticut law prohibits discrimination on the basis of gender identity or expression in all areas and contexts in which the law already prohibits discrimination on the basis of sex. The law imposes non-discrimination obligations on DCF as:</p> <ul style="list-style-type: none"> • a service provider; • a contracting agency; • a licensing agency; and • an employer
<p>WHO IS PROTECTED?</p>	<p>Everyone. Importantly, the law requires equal treatment regardless of a person’s gender identity or expression</p> <p>All individuals interacting with DCF are protected by the Act.</p> <p>The law covers anyone applying for employment or currently employed by DCF. It also applies to anyone with whom DCF contracts and anyone that DCF licenses.</p> <p>Clients must receive services based on their gender identity whether or not their gender identity is different than that associated with their birth sex or physiology.</p>
<p>PENALTIES</p>	<p>Claims of unlawful discrimination or harassment based on gender identity or expression are handled in the same manner as other types of discrimination and harassment claims. Criminal penalties are also available.</p>

DEFINITIONS

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Gender Identity or Expression. State law defines gender identity or expression as “a person’s gender-related identity, appearance or behavior, whether or not that gender-related identity, appearance or behavior is different from that traditionally associated with the person’s physiology or assigned sex at birth, which gender-related identity can be shown by providing evidence including, but not limited to, medical history, care or treatment of the gender-related identity, consistent and uniform assertion of the gender-related identity or any other evidence that the gender-related identity is sincerely held, part of a person’s core identity or not being asserted for an improper purpose.”

Gender Identity vs. Sexual Orientation? Gender Identity and sexual orientation are two different aspects of identity. Gender identity refers to a person’s internal understanding of him- or herself as a man, a woman, neither, both, and any combination thereof. Some words that describe gender identity include:

- Cisgender: The sex one was assigned at birth matches one’s internal gender identity.
- Transgender: The sex one was assigned at birth does not match one’s internal gender identity.
- Transsexual: An individual who transitions from the sex assigned to them at birth to the gender that matches their identity. Some people may refer to themselves as MtF (male to female) or FtM (female to male).
- Genderqueer: A person who rejects the notion that there are only two genders (men and women) and who experiences (and often expresses) his or her gender as fluid, neither or both.
- Trans*: The "*" allows people to describe themselves and their own experiences or journey. There are a multitude of words and expressions, *e.g.*, bois, grrls, transmasculine, transfeminine. For the purposes of this document, we will use the inclusive descriptor "trans*."

DEFINITIONS, cont.

DEFINITIONS, CONTINUED

Gender Expression refers to the ways in which individuals manifest masculinity or femininity or some combination thereof. It is usually (although not always) an extension of “gender identity” and a person's innate sense of being male or female. Gender expression includes appearance, speech, behavior, movement and other factors.

Gender Binaries assume that there are only two sexes (male/female) and two genders (man/woman). Some people experience that definition as too narrow or confining and not representative of their experience of themselves. Some of the words that people use to describe this identity include genderqueer, bois, grrls and gender fluid.

Intersex or DSD refers to a person born with the full or partial sex organs of male and female, or with underdeveloped or ambiguous sex organs. (This word replaces "hermaphrodite").

Questioning – People (often youth, although not always) who are in the process of questioning their sexual orientation or gender identity.

Sex: This is a biological construct that refers to one’s internal and external reproductive organs, secondary sex characteristics and chromosomes. Sex is generally assigned at birth.

Sexual Orientation is defined as the direction of one’s emotional, romantic or physical and erotic attraction, and its expression. Some examples of sexual orientation include:

- Asexuality: Someone who doesn’t experience sexual attraction.
- Bisexuality: Someone who is attracted to both men and women to various degrees.
- Pansexuality: Someone who is attracted to people regardless of gender and who assumes that there are more than simply two genders.
- Heterosexuality: Someone who is attracted to people of a different gender than themselves.
- Homosexuality: Someone who is attracted to people of the same gender as themselves.

Q & A REGARDING PROTOCOLS

<p>STAFF TRAINING</p> <p>Is additional training available to DCF employees, offices and providers?</p>	<p>DCF employees and contracted providers may request additional training regarding sex, gender identity, gender expression and sexual orientation. This training is available through DCF's Academy for Workforce Development. In addition, offices and agencies may request on-site training, following their current internal protocols.</p>
<p>DOCUMENTATION</p> <p>Is government or medical documentation needed in order to be protected by state law?</p>	<p>No. State law specifies that gender-related identity can be shown by providing evidence including, but not limited to,</p> <ul style="list-style-type: none"> • medical history; • care or treatment of the gender-related identity; • consistent and uniform assertion of the gender-related identity; <i>or</i> • any other evidence that the identity is sincerely held, part of a person's core identity or not being asserted for an improper purpose. <p>However, the list is included in the law as examples of ways in which a gender-related identity <i>can</i> be shown, not as ways that a gender-related identity <i>must</i> be shown. The law does not include examples of how a gender-related appearance or behavior may be shown.</p>
<p>GENDER MARKERS</p> <p>What are gender markers and how should DCF designate them for transgender and gender non-conforming clients?</p>	<p>Gender markers are the designation on official records that indicate a client's gender. For most clients, the gender marker will be determined by a client's assigned birth sex. For transgender clients, however, the gender marker may be determined by the client's affirmed gender identity rather than his or her birth sex.</p> <p>The client's current gender identity shall be reflected in the DCF record.</p>
<p>PLACEMENTS</p> <p>Out-of-home placements for transgender or gender non-conforming clients.</p>	<p>All in- and out-of-state placements should be consistent with and supportive of a transgender or gender non-conforming client's gender identity and expression. This means that, for sex-segregated placements, a client should be placed based on his or her gender identity whenever possible.</p> <p>The law specifically requires that every contract to which the state is a party shall contain provisions that the contractor will not discriminate on the basis of gender identity and expression (among other things) in the performance of the contract or as an employer.</p>
<p>HEALTH CARE ACCESS</p> <p>For transgender or gender non-conforming clients.</p>	<p>DCF should strive to provide access to health care providers knowledgeable about the needs of transgender or gender non-conforming clients, where appropriate. In addition, DCF must ensure that a client receives care and treatment that are deemed medically necessary, including but not limited to puberty blockers and cross-gender hormones.</p>

Q & A REGARDING PROTOCOLS, cont'd

<p>RESTROOMS AND LOCKER ROOMS</p> <p>Which restrooms should a transgender or gender non-conforming client use?</p>	<p>Although not required by law, clients should have access to restrooms and locker rooms consistent with their gender identity or to a unisex restroom. Any cisgender, transgender or gender non-conforming client who is uncomfortable using the facility that is consistent with his or her gender identity should, upon request, be provided a safe and non-stigmatizing private alternative.</p>
<p>AGING OUT</p> <p>For a client aging out of custody, are there any special considerations for transgender clients?</p>	<p>DCF should provide the same planning regarding gender identity as it would for any other medical condition when a client is aging out of custody.</p>
<p>EQUAL TREATMENT</p> <p>How should DCF be sure that the needs of transgender and gender non-conforming clients in its care are met or that transgender and gender non-conforming clients receive equal treatment?</p>	<p>There are many things a DCF employee or provider can do to ensure safe and equal treatment of transgender and gender non-conforming clients.</p> <p>If a client uses a different name than is reflected in his or her legal documents, DCF staff and providers should address the client by his or her preferred name and use the correlative gender pronouns.</p> <p>To support equal treatment, DCF will:</p> <ul style="list-style-type: none"> • provide support for and affirmation of a client’s gender identity and not punish, shame or ridicule a client for wearing clothing, behaving or appearing physically in ways consistent with his or her gender identity; • regularly engage in discussions with staff, care providers and other clients about respecting differences and understanding the harms of bias and harassment; • avoid perpetuating gender stereotypes in DCF’s programs; and • ensure clients receive competent and affirming mental health and medical services.
<p>CLIENT SAFETY</p> <p>What do I do if I learn that a transgender or gender non-conforming client is suffering threats or harassment by peers or others?</p>	<p>DCF staff must follow DCF policy and guidelines for interrupting intolerance. If a DCF employee is aware of another client, employee or provider discriminating on the basis of gender expression or identity, the DCF employee must immediately bring that discrimination to the attention of his or her supervisor, the DCF Human Resources Division and the DCF Division of Diversity and Equity, as applicable, for investigation and resolution.</p>

FAMILY-CENTERED ASSESSMENT CONSIDERATIONS

The following offers ideas for additional areas to explore with the family when a child is transgender or gender non-conforming.

Patterns of Family and Social Interactions:

- Tell me a little about your child when he or she was younger. What, if any, behaviors did you notice that made you wonder about your child's gender? (Some examples might include the toys, clothes and games the child preferred; the child's activity level, the child's emotionality.)
- Who in the family tended to notice or point out these behaviors? How did these family members respond to the child? How did they respond (what did they say) about the behaviors to the child's primary caregiver?
- Who in your family has been most accepting of the child's way of being? Least accepting? Where do you fit on that continuum?
- Have other people in your community or social support network offered you advice about your child's gender behaviors? What have they recommended?

Background and History of the Parents or Caregivers:

- What roles do males and females play in your family? What were some of the rules about gender in your family growing up? (Some areas to explore might include chores, hobbies and interests, toys, behaviors.) Were the rules, beliefs and values regarding sexual orientation similar or different?
- What happened to people who transgressed those rules: what, if any, kinds of sanctions did they receive? (For example, were they told to stop; were they punished, hit or yelled at; did they have toys taken away?)
- What would you say are the rules about what men and women are supposed to be like within your culture or ethnicity?

Parenting Practices:

- As you ask parenting questions such as who is involved or not involved with the child, who supervises, etc., add a question about the feelings, perspectives and opinions about the child's gendered behavior among anyone who has a caregiving role.
- When you ask about discipline, ask if the child has ever been disciplined for his or her gender expression. How? What was the goal of the discipline? What did the caregiver hope would happen? Often caregivers believe that they are helping the child by trying to get him or her to be more or less masculine or feminine. They may worry about what will happen to the child in the future if they aren't typically masculine or feminine. Although the discipline is misguided, the underlying love and concern can be very useful tools in helping the family move towards acceptance of the child's identity.

Trauma History

- If the gender non-conforming child has experienced trauma, determine if there is a connection to his or her gender expression or identity. Has the child been shamed or abused specifically due to gender behaviors? At what developmental stage and by whom?

PROTECTIVE FACTORS

The attributes below serve as buffers, helping parents to find resources, supports, or coping strategies that allow them to parent effectively even under stress. They are the conditions in families and communities that increase the health and well-being of children and families. Research has shown that the following protective factors are linked to a lower incidences of child abuse and neglect:

Current research demonstrates that family acceptance or rejection is the single most important predictor of outcomes for sexual and gender minority youth (Caitlin Ryan, PhD., Family Acceptance Project, San Francisco State University). Youth whose families are supportive have significantly lower rates of suicidality, substance abuse, depression and anxiety, truancy, homelessness and sexual acting out. In addition, and this is critical to supporting families, Ryan's research demonstrates that the outcomes for youth whose families are ambivalent, while less positive than supportive families, are nowhere near as negative as the outcomes for youth whose families are rejecting. Further, a family's initial response is rarely its final response. This means that skilled workers can make an appreciable difference in helping families move from rejection to ambivalence and even to acceptance.

It is normal for children and preschoolers to experiment and play with gender. Although most children are typically gendered, some exhibit traits or preferences more common to another gender. There is nothing pathologically or psychologically wrong with these children. Attempts to force or even encourage children to change these behaviors generally results in the child becoming anxious, depressed, withdrawn or angry. There is no evidence that attempts to influence their behavior will change their identities. A percentage of the children who are significantly gender non-conforming in toddlerhood and preschool will continue to be so throughout childhood, into and beyond puberty. A percentage will revert to identifying with the sex assigned at birth, and a third (and largest) group will begin to identify as gay, lesbian or bisexual. A parent's primary job during this process is to be patient, learn strategies and techniques to manage the parent's own anxiety about not knowing the outcome, and to let the child be who they are day to day. Work with the parents to help them recognize the signs of stress (both in themselves and in their child) and to develop coping strategies.

Nurturing and attachment

- What was your child like as a baby and a toddler? What did you like or enjoy the most about them during those ages? Are there still times that you can see those traits reflected in them?
- What are some of the things you like, respect or admire about your child?
- What were some of the hopes and dreams you had for your child when he or she was born? Are there elements of those dreams that you think might not be possible because of your child's gender identity or behavior? Which of those dreams might you have to mourn and let go? Which might still come true? What new dreams might be possible for you and your child now that you know about his or her identity?
- What scares you as you think about your child's future? Do you know any other gender non-conforming or transgender people? Would it be helpful to you to learn more about other trans* people and their lives?

Knowledge of parenting and of child development

- What concerns or worries does the parent have for the trans* child in each stage of the child's development, both in their current stage and as they imagine future stages? Pre-school? Latency? Puberty? Adulthood?
- How would they describe the child's current friendship and dating network? Are there any "red flags" or concerns? Do they believe their child can have healthy fulfilling relationships? Do they believe their child can have a happy life?

PROTECTIVE FACTORS, cont.

Parental resilience

- Which of the child's behaviors stress the parents the most? How might they manage those triggers? What reactions from others most trigger the parents? The child? How might they manage those triggers?

Social connections

- Who are the family's social connections? Who do they reach out to for support? How would the family characterize the feelings and beliefs those social connections have with regard to their child?
- To whom might they turn to learn more about what it means to be gender non-conforming or transgender? Do they have access to the internet? Would they be willing to talk with other parents in similar situations? Would they be willing to speak to a clinician who has worked with other families with children like theirs?

While parents do not need to necessarily change their values to learn to accept their gender non-conforming children, they may need to change some of their behaviors. (See Evidence-Based Behavioral Change Recommendations below.) Gender non-conforming and transgender children are at increased risk of harassment at school and in the community at large. Parents need to remain alert for signs that their child is being targeted, bullied or harassed and be willing to intervene. Parents may need to learn advocacy skills in order to ensure that their child is safe at school, within their community of faith, around other family members and within the community at large. Children need to be protected and they need to learn skills for thriving in a society which may not affirm or appreciate them.

Individual factors

- Motivation to change: Which of your supports and skills might help you better accept your child's differences? Which protective behaviors might you see yourself being able to use? What small goals might you be able to achieve now? What services might help you with this?
- An awareness of the threats to safety: Has your child experienced any difficulties with people outside your home? Have they reported or have you seen or heard them being teased or harassed because of their gender differences at school, within your family or kinship network, in the neighborhood, within your community of faith or when accessing medical or other services? Does the caregiver blame the child or the child's behaviors for the harassment?
- Ability to take action to protect children: Does the caregiver demonstrate actions to protect the child? Does the caregiver have a history of protecting the child if there have been threats to the safety of the child? Does the caregiver acknowledge the availability of and act on getting needed supports? Does the caregiver demonstrate appropriate assertiveness in advocating for the child with others?

Evidence-Based Behavioral Change Recommendations

The following is a list of parental behaviors that increase a child's risk factors (behaviors to avoid) and decrease a child's risk factors (behaviors that help). The list emerged from longitudinal research conducted by Caitlin Ryan, Ph.D. at the Family Acceptance Project.

Behaviors to Avoid:

- hitting, slapping or physically hurting your child because of his or her identity
- verbal harassment or name calling because of the child's identity
- excluding LGBT youth from family and family activities
- blocking access to LGBT friends, events and resources
- blaming your child when he or she is discriminated against because of his or her identity
- pressuring your child to be more (or less) masculine or feminine
- telling your child that God will punish him or her because he or she is gay
- telling your child that you are ashamed of him or her or that how he or she looks or acts will shame the family
- making your child keep his or her LGBT identity a secret in the family and not letting the child talk about it

Behaviors that Help

- talk with your child about his or her LGBT identity
- express affection when your child tells you or when you learn that your child is gay or transgender
- support your child's LGBT identity even though you may feel uncomfortable
- advocate for your child when he or she is mistreated because of his or her LGBT identity
- require that other family members respect your LGBT child
- bring your child to LGBT organizations and events
- connect your child with an LGBT adult role model
- welcome your child's LGBT friends and partners into your home
- support your child's gender expression
- **believe your child can have a happy future as an LGBT adult.**

For more information regarding this research, see <http://familyproject.sfsu.edu/>.

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RESOURCES

CONCRETE SUPPORTS FOR PARENTS

- **American Psychological Association** "Answers to Your Questions About Transgender Individuals and Gender Identity" www.apa.org/topics/transgender.html
- **Gender Spectrum** is an organization dedicated to the education and support of families raising gender variant, gender non-conforming, gender fluid, crossgender, and transgender children and adolescents. www.genderspectrum.org/
- **GUPPE Clinic:** Connecticut Children's Medical Center, 860.837.6220. Focus is on assessment for hormonal interventions as children move into puberty and young adulthood.
- **PFLAG, Hartford.** Meets the 3rd Wednesday of the month at 7:30 PM at Immanuel Church, 10 Woodland Street, Hartford, CT. Includes a support network for parents of trans* youth.
- **Translation:** A trans* youth-only support and social group for youth ages 14 – 17; an art group for gender non-conforming children under age 11; a parent support group. Meets in New Haven. Contact information: Tony @ 203.376.8089 or by email at nhtranslation@yahoo.com
- **TransYouth Family Alliance:** TYFA empowers children and families by partnering with educators, service providers and communities to develop supportive environments in which gender may be expressed and respected. www.imatyfa.org/
- **True Colors, Inc.** manages the Safe Harbor Project, a collaboration between DCF and True Colors that focuses on the needs of LGBT youth in out-of-home care. True Colors can provide case specific consultation and training.
- **WPATH:** The World Professional Association for Transgender Health (WPATH), formerly known as the Harry Benjamin International Gender Dysphoria Association (HBIGDA), is a professional organization devoted to the understanding and treatment of gender identity disorders. www.wpath.org/

AFFIRMING BOOKS ABOUT GENDER NON-CONFORMING CHILDREN

Bergman, S. Bear. *The Adventures of Tulip, Birthday Wish Fairy.* Toronto, Canada: Flamingo Rampant, 2012.

Bergman, S. Bear and Diamond, KD. *Backwards Day.* Toronto, Canada: Flamingo Rampant, 2012.

Bryan, Jennifer. *The Different Dragon.* Ridley Park, PA: Two Lives Publishing, 2006. Print.

Carr, J. *Be Who You Are.* AuthorHouse, 2010. Print.

Ewert, Marcus. *10,000 Dresses.* SevenStories Press, 2008. Print.

Kilodavis, C. *My Princess Boy.* Aladdin, 2010. Print.

Zololtow, C. *William's Doll.* Harper & Row, 1985. Print.

Fierstein, H. *The Sissy Duckling.* Simon & Schuster Books for Young Readers, 2005. Print.

BEST PRACTICES

CWLA's "Best Practice Guidelines" for Serving LGBT Youth in Out-of-Home Care, available at <http://www.nclrights.org/site/DocServer/bestpracticeslgbyouth.pdf?docID=1322>.

NCLR's "A Place of Respect: A Guide for Group Care Facilities Serving Transgender and Gender Non-conforming Youth," available at http://www.nclrights.org/site/DocServer/A_Place_Of_Respect.pdf?docID=8301.

NCLR's "LGBTQ Youth in the Foster Care System," available at http://www.nclrights.org/site/DocServer/LGBTQ_Youth_In_Foster_Care_System.pdf?docID=1341.

The Fenway Health Institute's learning modules concerning LGBTQ health topics, including Module 4, "Caring for LGBTQ Youth," and Module 7, "Understanding the T in LGBT," available at http://www.fenwayhealth.org/site/PageServer?pagename=FCHC_ins_fenway_EducPro_modules.

BOOKS AND ARTICLES

Boenke, M., et al. *Trans Forming Families: Real Stories about Transgendered Loved Ones*. Oak Knoll Press, 2003. Print.

Brill, Stephanie A. and Pepper, Rachel. *The Transgender Child: A Handbook for Families and Professionals*. San Francisco, CA: Cleis Press, 2008. Print.

Ehrensaft, Diane. *Gender Born, Gender Made: Raising Health Gender-Nonconforming Children*. NYC: The Experiment, 2011. Print.

Glenn, Wendell D. *For Colored Girls Only: Reflections of an Emerging Male-to-Female Transgender and Gender Variant Youth Consciousness*. Routledge, 2009. Print.

Grossman, A.H., D'Augelli, A.R., Salter, N.P., Hubbard, S.M. "Comparing gender expression, gender nonconformity, and parents' responses of female-to-male and male-to-female transgender youth: Implications for counseling." *Journal on LGBT Issues in Counseling* 1.1 (2007): 41-59. Print.

Herman, Joanne. *Transgender Explained To Those Who Are Not*. Bloomington, IN: AuthorHouse,, 2009. Print.

Krieger, Irwin. *Helping Your Transgender Teen: a guide for Parents*. New Haven, CT: Genderwise Press, 2011. Print.

Ryan, Caitlin; Huebner, David; Diaz, Rafael M.; & Sanchez, Jorge. "Family Rejection as a Predictor of Negative Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults." *Pediatrics* 123(2009): 346-352. Print