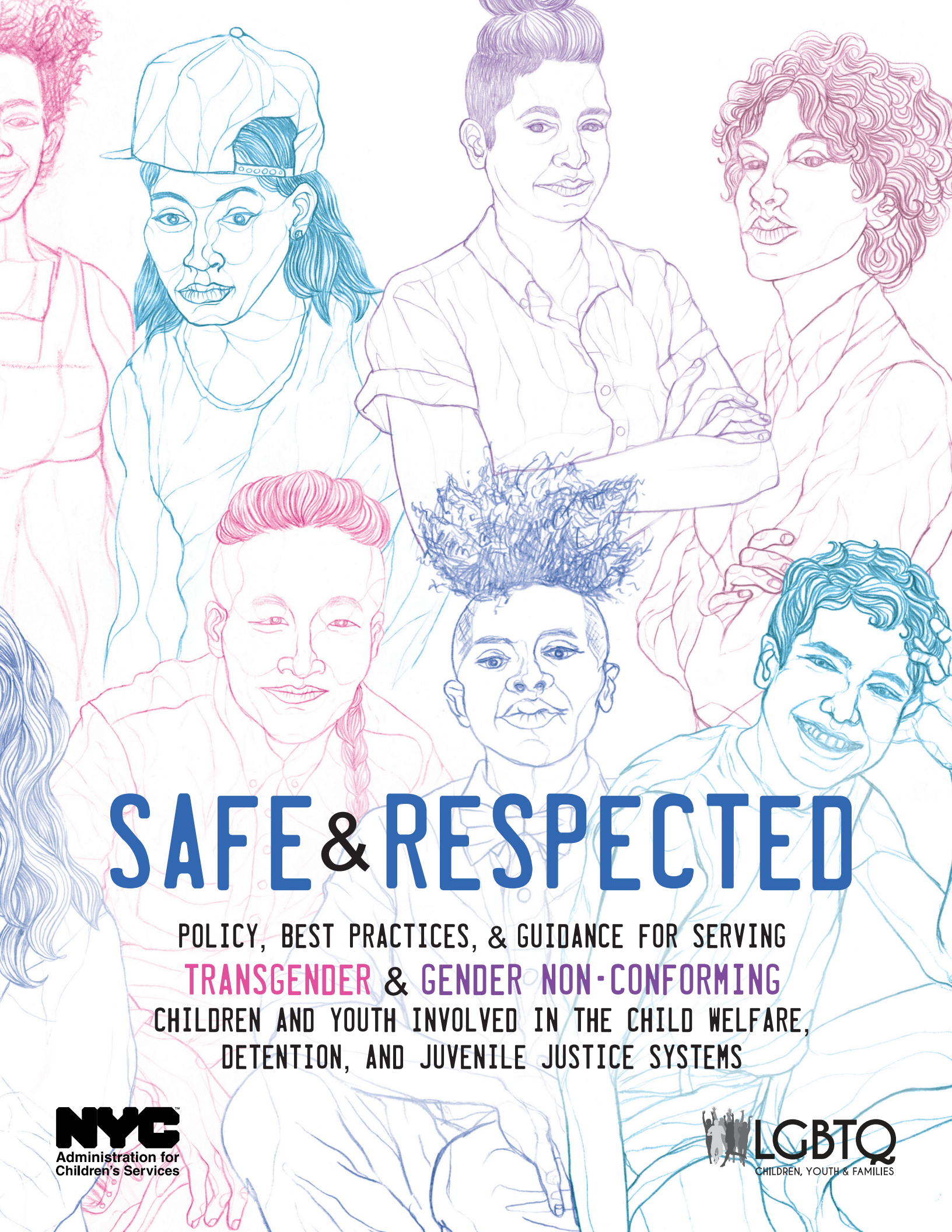

SAFE & RESPECTED

POLICY, BEST PRACTICES, & GUIDANCE FOR SERVING TRANSGENDER & GENDER NON-CONFORMING CHILDREN AND YOUTH INVOLVED IN THE CHILD WELFARE, DETENTION, AND JUVENILE JUSTICE SYSTEMS

NYC Administration for Children's Services

LGBTQ CHILDREN, YOUTH & FAMILIES

NYC ADMINISTRATION FOR CHILDREN'S SERVICES THANKS THE FOLLOWING PEOPLE AND GROUPS FOR THEIR CONTRIBUTIONS TO THIS GUIDE

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1. USING THIS GUIDE

This guide is organized by the key areas of need for transgender and gender non-conforming (TGNC) children and youth.

The guide includes:

- A brief overview of the barriers that TGNC children and youth are currently facing while in Children's Services' care;
- A glossary of terms commonly used when discussing TGNC people found in Section 29;
- An overview of Children's Services' commitment to providing culturally competent care for TGNC children and youth. Cultural competence refers to an ability to interact and work effectively with people of different cultures, socio-economic experiences, and backgrounds;
- An issue-by-issue guide to providing inclusive care, including:
    - Excerpts of the Children's Services' policies related to serving TGNC children and youth,
    - Best practices for service provision that are consistent with these policies,
    - Strategies for implementing these policies with fidelity, and
    - Common missteps to avoid when working with TGNC children and youth.

At the end of this guide, you will find appendixes with resources and referrals that will be of use in supporting the transgender and gender non-conforming children and youth with whom you presently work, or will work with in the future. For further guidance on supporting TGNC youth in Children's Services' care, please contact the LGBTQ point person for your site, or the Children's Services' Office of LGBTQ Policy and Practice.

2. TRANSGENDER & GENDER NON-CONFORMING (TGNC) CHILDREN & YOUTH: A VULNERABLE POPULATION

There are increasing numbers of youth who are coming out as transgender and gender non-conforming (TGNC), and youth are coming out at earlier ages than ever before.[1] Logistical factors and research constraints make it impossible to provide concrete data on the numbers of TGNC children and youth in foster care and juvenile justice settings; however, multiple studies have indicated that TGNC young people are disproportionately represented.[2] These studies have also indicated that TGNC youth are facing significant prejudice and discrimination related to their TGNC identity while in the foster care and juvenile justice systems, and that this increases the negative outcomes for these youth.[3]

TGNC people and TGNC children and youth in particular are an especially vulnerable group.[4] TGNC youth have been identified as an especially vulnerable population within the already high-risk population of youth in foster care and juvenile justice settings.[5] Limited research has been conducted on the specific experiences of TGNC youth in foster care; however, the overall vulnerabilities of TGNC people are well documented:

- TGNC young people may experience rejection from their families of origin and be kicked out of their homes.[6] 57% of TGNC people who were out to their families reported experiencing family rejection.[7]
- Verbal harassment was very common, and 87% of TGNC young people report facing it often or frequently.[8]
- Over 53% of TGNC people had been verbally harassed or disrespected, and 44% had been denied service because they were TGNC.[9] 76.6% of TGNC people reported feeling physically unsafe in public on a regular basis.[10]
- A total of 42% of the TGNC young people reported that they had been physically harassed in their school by peers because of their gender identity. 44% of those reported that they had been punched, kicked, or attacked with a weapon, and 17% reported that they were physically harassed often or frequently. Of the youth who reported being harassed by peers, only a third indicated that there had been an effective response by teachers or the administration.[11]
- TGNC young people reported being subject to vicious rumors, cyber bullying, destruction of their personal property, and being generally ostracized and excluded by their peers.[12]
- TGNC people face high rates of physical attack (16%) and sexual assault (15%) while incarcerated.

TGNC people of color consistently face higher levels of discrimination and prejudice. Negative outcomes as a result of this wide-spread prejudice and discrimination against TGNC people has also been well documented:

- TGNC youth, 24 years of age and under, are at particularly high risk for homelessness, with reports indicating that 20% of the homeless youth identify as transgender.[13]
- TGNC people who were rejected by their families of origin, partners, or children are more likely to have greater negative outcomes.[14] Rates of suicidality doubled, as did sex work, and homelessness tripled.
- TGNC people who are physically assaulted by a family member as a result of coming out (19%), have double the rate of HIV infection and suicide attempts, and four times the amount of sex work and homelessness.[15]
- TGNC youth who reported high levels of harassment averaged a 2.2 grade point average (GPA), while TGNC youth who faced less harassment had an average GPA of 3.0.[16]

- As a result of going to school in an unsafe environment, 47% of the TGNC youth reported skipping at least one class in the last month, and 46% reported missing a full day of school at least once in the past month because of the harassment that they faced.[17]
- Pervasive negative experiences can have a significant impact on TGNC young people's mental health and emotional well-being.[18]

Children's Services is committed to supporting the physical and emotional health and well-being of all children and youth, including TGNC young people, who are in Children's Services care. Children's Services requires that all TGNC young people be placed in safe housing, receive TGNC affirming medical and mental health services, and have equal opportunity and access to care. All Children's Services staff, providers, and foster parents are required to treat TGNC young people in an affirming manner and to proactively work to create a respectful space. All Children's Services staff, providers, and foster parents are expected to be culturally competent in serving the needs of TGNC young people, including understanding the challenges that TGNC youth face in the foster care and juvenile justice systems.

It's important to note that we don't always know which youth are TGNC; therefore, it's critical that we model respect and value for all youth regardless of their gender identity or gender expression. Additionally, staff in emergency facilities must be especially sensitive to the needs of, and be culturally aware in serving TGNC children and youth. This degree of professionalism is critical given that emergency facilities are an important entry point for children and youth in foster care and juvenile justice systems.

To this end, Children's Services has issued three policies that address and protect the specific needs of TGNC youth:

- Promoting a Safe and Respectful Environment for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System.
- Non-Discrimination Policy, Youth & Families
- Non-Medicaid Reimbursable Treatment or Services for Youth in Foster Care (in revision)

COPIES OF THESE POLICIES & RELATED RESOURCES ARE AVAILABLE ONLINE AT:
WWW.NYC.GOV/ACS/LGBTQ

3. PROVIDING TRANSGENDER-INCLUSIVE CARE: SIX STRATEGIES FOR SUCCESS

✓ BE AWARE

There are an increasing number of people who are coming out as transgender and gender non-conforming (TGNC), and many are coming out as children and adolescents. Additionally, there are a disproportionate number of TGNC youth in foster care systems. Many of these young people do not feel that they will be safe or supported if they disclose their gender identity. It is likely that you are already working with TGNC youth and youth with TGNC family members, and it is certain you will work with more in the future.

✓ BE KNOWLEDGEABLE

It is essential that all Children's Services staff working directly with children, youth, and families have general knowledge about TGNC people, a strong understanding of the specific needs of TGNC youth in foster care/detention, and the professional skills to provide transgender-inclusive care. All such staff are encouraged to seek out professional development trainings to help increase their level of cultural competency for working with TGNC youth and families.

✓ BE SENSITIVE

Gender influences nearly every part of a person's life, and those who are TGNC are often acutely aware of this. Any time TGNC young people meet or interact with someone, they may be confronted with at times inaccurate assumptions about their gender, expectations to conform to gender norms, and bias/prejudice toward people who are TGNC. As a result, TGNC young people may be less likely to trust or be open with new people, and are more likely to have increased mental health challenges, such as depression or anxiety.

✓ BE PREPARED

With a little advanced preparation and effort, you can have a big impact on the success of TGNC young people's care. Know who your LGBTQ point person is, and utilize that person's expertise. When considering referrals for other services, call ahead and ask questions to determine if or which providers are culturally competent in working with TGNC youth. Keep a list of the individual providers at these sites who are inclusive and make sure that the youth see the inclusive providers. Remember, not all LGBTQ providers or all individual providers at a site are inclusive of or prepared to work with TGNC youth.

✓ BE PROACTIVE

TGNC youth face distinct challenges. It is essential that Children's Services and provider agencies' staff understand these challenges, and proactively create policies and procedures to support TGNC youth. This will prepare all staff to better work with TGNC youth, and that all TGNC youth entering care will have their needs met upon entry. These policies should be made available to youth and staff at all times.

✓ BE AN ALLY & ADVOCATE

TGNC youth face a significant amount of prejudice and discrimination. Every time you see other staff or youth making negative remarks, bias statements, verbal or physical remarks, or not respecting name and pronoun preferences, it is your responsibility to intervene and report the incident. By paying extra attention and speaking up, you can dramatically increase young peoples' safety, self-esteem, and sense of support.

4. CHILDREN'S SERVICES' NON-DISCRIMINATION POLICIES & COMMITMENT TO RESPECTFUL CARE

THE CHALLENGE

Transgender and gender non-conforming (TGNC) children and youth are disproportionately represented in the foster care population, and are particularly vulnerable due to widespread anti-transgender bias, prejudice and transphobia.[19] These youth are at high risk for associated negative outcomes, including dropping out of school, being homeless, increased drug/alcohol use, contracting sexually transmitted infections including HIV, depression, and suicidal ideation.[20]

As the Agency responsible for promoting the emotional, psychological, and physical well-being of youth in foster care, detention, and juvenile justice placement, Children's Services is committed to supporting that all TGNC youth are treated with dignity, respect and equality in a way that affirms their gender identities and expressions, builds resiliencies, and leads to positive outcomes as these young people transition into adulthood.

THE NYC HUMAN RIGHTS LAW

The following is an excerpt from *Guidelines Regarding Gender Identity Discrimination* (available at www.nyc.gov/html/cchr/pdf/GenderDis_English.pdf)

The City Council finds and declares that it is in the interest of the City of New York to protect its citizens from discrimination. Discrimination, prejudice, intolerance and bigotry directly and profoundly threaten the rights and freedom of New Yorkers. The City Council established the Human Rights Law to protect its inhabitants from these dangers. Included in the City's Human Rights Law is a prohibition of discrimination against individuals based on gender. The scope of this gender-based protection, however, requires clarification. This local law is intended to make clear that all gender-based discrimination—including, but not limited to, discrimination based on an individual's actual or perceived sex, and discrimination based on an individual's gender identity, self-image, appearance, behavior, or expression—constitutes a violation of the City's Human Rights Law.

RELEVANT NYC CHILDREN'S SERVICES' POLICIES

The following are excerpts from Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System, pages 6-8:

- *It is Children's Services policy that all transgender and gender non-conforming youth shall be in homes and congregate facilities that are affirming of their gender identities. This applies to all Children's Services and contracted provider agency staff involved in any way with custodial or community-based services provided by Children's Services or in contract with Children's Services.*
- *Children's Services is committed to being respectful of the dignity of all youth and families, and to keeping children and youth safe while meeting their specific needs, regardless of their sexual orientation, gender identity or expression. No Children's Services or provider agency staff shall unlawfully discriminate against other persons in the course of their work. Discrimination on the basis of sex, gender identity, and gender expression is prohibited.*
- *Under no circumstances is any staff member of Children's Services or its provider agencies to attempt to convince a transgender or gender non-conforming youth to reject or modify their gender identity or gender expression.*
- *Children's Services and provider agency staff must model appropriate and affirming behavior at all times. This means that bias, discrimination, bullying or harassment by staff or by youth towards youth and/or families is not tolerated, and immediate action to intervene in any such situation must be taken by staff.*
- *Violations of these policies are to be reported to the Children's Services' LGBTQ Office of Policy and Practice by filling out Form FSS-009, the LGBTQ Incident and Inquiry Report.*

THE BEST PRACTICES & STRATEGIES

- Respect, validate, and support the needs of TGNC young people, in the same manner that you would respect, validate, and support any young person's needs. Basic ways to respect TGNC young people include-but are not limited to-referring to them by their preferred name and pronoun and supporting their expression of their gender identity through clothing, hairstyles, and mannerisms.
- Appropriately respond to discrimination, harassment, and disrespectful treatment by role modeling the best practices included in this guide, and reporting any violation of Children's Services policy (see Section 25: Reporting Procedures & LGBTQ Incident Reporting Form). Taking such actions help create a supportive and respectful environment for TGNC youth.
- Attend mandatory TGNC trainings for youth, staff, volunteers, and foster parents to understand and incorporate the best practices offered in this guide. Trainings should be offered multiple times each year to

welcome new staff, volunteers, and foster parents, and they should also be offered as continuing education and professional development to veteran staff.

PRACTICES TO AVOID

- Do not use personal, organizational, and/or religious beliefs to justify discrimination, harassment, or disrespectful treatment of a TGNC person's gender identity or gender expression. TGNC people have the right under NYC's Human Rights Law, and the Children's Services Non-Discrimination Policy to have a safe and affirming environment. Furthermore, the Children's Services LGBTQ Policy prohibits staff, providers, volunteers, and foster parents from using these beliefs to negatively impact TGNC children, youth, and adults. It is important to seek out training to better understand what words and actions negatively impact TGNC young people.
- Do not bargain with TGNC young people to reject or modify their self-determined gender identity or gender expression as a means to limit or reduce discrimination, harassment, and/or disrespectful treatment. Trying to alter one's core gender identity causes significant trauma and harm to TGNC young people's mental health and emotional well-being.
- Do not engage, encourage, or ignore discrimination, harassment, or disrespectful treatment of TGNC young people. Such harmful treatment includes intentional use of an incorrect name or pronoun, and other verbal abuse, and has a demoralizing and traumatizing impact on TGNC young people, as well as on other young people who may be observing, no matter if they identify as TGNC (see Section 25: Reporting Procedures & LGBTQ Incident Reporting Form).

5. ADDRESSING VERBAL HARASSMENT, MICROAGGRESSIONS & BULLYING

THE CHALLENGE

Verbal harassment is one of the most common manifestations of prejudice, and 87% of TGNC individuals are verbally harassed often or frequently.[21] For TGNC youth, this can include facing vicious rumors, cyber bullying, destruction of their personal property, and being generally ostracized and excluded because of their gender identity.[22] TGNC youth also face consistent microaggressions (e.g., derogatory language, hostile tone, negative facial expressions, social exclusion).[23] Cumulatively, these pervasive negative interactions create an unsafe and hostile environment, and have a significant impact on TGNC young people's emotional well-being.[24] It is essential that Children's Services providers and staff are aware of, and diligently working to address, verbal harassment and bullying.

RELEVANT NYC CHILDREN'S SERVICES' POLICIES

The following are excerpts from Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System, pages 2, 6-8:

- *Children's Services is committed to providing all youth and families served by Children's Services and our contracted provider agencies a safe, healthy, inclusive, affirming and discrimination-free environment.*
- *It is Children's Services policy that all transgender and gender non-conforming youth shall be in homes and congregate facilities that are affirming of their gender identities.*
- *Staff must set a good example and make youth and families aware that any threats of violence, disrespectful and/or suggestive comments, or gestures toward any youth will not be tolerated. Staff also shall not engage in these behaviors.*

- *Children's Services and provider agency staff must model appropriate and affirming behavior at all times. This means that bias, discrimination, bullying or harassment by staff or by youth towards youth and/or families is not tolerated, and immediate action to intervene in any such situation must be taken by staff.*
- *Staff must be aware that TGNC youth are particularly susceptible to trauma, discrimination and abuse while in congregate care facilities. Staff must be able to recognize the signs of distress, support disclosure when appropriate, and follow appropriate protocols for reporting.*

THE BEST PRACTICES & STRATEGIES

- Staff should be aware that TGNC youth are particularly targeted for verbal harassment and have increased vulnerability for related trauma. It is essential that staff regularly check in with TGNC youth to make sure that they feel safe, supported and affirmed in their placement.
- Staff should be aware of and be able to recognize the different ways that prejudice and bias impact TGNC youth. It is all staff members' obligation to consistently and proactively intervene in *all* instances of verbal harassment, microaggressions and bullying.
- Staff should be aware that TGNC youth may pay particular attention to how they are treated by staff members as an indicator of whether or not the staff member is trustworthy and supportive.
- Staff should role model respectful behavior at all times and hold each other accountable so that they are acting in an affirming and supportive manner. If staff are engaging in behavior that is not affirming, any staff person who witnesses the incident is responsible for reporting it to the LGBTQ point person and Children's Services' Office of LGBTQ Policy and Practice. (See Section # 25 for further guidance on reporting requirements.)

PRACTICES TO AVOID

- It is essential that staff do not ignore instances of verbal harassment, microaggressions or bullying. Doing so indicates to TGNC youth that a space is not safe and affirming, and indicates to cisgender youth (i.e., youth who are not transgender) that aggression towards TGNC people is condoned. All incidents must be addressed.

6. ADDRESSING PHYSICAL AGGRESSION & VIOLENCE

THE CHALLENGE

Transgender and gender non-conforming (TGNC) youth are particularly vulnerable to physical threats and violence, including sexual assault. Research has shown that of TGNC youth who are "out" in schools, 35% experience physical assault, 12% experience sexual assault, and 76% of TGNC people report feeling physically unsafe in public.[25] Peer on peer violence is intense, and 42% of TGNC youth are physically harassed by their peers; 44% of TGNC youth reported that they had been punched, kicked, or attacked with a weapon, and 17% reported that they were physically harassed often or frequently.[26] It is reasonable to assume that youth in Children's Services' care face the same level of risk from their peers. Bathrooms, locker rooms and showers are places where TGNC youth are especially vulnerable to physical threats, attacks and sexual assault.[27] ACS staff and providers must make efforts to protect the physical safety of all TGNC youth at all times.

RELEVANT NYC CHILDREN'S SERVICES' POLICIES

The following are excerpts from Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System, pages 2, 8:

- *Children's Services is committed to providing all youth and families served by Children's Services and our contracted provider agencies a safe, healthy, inclusive, affirming and discrimination-free environment.*
- *Staff must set a good example and make youth and families aware that any threats of violence, disrespectful and/or suggestive comments or gestures toward any youth will not be tolerated. Staff also shall not engage in these behaviors.*
- *Staff must be familiar with the unique family dynamics that emerge for TGNC youth in general, and for TGNC youth involved in the child welfare system specifically. All staff must be aware that many TGNC youth, particularly those involved in the child welfare or juvenile justice systems, have had experiences of trauma (e.g. violence, sexual abuse, verbal harassment, etc.) related to their gender identity/expression.*
- *Staff must be aware that TGNC youth are particularly susceptible to trauma, discrimination and abuse while in congregate care facilities. Staff must be able to recognize the signs of distress, support disclosure when appropriate, and follow appropriate protocols for reporting.*

THE BEST PRACTICES & STRATEGIES

- Every threat or instance of violence should be taken seriously and immediately addressed by staff. All situations involving physical violence should be reported to the LGBTQ point person and Children's Services' Office of LGBTQ Policy and Practice. (See Section #25 for further guidance on reporting requirements).

PRACTICES TO AVOID

- Under no circumstances should physical violence, sexual assault or threats of either be ignored, tolerated, or condoned by staff. Furthermore, if youth are aggressive (no matter their gender identity), precautions need to be taken globally, and not to unjustly target TGNC youth because of their gender identities.
- Do not ignore threats of violence, dismiss TGNC young people's fear for safety, or diminish the severity of situations involving physical or sexual violence. It is essential that TGNC youth are confident that staff will take all necessary steps to support their safety—including changing placements when young people's emotional and physical safety are at risk.
- TGNC youth should not automatically be penalized or punished for protecting themselves from physical or sexual violence. In instances where TGNC youth are involved in physical altercations, staff should be diligent in assessing whether or not any actions on the part of TGNC young people are in self-defense. Staff should follow appropriate protocol on when to contact law enforcement.[28] In some cases, TGNC young people will need to "fight back" in self-defense.
- In instances that call for the involvement of law enforcement, law enforcement must be contacted, and staff should make a report to the Vulnerable Person Central Register and/or the Statewide Central Register of Child Abuse and Maltreatment, as appropriate. When involving police, staff should be aware that TGNC people, and young people in particular, are more likely to be targeted and/or treated disrespectfully by police officers.[29]

7. ACCESS TO SAFE & AFFIRMING PLACEMENTS

THE CHALLENGE

Transgender and gender non-conforming (TGNC) children and youth are often placed in housing situations where their gender identities are not respected. In some cases, this happens because staff are unaware about the specific needs of TGNC children and youth. In other cases, it is because there is active hostility and prejudice towards youth who identify as TGNC, or who are perceived as violating traditional gender roles. In either situation, this creates an emotionally and physically unsafe living space and directly increases the negative outcomes for TGNC young people.

RELEVANT NYC CHILDREN'S SERVICES' POLICIES

The following are excerpts from *Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System*, pages 6 & 21:

- *All LGBTQ youth shall be in LGBTQ-affirming homes and LGBTQ-affirming congregate care facilities.*
- *When a youth who identifies as LGBTQ enters foster care, congregate care, detention and/or juvenile justice placements, staff must make diligent efforts to place the youth in an LGBTQ affirming home or facility, and shall ensure that other needs of the youth are recognized and met.*
- *Staff shall ensure that the families and facilities are providing an LGBTQ affirming home/environment for children and youth and are given the support needed to provide optimal care for LGBTQ children and youth.*

THE BEST PRACTICES & STRATEGIES

- During the intake and placement process, all young people are asked privately about their gender identity, preferred name and preferred pronouns (see Section #26 for additional guidance on asking questions about identity).
- Due to the increased risks and potential for negative outcomes, youth who identify as TGNC are given additional attention and support so that they are placed in a space that is safe, inclusive, and affirming of every young people's gender identity and gender expression.
- All TGNC young people should be consulted during the placement process, so that everyone can work together to find the best placement to achieve permanency and positive outcomes. Young people are best able to identify what will be most comfortable and supportive for them.
- After placement, the young people should be connected to care and resources that are culturally competent in providing supportive and inclusive care for TGNC youth. [See #16: Referrals to Transgender-Inclusive Services].
- Designated staff should conduct ongoing check-ins with the young people to confirm that the placement continues to be one that is supportive of their identity and meets their needs. Staff should take appropriate steps to report and address any mistreatment that the young people experience in relation to their gender identity or gender expression.

PRACTICES TO AVOID

- Do not question young people about their gender identity in a public space. A private space will help keep the conversations confidential and increase the likelihood of young people feeling safe in disclosing their identity.
- Do not question young people about their gender identity in front of their family. A young person may not be ready to come out to family members, and if the family does know, they may not be supportive of the young person's gender identity or may not want the young person to share the information.
- Do not assume that a site or service is transgender-inclusive without doing research that the site has inclusive policies, culturally competent staff, and private beds, bathrooms and showers. Do not assume that all sites that serve LGBTQ youth are transgender inclusive—the needs of TGNC youth are different than that of lesbian, gay and bisexual youth, and not all places are able to work effectively with TGNC youth. (See Section #15 for additional guidance on selecting placements that are TGNC culturally competent and inclusive).

8. AFFIRMING & APPROPRIATE GENDER SEGREGATED PLACEMENTS

THE CHALLENGE

When being placed in gender segregated housing, staff may inappropriately make placement decisions without consideration of the gender identity or specific needs of a TGNC young person. For transgender and gender non-conforming (TGNC) youth, this frequently results in the young people being placed according to their sex assigned at birth, or the sex that was listed on their birth certificate. This can cause intense psychological/emotional discomfort and may place that young person's physical and emotional safety at risk.

RELEVANT NYC CHILDREN'S SERVICES' POLICIES

The following are excerpts from *Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System*, page 24-25:

- *Generally, it is most appropriate to house transgender youth in Children's Services custodial care based on their gender identity. Transgender youth must not automatically be housed according to their sex assigned at birth.*
- *In considering the appropriate placement for a known transgender youth, individual sleeping quarters must be considered if available.*
- *Decisions on bedrooms for transgender youth in foster boarding homes must be based on the youth's individual needs, and must prioritize the youth's emotional and physical safety.*
- *It is critical to include transgender youth in the decision making process.*

THE BEST PRACTICES & STRATEGIES

- Whenever possible, TGNC young people are placed in a facility that is in accordance with their gender identity, or the placement that feels the safest and most comfortable for the TGNC young person. All conversations about preferred placements should be held in a private space for confidentiality, and staff should clearly communicate their respect for the TGNC young person's gender identity and placement requests.
- To increase the safety and comfort of TGNC young people, whenever possible, individual sleeping space should be made available. When shared accommodations are required, extensive consideration must be given to ensuring that assigned roommates are not a risk to the TGNC young person's emotional/psychological well-being, or physical safety.
- When determining a placement, the TGNC young person's individual needs, emotional/psychological safety, and physical safety must take precedence over convenience.
- Young people should be actively engaged in the placement process and be given specific options, so that they can help identify the situations that will work best for their needs and safety.

PRACTICES TO AVOID

- Do not automatically place young people based on the sex/gender listed on their paperwork (i.e., birth certificates or other identity documents), as this may not accurately reflect their gender identity. Likewise,

do not assume that young people whose gender expression does not conform to gender norms identifies as transgender or gender non-conforming.

- Do not isolate TGNC youth without cause. Placing TGNC young people in situations where they are isolated from their peers for extended periods of time may increase their stress and have negative outcomes on their mental health. It is important to balance the needs of young people's physical safety with the need to have social contact with other young people.
- Do not assume that TGNC youth pose a physical threat or sexual risk for other youth in their placement setting. TGNC youth are often incorrectly assumed to be sexually or physically aggressive, despite a growing body of research that TGNC young people are more likely to be physically or sexually harmed by their peers. Staff should be aware of these negative stereotypes, and pay particular attention to making sure that TGNC young people are physically and emotionally safe (see Section 5: Addressing Verbal Harassment, Microaggressions, & Bullying).
- Do not expect or request that TGNC young people "conform" or modify their gender identity and/or expression as a means of promoting safety. The psychological risks associated with being forced to live as their assigned sex are significant, and can be just as damaging as physical violence.
- Do not place TGNC young people in placement settings based upon expedience or bed availability; it is essential for the young person's emotional/psychological well-being and physical safety to have a space where their gender identity and privacy are respected. Dedicated effort to a youth's safety during an initial placement can reduce the need for management of ongoing concerns, and will have a direct impact on that TGNC young person's well-being and success.
- Do not assume that all TGNC youth prefer placement in accordance with their gender identity. For some TGNC youth, particularly transgender boys/men, placing them with other men may place them at significant risk for physical or sexual assault, and they may feel safer being placed in a facility that is consistent with the sex they were assigned at birth. The young person's choice should always be respected, unless there is a legitimate and demonstrated risk to the TGNC young person's physical and emotional safety. Not accommodating a TGNC young person's request should only be done after consulting the agency's and/or division's LGBTQ designated point person and appropriate staff from the Children's Services' Office of LGBTQ Policy and Practice, where practicable. Staff should never impose their personal and/or religious values to pressure young people to "change" their gender identity, citing safety concerns.
- Do not ignore the emotional and psychological needs of TGNC youth. Youth who have been placed according to the sex that they were assigned at birth are likely to need additional support and indicators that their gender identity is being respected.

9. RESPECTING PRIVACY & PURPOSEFUL DISCLOSURE

THE CHALLENGE

Disclosure of a TGNC young person's gender identity without that person's explicit permission—whether the disclosure is accidental or purposeful—places that TGNC young person at a higher risk for abuse from peers, family members, and other staff. Disclosure before the person is ready, or without their consent, can have a negative impact on the young person's relationships and increase their personal distress.

RELEVANT NYC CHILDREN'S SERVICES' POLICIES

The following are excerpts from *Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System,* pages 6 & 10:

- *All staff are required to protect and/or maintain the confidentiality of the families they serve.*
- *Staff are prohibited from disclosing a youth's gender identity to other individuals or agencies, without the youth's permission, unless such disclosure is consistent with state or federal law or regulation.*
- *A person may disclose their gender identity to staff when, and if, they feel ready.*
- *Staff are prohibited from attempting to convince or coerce an LGBTQ youth to disclose or reveal his/her sexual orientation or gender identity.*

THE BEST PRACTICES & STRATEGIES

- In general, it should always be the young person's decision whether or not to disclose their gender identity, when, and to whom they disclose. However, there are certain times disclosure of a TGNC young person's gender identity will need to occur without the youth's expressed consent. This disclosure occurs in order to make appropriate TGNC affirming housing placements, service plans, school/employment referrals, etc. Individuals entitled to this information include-but aren't limited to-court, school, health, and Children's Services/child welfare and juvenile justice provider staff. Outside these exceptions it should be the young person's decision.
- All staff should proactively and consistently consider the specific privacy needs of each young person and take appropriate steps to protect this information by sharing it on a need to know basis. This may include marking information in progress notes as confidential. It is important that staff help the young person to understand the

complexities of confidentiality, and ways in which the young person's gender identity might be revealed, such as being entered in court records, as well as the potential consequences of those disclosures. There may be certain instances where ACS and provider staff have to provide to other parties a case record or other written documents which contain information regarding gender identity that the youth wishes to keep private. In those instances, ACS and provider staff must consult with ACS's Division of Family Court Legal Services and/or their agency's counsel.

- Family Court Legal Services' (FCLS) attorneys should seek appropriate protective orders and if granted, redact the information from records prior to releasing the records to other parties unless such disclosure is consistent with state or federal law.
- ACS and provider staff are to manage TGNC young people's expectations by informing them on instances when their gender identity may need to be shared with other professionals. Let the TGNC young people know specifically how this information will be used and by which legally authorized individual. For example, you can let a TGNC young person know, "In order to make the most appropriate service plan, I will have to disclose your gender identity to the following people." If the young person has concerns, take the time to listen to those concerns, and take the appropriate steps to allay them.
- Ask questions such as: "Is there anyone who you would prefer not know how you identify?" "Is there anyone you prefer know how you identify?" "Are you currently out to _____?" In many cases, the young person will have a sense of whether or not it is safe for them to be "out" about their gender identity (see Section #11 for guidance on documentation & records, and, Section #26 for further guidance on asking questions about identity). ACS and provider staff should advise a TGNC young person that there may be instances where disclosures will be made that are not in accordance with the TGNC young person's wishes.
- Clarify in advance the people with whom it is acceptable to share the information, including when the young person is being referred to other resources for support. If there are people with whom the information should not be shared, make sure that is clear to all staff and is thoroughly respected. Periodically check for changes. ACS and provider staff should advise a TGNC young person that there may be instances where disclosures will be made that are not in accordance with the TGNC young person's wishes.
    - Which name would you prefer for me to use when I call your family?
    - Which gender pronoun should I use for you when I call your family?
    - When I call your family, would you feel safer if I used your legal name or your preferred name?

PRACTICES TO AVOID

- Do not reveal, discuss, or share a young person's gender identity beyond those professionals that need to know. Even if a young person's gender identity is considered "public knowledge" and it seems like everyone knows, it is still important to check in with the young person to see if there is anyone with whom the information should not be shared.
- Do not assume that a TGNC young person is "out" or put pressure on a young person to disclose their gender identity. Coming out to others as transgender or gender non-conforming is a lifelong process, and barring times when Children's Services and provider staff are obligated to share this information, young people should have total control over when they come out and to whom.
- Do not assume that a TGNC young person is comfortable discussing or explaining their gender identity. The coming out process is intensely personal, and can be complex and confusing. Respect a TGNC young person's decisions to discuss, or not discuss, their gender identity and understand that their comfort level may change over time.
- Do not make referrals to other services without asking the young people in advance which name and pronoun should be used, and if it is okay to share that the young people is transgender or gender non-conforming. On occasions when it is anticipated that the use of a young person's legal name or sex/gender will be disclosed, explain this to the young person in advance so that the young person will know to expect it.

10. PREFERRED NAME, PRONOUNS & IDENTITY LANGUAGE

THE CHALLENGE

Staff may purposefully or accidentally neglect to consistently refer to transgender and gender non-conforming (TGNC) youth by their preferred name and pronoun. For TGNC youth, being referred to by the wrong name, pronoun, or gender is invalidating, disrespectful, offensive, and indicates that they are not in a safe space. Incorrect name and pronoun use can increase the young person's sense of isolation. Malicious use of incorrect names, pronouns, or other identifying language creates an unsafe environment for a TGNC young person.

RELEVANT NYC CHILDREN'S SERVICES' POLICIES

The following are excerpts from Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System, pages 9 & 11:

- *Staff are prohibited from using value-laden and outdated terms, including but not limited to: "homo", "homosexual", "sexual preference", "alternative lifestyle", "trannie", "transvestite", and "sex change."*
- *All youth may request that Children's Services and provider agency staff use a preferred first name and the gender with which they identify, rather than their legal name. Youth must also be referred to by the pronoun that they state reflects their preferred gender identity or expression. All staff are required to comply with such requests at all times.*
- *All staff must clarify with the youth which name and pronouns should be used in which settings—including in conversations with the young person's family, other providers, and Family Court.*
- *All staff must mirror the language and terminology used by that young person or family member (when appropriate) in one-on-one interactions.*

THE BEST PRACTICES & STRATEGIES

- Language should always mirror young people's own preferred language when referring to the young person's gender identity and expression. Staff and providers should always repeat back the exact language used by the young person, even if the preferred terms are unfamiliar or may seem offensive to others. (See Section #26 for specific guidance on asking questions about identity).
- In instances where legal name or assigned sex must be used in documentation, this is fully explained to the young person, and wherever possible/appropriate the young person's preferred name and pronoun are also included in this documentation.
- Regardless of legal names, a young person's preferred (non-gang) name should always be used when staff are addressing the TGNC youth. If unsure about a preferred name, it is permissible to ask: "Is there another name you would like to be called? or "How would you like for me to address you?" (See Section #26 for additional language on asking questions about identity.)
- Regardless of the person's perceived or assumed sex, their preferred pronoun should always be used. If unsure about preferred pronoun, it is permissible to ask: "Is there a pronoun you prefer?" (See Section #26 for additional language on asking questions about identity.)
- A person's preferred (non-gang) name and pronoun are used consistently by everyone, every time—by peers, staff, and providers. It is a staff member's responsibility to hold others accountable for using preferred (non-gang) name and pronouns through role modeling and affirming the TGNC young person's preferred name and pronouns.
- It is important to recognize that a TGNC young person's name and pronoun preferences may change over time or be contextual (such as a different preference in court or with non-supportive family members). All staff must respect the preferred (non-gang) name and pronoun for the specific context, as well as respect that the preferences may change over time. Staff should consistently check with a young person about their current preference or preference for a particular context. For example, a staff member that sees a preferred name and pronoun documented will want to check-in with a young person and ask, "What name do you prefer, and is the pronoun preference documented in your case record correct?" A simple check-in can go a long way to strengthen trust and respect.

PRACTICES TO AVOID

- Do not apologize excessively or make excuses for using an incorrect name or pronoun. If you make a mistake, apologize, correct yourself and move on with the conversation. Do not make excuses and do not try to explain your behavior—doing so can often make the person more uncomfortable.
- Never refer to young people by gender identity (e.g. the transgender young person), or, using derogatory language (e.g. "tranny," "it," "he-she"), and do not allow others to do so. This is inappropriate and offensive, and it is a violation of Children's Services policy.
- Do not ignore instances where staff members, providers, or young people's peers are using incorrect name or pronouns, and do not rely on the young person to correct people. Expecting a TGNC young person to consistently correct other people's misuse of their name and pronouns is inappropriate and puts additional stress on the young person. It is essential that all staff role model respect—even when the young person is not present.
- Do not react negatively to a young person changing their name or pronoun preference, even if that preference changes often. Shifting name and pronouns are part of a developmentally appropriate stage for TGNC youth. Name/pronoun preferences may also change over time or in different contexts to increase personal safety and resiliencies.

11. DOCUMENTATION & RECORDS

THE CHALLENGE

- Staff who are fielding new cases often make assumptions about young people's names and gender without asking them how they identify. In addition, the current state databases and forms do not easily allow for a preferred name, pronoun and/or gender identity to be recorded consistently in a TGNC young person's case file. For TGNC young people, the use of a legal name or reference to the sex they were assigned on their birth certificate (even when unintentional or required) can heighten their fear, distrust, and concerns for safety.

RELEVANT NYC CHILDREN'S SERVICES' POLICIES

The following are excerpts from Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System, page 12:

- *When documenting progress notes, the worker must initially document the youth's legal name, preferred (non-gang) name, and when appropriate, their preferred pronoun (e.g. "James Doe, legal name, goes by Semaj. Semaj prefers female pronouns (she/her). Semaj… ").*
- *Consistent use of preferred name/pronoun must be documented in systems of record after initial documentation of legal name.*
- *Staff must clearly indicate which name is preferred by the young person, and in which situations this name should be used.*
- *Staff must inform the youth about who will have access to these documents before they are disseminated.*

THE BEST PRACTICES & STRATEGIES

- When first recording personal information in systems of record like CONNECTIONS, it is important to document the legal name, preferred (non-gang) name, and pronouns (when appropriate). After this initial documentation, consistent use of preferred name/pronouns must be documented thereafter. This ensures that a young person's identity and name/pronoun preference is clearly respected, helps to build trust, and communicates to other staff that the preferred name is to be used in lieu of the name of legal record.
- A young person's case notes clearly show their preferred name and pronoun, and make it very clear when it is preferred that these be used, so that anyone else reading the case notes can clearly identify which name and pronoun are preferred.
- It is important to clarify with a young person when and why the legal names are required, how their name and pronoun preference will be indicated, and how that information will be kept private and only shared with those legally authorized professionals on a need to know basis.
- When recording a young person's preferred name and pronoun in systems of record, be sure to clarify if there are any individuals (family members, providers, etc.), with whom the young person prefers not to share their gender identity, name or pronouns. Documenting this information is critical to alert key professionals that by sharing such information, they may be jeopardizing the safety of the TGNC young person.
- In the instance that the young person does not want their preferred name or pronouns shared with certain people (such as specific family members), this information should be clearly and directly noted in the case records, preferably at the beginning of an electronic file or paper document, depending on the forms. The case record should also clearly note which name and pronouns should be used by staff when speaking with family members.
- Explain directly to the young person how the information will be shared with others—who has access to the file, and in what circumstances.

PRACTICES TO AVOID

- Do not assume that the young person will not see or notice that their legal name or assigned sex is being used on their case notes in CONNECTIONS, and other systems of reference. Explain in advance the need for the use of both names/genders, so that the young person understands that it is not being done out of disrespect.
- Do not neglect to speak with a TGNC young person as to when staff should withhold information about their preferred name/pronouns. It is essential to a young person's emotional and physical safety that they have full rights to not have their preferred name and pronoun used. For example, if a young people is not "out" to their family of origin, it is essential that staff know this and take extra care with using the name and pronouns that the young person requests in specific situations, and continue using the preferred name and pronouns in all other settings.

12. GENDER SEGREGATED SPACES: BATHROOMS, LOCKER ROOMS & SHOWERS

THE CHALLENGE

- Transgender and gender non-conforming (TGNC) youth are likely to experience intense discomfort when being required to disrobe, particularly around others and in gender segregated spaces. This can make bathroom and shower use particularly challenging. Requiring TGNC young people to use non-private bathrooms or showers can be detrimental for their emotional/psychological well-being, and greatly increases their risk for physical attack and/or sexual assault.[30]

RELEVANT NYC CHILDREN'S SERVICES' POLICIES

- The following are excerpts from Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System, pages 8 & 25:
- Policies must be established and enforced to promote dignity and respect.
- Bathroom facilities shall take into account the safety and privacy needs of transgender and gender non-conforming youth.
- All youth shall be allowed to use individual stalls, within commonly accepted time limits, and be allowed to shower privately.
- Transgender youth shall not be required to shower or undress in front of other youth.

THE BEST PRACTICES & STRATEGIES

- When conducting placement procedures, make sure that the placement site for the young person can accommodate a private bathroom and shower space. Forced nudity in front of other young people may cause significant discomfort/emotional harm.
- TGNC young people must be asked what bathroom and shower options feel the most comfortable, and their decisions must be respected and accommodated.
- If there is a TGNC young person in care, make sure that their bathroom space is physically safe, and can be used without fear of harassment or violence from other people using the space. Shared bathrooms and showers are a known place of violence for TGNC youth, and it is essential that TGNC young people are safe from physical and emotional harm.
- Resist false stereotypes that transgender people's presence in gender segregated facilities like bathrooms and locker rooms pose a risk to the physical, emotional or sexual safety of the other people using the space.[31] Research shows that transgender people are often the target of physical attacks, sexual assault and bullying in bathrooms, showers, and locker rooms. TGNC young people are at a higher risk of physical violence and sexual assault, which is why it is critical that ACS and provider staff focus efforts on protecting TGNC young people's safety.
- Proactively create policies and procedures that outline how TGNC young people are able to access private space in the shower and bathroom. Think in advance about how bathrooms and showers can be handled in your specific environment, and have the guidelines written out for the staff and any TGNC youth to review upon placement. This will help to reduce challenges for TGNC youth who are in care, and will prevent the need to figure out solutions in the moment.

PRACTICES TO AVOID

- Do not require TGNC young people to use a gender-segregated bathroom, locker room or shower based on the sex assigned at birth. Bathrooms, locker rooms and showers are known to be spaces where violence and harassment are likely to occur, and the young people should be afforded a space that is free of verbal and physical harassment.
- Do not require TGNC young people to use multi-use showers during times that other youth are using the showers. TGNC youth often experience intense emotional discomfort about revealing their bodies (in a way that is more intense and significant than normal adolescent discomfort). Placing TGNC youth in situations where they are forced to reveal their bodies to others is inappropriate, potentially physically unsafe, and is a violation of Children's Services policy.
- Do not wait until there is a TGNC youth in a facility to determine how bathroom and shower access will be handled. Bathroom and shower access are a primary need, and TGNC young people should be able to access the bathroom that is most comfortable for them from the time that they first enter the facility. It is unfair to ask the young people to use a bathroom or shower based on the sex they were assigned at birth or to wait for policies to be created.

13. HAIR & PERSONAL GROOMING

THE CHALLENGE

In order to express a gender that is consistent with their gender identity, transgender and gender non-conforming (TGNC) youth often need to utilize additional grooming techniques to modify their public appearance. These techniques (e.g., removal of facial or body hair, make-up, jewelry, etc.) and modifications of hairstyles (e.g. weaves/extensions, buzz cuts, etc.) may require additional time or materials. Provider policies or Children's Services staff may inadvertently or purposefully prohibit TGNC youth from using hair and grooming methods that are consistent with their gender. Lack of access can deny TGNC youth their protected rights to express their gender, and can endanger their physical and emotional well-being.[32]

RELEVANT NYC CHILDREN'S SERVICES' POLICIES

The following are excerpts from Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System, page 25:

- *Transgender and gender non-conforming youth shall be permitted to use approved forms of personal grooming consistent with their gender identity.*
- *Transgender youth in detention and juvenile justice placement facilities may, but are not required to, shave their faces and bodies as permitted by Children's Services Procedures.*
- *A youth shall not be prevented from requesting, using, or disciplined for using a form of personal grooming because it does not match gender norms.*

THE BEST PRACTICES & STRATEGIES

- TGNC young people are provided with the necessary time and approved grooming materials that are appropriate and consistent with their gender identity. This includes being permitted to shave facial or body hair, as permitted by Children's Services procedures.
- In instances that TGNC young people requests/requires a grooming material that is considered restricted, staff should evaluate all possible accommodations (within the reasonable ability of staff to provide) to support the young person's request. These solutions must prioritize the specific safety and emotional/psychological needs of TGNC youth to express a gender that is consistent with their gender identity while mitigating potential risks for safety and security.
- Grooming rules must be consistent for all youth in Children's Services care, and at no time should materials or methods of personal grooming for TGNC youth be restricted as a punishment or because the methods might be considered inconsistent with gender norms.
- Supply staff with gender appropriate clothing and grooming materials that correspond with a TGNC young person's gender identity, including undergarments, hair/shower supplies, and clothing. Access to gender appropriate supplies will enable staff to consistently validate and respect a TGNC young person's gender identity and gender expression.

PRACTICES TO AVOID

- Do not assume that a TGNC young person who requests specific grooming items is using gender identity to receive extra privileges. It is important to remember that TGNC youth have different grooming needs than their cisgender peers. Provision or denial of requested materials can have a significant impact on a TGNC young person's emotional/psychological well-being.
- Do not provide undergarments, hair/shower supplies, and clothing inconsistent with a TGNC young person's gender identity and gender expression. Rather, staff are responsible for delivering these essential supplies to the TGNC young person that will validate and respect a TGNC young person's gender identity and gender expression.

14. CLOTHING & DRESS

THE CHALLENGE

Transgender and gender non-conforming (TGNC) youth generally desire to wear clothing that is consistent with their gender identity. Due to circumstances or lack of availability, TGNC youth may lack clothing that is consistent with their gender identity, or staff may inadvertently or purposefully restrict or deny these youth access to clothing that is appropriate for their gender identity. Clothing is an essential component of healthy gender expression, and being forced to wear clothing that is inconsistent with their gender identity is often intolerable for young people.[33]

RELEVANT NYC CHILDREN'S SERVICES' POLICIES

The following are excerpts from Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System, page 26:

- *Youth in Children's Services custodial care shall be permitted to wear clothing consistent with their gender identity.*
- *Youth will be made aware that they are always able to wear undergarments and/or clothing of their identified gender. Reasonable efforts must be made to ensure these garments are available to the young people.*
- *As with all youth, outer attire should be congruent with the occasion.*

THE BEST PRACTICES & STRATEGIES

- TGNC young people should be afforded the opportunity to wear approved clothing that is consistent with their gender identity. Considerations of situational appropriateness should not be based on conformity to gender norms. For example, when dressing for a Family Court appearance, a transgender young man should not be recommended or required to wear feminine attire or vice versa.
- TGNC young people should always be offered undergarments that are consistent with their gender identity. Young people should be asked privately which undergarments they prefer; their decision should be respected, and the desired undergarments should be provided without comment or repercussion.
- TGNC youth may have specific needs for dressing in a way that is consistent with their gender identity. For example, transgender girls and women may require a scarf or other headpiece to cover a hairstyle that may otherwise be seen as masculine, and transgender boys and men may prefer wearing baggy clothing to limit unwanted attention to parts of their bodies.
- It is essential to remember that many TGNC young people have complex relationships with families of origin, and in some cases, may not be "out" due to physical and emotional safety concerns. In such situations, it may be necessary for a TGNC young person to alter their gender presentation when interacting with family so that they are presenting their gender in a way that is consistent with their assigned sex. Staff and providers should support this as needed, make such clothes available, and help navigate the circumstances in a way that that young people identify as safe and supportive. Additional planning to help young people change clothes immediately prior and after visits with family may be helpful and reduce distress.

PRACTICES TO AVOID

- Do not make remarks about a TGNC young person's clothing choices or offer "constructive" feedback about their appearance as it relates to their gender identity. Clothing is one of the most significant components of gender expression, and wearing clothing that is consistent with a person's gender identity can be a source of relief, pride, and increased self-esteem. Even well intentioned remarks can be hurtful. Offer positive feedback and compliments instead.
- Do not make assumptions about young people's identity based on their current clothing choices. Young people may have reason to shift their gender presentation in different situations, and doing so is developmentally normal and appropriate for TGNC youth. This should not be used as a reason to invalidate a TGNC young person's preferred pronouns or name, or to deny access to care related to medical transition.

15. COMING OUT & SOCIAL TRANSITION

THE CHALLENGE

As young people question their gender identity or start disclosing to others that they are transgender or gender non-conforming (TGNC), they may need additional support for their emotional and physical well-being. Staff need to work with a TGNC young person to determine their specific needs and determine what they will experience as safe and affirming in a placement setting or location.

RELEVANT NYC CHILDREN'S SERVICES' POLICIES

The following are excerpts from Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System, page 6; 14:

- *It is ACS policy that all transgender and gender non-conforming youth shall be in homes and congregate facilities that are affirming of their gender identities.*
- *Children's Services is committed to being respectful of the dignity of all youth and families, and to keeping children and youth safe while meeting their specific needs, regardless of their gender identity or expression.*
- *When making these referrals, staff must recognize that many youth are exploring their sexual orientation, gender identity, and/or gender expression, and that youth may not know all relevant terminology, or may be questioning their own sexual orientation and/or gender identity.*

THE BEST PRACTICES & STRATEGIES

- Children's Services and provider staff should be familiar with affirming resources and referrals for TGNC youth, and should make them available for youth when they are ready or request them. It is important that staff let young people take the lead on communicating what support they need, and that they are able to do so at their own pace.
- After a TGNC person discloses their gender identity, it is essential that case planning be reviewed, that all appropriate policies and procedures are being followed, and that affirming supports are being offered.
- After coming out or disclosing their identity, TGNC young people should be offered a current list of referrals to programs and agencies providing TGNC inclusive and culturally competent care.

PRACTICES TO AVOID

- Do not assume that young people who are questioning their gender identity, expressing their gender in different ways, or disclosing that they are transgender are doing so as a means of "acting out" or "getting attention." Coming out and determining what is most comfortable and affirming can be a long-term process and may change over time. This is developmentally appropriate for TGNC youth and should be supported.

16. REFERRALS TO TRANSGENDER-INCLUSIVE SERVICES

THE CHALLENGE

Transgender and gender non-conforming (TGNC) people may face intense levels of prejudice and discrimination when accessing social services, and TGNC youth are particularly vulnerable.[34] It is essential that whenever possible, referrals be pre-screened to check that the providers are culturally competent in working with TGNC youth, and that care is taken to help youth receive the services that they are seeking.

RELEVANT NYC CHILDREN'S SERVICES' POLICIES

The following are excerpts from Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System, page 7 & 13-14, 16:

- *Staff responsible for referring youth and families for counseling, health, mental health, and other services must consider the special needs of TGNC youth and avoid any form of discrimination based on gender identity or expression. If a youth discloses that they are transgender or gender non-conforming, they must be offered the opportunity for health, mental health and other services that are transgender-inclusive and affirming.*
- *When planning for discharge and/or transition, staff/supervisory staff must refer youth who identify as transgender or gender non-conforming to community based providers who have demonstrated that they are culturally competent working with TGNC youth. If the youth's gender identity is known to the family or caretakers, they must also receive this referral information.*
- *When making these referrals, staff must recognize that many youth are exploring their sexual orientation, gender identity, and/or gender expression, and that youth may not know all relevant terminology, or may be questioning their own sexual orientation and/or gender identity.*
- *Staff working with TGNC youth must identify and become familiar with community resources to support TGNC youth.*
- *Children's Services and provider agency staff are prohibited from employing, contracting with, or making referrals to mental health providers and/or other service providers who attempt to change a youth's gender identity.*
- *Any attempt to "correct" or change youth's gender identity or expression through corrective or reparative therapy is strictly prohibited.*

THE BEST PRACTICES & STRATEGIES

- TGNC youth should only be referred to providers that are well established and recommended for working with TGNC populations. (See Section #28 for recommended referrals). Not all providers in an organization will have this expertise, so it is essential to take the steps to research the specific providers who are culturally competent with TGNC youth, and make sure that a TGNC young person sees that provider.
- Establish ongoing professional relationships with providers that are TGNC-inclusive. Even in NYC, there are a limited number of providers who work with TGNC youth. By creating an ongoing relationship with those providers, staff can refer TGNC young people to TGNC affirming programs and services.
- It is essential to remember that TGNC young people are in need of consistent access to non-transition related medical care, including general health and well-being screenings, and sexual health services. These services should also be provided by TGNC affirming providers.

PRACTICES TO AVOID

- Do not assume that a site or service is transgender-inclusive (i.e., one with TGNC inclusive policies, culturally competent staff, and private beds, bathrooms and showers). Rather, refer to the ACS LGBTQ webpage (www.nyc.gov/acs/lgbtq) to identify TGNC affirming providers. Do not assume that all sites that serve LGBTQ youth are transgender inclusive—the needs of TGNC youth are different than that of lesbian, gay and bisexual youth, and not all places are able to work effectively with TGNC youth.
- Do not assume that all providers are knowledgeable and culturally competent to work with TGNC youth. TGNC people often report that service and medical providers are not aware at best, and outright prejudiced at worst.[35] If TGNC young people perceive prejudice, hostility, or disrespect, they are unlikely to continue to see the provider and may avoid care altogether.
- Under no circumstances should any TGNC young people be referred to any mental health or medical practitioner that uses "reparative" or "conversion" therapy techniques. This is a direct violation of Children's Services policy. If there is any question about a referral, it should be cleared by the LGBTQ point person for the site, prior to referral.

17. MEDICAL TRANSITION: PUBERTAL SUPPRESSION

THE CHALLENGE

For transgender and gender non-conforming (TGNC) youth, the hormonal and physical changes that occur during puberty can cause increased gender dysphoria and related negative outcomes. For many transgender identified youth, the physical changes that occur during puberty will need to be medically corrected later in life through use of hormones, surgery and other interventions (e.g., laser hair removal, speech therapy, etc.).[36] To avoid the negative outcomes and physical changes, an increasing number of TGNC youth are engaging in pubertal suppression, which uses hormone blockers to "pause" puberty and temporarily prevent physical changes. [37] Logistically, pubertal suppression works best when administered in the early stages of puberty (which can start as young as 8-9 years old) and is ineffective in later stages of puberty. Currently due to New York State Medicaid's categorical exclusions of transgender-related health care, pubertal suppression is not covered by Medicaid. The Non-Medicaid Reimbursable (NMR) policy works to cover this gap and allows TGNC youth to access medically appropriate related care.

RELEVANT NYC CHILDREN'S SERVICES' POLICIES

The Non-Medicaid Reimbursable (NMR) Policy applies to medical or mental health treatment or services that are not Medicaid reimbursable, which in certain circumstances, includes medical transition for TGNC young people with a diagnosis of Gender Dysphoria. To review the specifics of the policy, please visit the LGBTQ web portal located here: www.nyc.gov/acs/lgbtq.

The following is an excerpt from Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System, page 23:

- *For all youth under the age of 18 in Children's Services custodial care, appropriate consent from the youth's parent/legal guardian must be first sought and obtained as required by law and/or Children's Services policy.*

THE BEST PRACTICES & STRATEGIES

- TGNC youth should be informed about the option of pubertal suppression and related support, given information about how it works, and provided with all appropriate and relevant information about policies and procedures related to accessing TGNC-related medical interventions (e.g., the policies listed above, particularly around parental consent and reimbursement). This will help a TGNC young person to make informed decisions and manage related expectations.
- Those who wish to pursue pubertal suppression should be provided with the information and resources offered by TGNC affirming healthcare providers to do so, in accordance with the WPATH Standards of Care. Referrals for related mental health and medical reviews by medical providers (culturally competent in working with TGNC youth) should be made as soon as possible-regardless of age. Delays in services may result in a TGNC young person's being ineligible (based on the age of pubertal onset and progression) for the intervention.

PRACTICES TO AVOID

- Do not omit or provide misleading information to a TGNC young person about pubertal suppression. Do not make condemning or judging statements (e.g., "you are too young to know what you want," or "you should wait until you are older to make big decisions."). Medical and mental health providers that are TGNC-affirming will assess whether or not the requested intervention is appropriate for the young person.
- Do not promise TGNC youth that they will be able to access pubertal suppression. This must be determined by a medical professional, per the WPATH Standards of Care, and this decision is subject to Children's Services Administrative review. Limited availability and cost may also be prohibitive factors.

18. MEDICAL TRANSITION: HORMONE USE PRIOR TO ENTERING CARE

THE CHALLENGE

Transgender and gender non-conforming (TGNC) youth often experience a strong sense of gender dysphoria, particularly around the secondary sex characteristics that they developed during puberty (e.g., growth of facial hair, breast growth, menstruation, etc.).[39] Many TGNC youth desire to utilize hormonal treatments to alter their body so that it is more congruent with their gender identity. TGNC youth may have accessed hormonal treatments (through a doctor or on the street) prior to entering Children's Services care.[36] Sudden cessation of these hormones will cause strong physical and psychological side effects that will influence young people's emotional/psychological and physical well-being. Currently due to New York State's categorical exclusions of transgender-related health care, hormone treatments are not covered by Medicaid. The NMR Guidance for Trans-Related Healthcare policy works to cover this gap and allows TGNC youth to access medically appropriate related care.

RELEVANT NYC CHILDREN'S SERVICES' POLICIES

The following are excerpts from Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System, page 22:

- *If a youth was prescribed hormones by a licensed medical provider, the medication shall be continued upon medical assessment and approval.*
- *If a youth is found to be accessing hormones on the street or without a prescription, the youth must be immediately referred to a LGBTQ culturally competent medical and mental health provider for an evaluation. Staff must ensure that all necessary treatment continues, if determined necessary by the medical and mental health clinicians.*
- *If hormone therapy is discontinued for a youth, the youth shall continue to be monitored by the medical and mental health clinicians to treat any symptoms that occur as a result.*

The Non-Medicaid Reimbursable (NMR) Policy applies to medical or mental health treatment or services that are not Medicaid reimbursable, which in certain circumstances, includes medical transition for TGNC young people with a diagnosis of Gender Dysphoria. To review the specifics of the policy, please visit the LGBTQ web portal located here: www.nyc.gov/acs/lgbtq.

THE BEST PRACTICES & STRATEGIES

- Referrals for related mental health and medical reviews by medical providers who are culturally competent in working with TGNC youth should be made as soon as possible to support the continuity of care and so that there is no interruption in treatments. It will be essential to communicate that the young person will be referred to a provider that is TGNC-affirming, and that the assessment will be to support continued hormonal treatments.
- If a TGNC young person discloses that they are currently utilizing hormonal treatments that have been administered and monitored by a medical professional, it will be helpful to have the previous provider's contact information. For continuity of care, the provider may elect to request a Health Insurance Portability and Accountability Act (HIPAA) agreement to contact the previous provider.

PRACTICES TO AVOID

- Do not delay in making referrals to a TGNC-affirming medical provider. Depending on the type of hormones used, they are often administered daily, weekly, bi-weekly, or monthly. It is essential that the young people see a provider as soon as possible to avoid interruptions in hormonal treatment.
- Do not take steps to restrict access to hormonal treatments or remove a TGNC young person from hormonal treatments. Any related decisions are to be made and monitored by TGNC-affirming medical providers. In the event that a TGNC-affirming medical provider determines that young person is to be removed from hormonal treatments, per Children's Services policy, the process must be conducted under that provider's ongoing monitoring and all efforts must be made to mitigate the side effects.
- Under no circumstances should a TGNC young person be admonished or penalized for having accessed prior hormonal treatments (regardless of the means of access), or having gone without medical monitoring.

19. MEDICAL TRANSITION: HORMONE REQUESTS WHILE IN CARE

THE CHALLENGE

Transgender and gender non-conforming (TGNC) youth often experience a strong sense of gender dysphoria, particularly around the secondary sex characteristics that they developed during puberty (e.g. growth of facial hair, breast growth, menstruation, etc). Many TGNC youth desire to utilize hormonal treatments to alter their body so that it is more congruent with their gender identity. TGNC youth may request access to these hormonal treatments while in Children's Services care which are available to those who meet all of the WPATH Standards of Care requirements, as determined by appropriate TGNC-affirming providers. Currently due to New York State Medicaid's categorical exclusions of transgender-related health care, use of hormone treatments are not covered by Medicaid. The NMR Guidance for Trans-Related Healthcare policy covers this gap and allows TGNC youth to access medically appropriate related care.

RELEVANT NYC CHILDREN'S SERVICES' POLICIES

The following are excerpts from Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System, pages 22-23:

- *If a youth in foster care or juvenile justice placement makes a request to begin hormone therapy while in Children's Services custodial care, they must be promptly referred to a LGBTQ culturally competent medical and mental health provider for an evaluation. The medical provider, in consultation with the youth's case planner, must initiate a request for financial support and treatment through the Children's Services NMR Policy.*
- *If a youth in detention makes a request to begin hormone treatment, the contracted medical provider, in consultation with Children's Services, will make a determination regarding the initiation of hormone therapy or other medical treatments related to gender identity based on accepted standards of care.*
- *For all youth under the age of 18 in Children's Services custodial care, appropriate consent from the youth's parent/legal guardian must be first sought and obtained as required by law and/or Children's Services policy.*

The Non-Medicaid Reimbursable (NMR) Policy applies to medical or mental health treatment or services that are not Medicaid reimbursable, which in certain circumstances, includes medical transition for TGNC young people with a diagnosis of Gender Dysphoria. To review the specifics of the policy, please visit the LGBTQ web portal located here: www.nyc.gov/acs/lgbtq.

THE BEST PRACTICES & STRATEGIES

- TGNC youth should be informed about the option of hormone treatment by their TGNC affirming healthcare provider(s), given information about how it works, and be provided with all appropriate and relevant information about policies and procedures related to accessing TGNC-related medical interventions (e.g., the policies listed above, particularly around parental consent and reimbursement). This will help a TGNC young person to make informed decisions and manage related expectations.
- Those who wish to pursue hormone treatment should be provided with the information and resources to

do so, in accordance with the WPATH Standards of Care. Referrals for related mental health and medical reviews by medical providers (culturally competent in working with TGNC youth) should be made as soon as possible.

- Young people should also be informed about the availability of voice coaching and laser hair removal via the NMR policy.
- Referrals for related mental health and medical reviews by medical providers who are culturally competent in working with TGNC youth should be made, regardless of the young person's age.

PRACTICES TO AVOID

- Do not omit or provide misleading information to a TGNC young person about hormone treatments. Do not make condemning or judging statements (e.g., "you are too young to know what you want" or "you should wait until you are older to make big decisions"). Medical and mental health providers that are TGNC-affirming will assess whether or not the requested intervention is appropriate for the young person.
- Do not promise TGNC youth that they will be able to access hormone treatments. This must be determined by a medical professional, per the WPATH Standards of Care, and this decision is subject to Children's Services Administrative review.

SURGERY

20. MEDICAL TRANSITION: SURGICAL INTERVENTIONS

THE CHALLENGE

Transgender and gender non-conforming (TGNC) youth often experience a strong sense of gender dysphoria, particularly around secondary sex characteristics (e.g. breast growth and genitals).[40] While not all TGNC youth desire surgical interventions, many do. Per the WPATH Standards of Care, TGNC young people who are over the age of 18 and meet all other medical and mental health criteria are eligible to access surgical interventions. Currently due to New York State Medicaid's categorical exclusions of transgender-related health care, surgical interventions are not covered by Medicaid. The NMR Guidance for Trans-Related Healthcare policy works to cover this gap and allow TGNC youth to access medically appropriate surgical interventions.

RELEVANT NYC CHILDREN'S SERVICES' POLICIES

The Non-Medicaid Reimbursable (NMR) Policy applies to medical or mental health treatment or services that are not Medicaid reimbursable, which in certain circumstances, includes medical transition for TGNC young people with a diagnosis of Gender Dysphoria. To review the specifics of the policy, please visit the LGBTQ web portal located here: www.nyc.gov/acs/lgbtq.

The following is an excerpt from Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System, page 23:

- *For youth in detention, where the initiation of other medical care (e.g. medically necessary transition-related surgeries) is at issue, DYFJ's Deputy Commissioner or their designee may review the request and decide whether initiating the recommended treatment while the youth is in DYFJ custody is appropriate and feasible.*

THE BEST PRACTICES & STRATEGIES

- TGNC youth should be informed about the option of surgical interventions, given information about how surgery works, and provided with all appropriate and relevant information about policies and procedures related to accessing TGNC-related medical interventions (e.g., the policies listed above, particularly around age and reimbursement). This will help a TGNC young person to make informed decisions and manage related expectations.
- Those who wish to pursue surgical interventions should be provided with the information and resources to do so, in accordance with the WPATH Standards of Care. Referrals for related mental health and medical reviews by medical providers (culturally competent in working with TGNC youth) should be made as soon as possible.
- TGNC young people should also be informed about the availability of voice coaching and laser hair removal via the NMR policy.
- TGNC young people who are under the age of 18 and desire surgical interventions, should be informed about the minimum age. Referrals for related mental health and medical reviews by medical providers (culturally competent in working with TGNC youth) should be made, regardless of the young people's age.

PRACTICES TO AVOID

- Do not omit or provide misleading information to TGNC youth about surgical interventions. Do not make condemning or judging statements (e.g., "you are too young to know what you want," or "you should wait until you are older to make big decisions"). Medical and mental health providers that are TGNC-affirming will assess whether or not the requested intervention is appropriate for the young people.
- Do not promise TGNC youth that they will be able to access surgical interventions. This must be determined by a medical professional, per the WPATH Standards of Care, and this decision subject to Children's Services Administrative review.

21. STAFF CULTURAL COMPETENCY TRAINING

THE CHALLENGE

Transgender and gender non-conforming (TGNC) youth are one of the most vulnerable and highest risk populations within the foster care and juvenile justice systems.[41] To provide affirming and respectful services for transgender and gender non-conforming youth, Children's Services providers and staff must have cultural competency and TGNC-related awareness about the specific needs of TGNC youth.

RELEVANT NYC CHILDREN'S SERVICES' POLICIES

The following are excerpts from Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System, pages 2, 6-7, 17 & 26:

- *Children's Services is committed to providing all youth and families served by Children's Services and our contracted provider agencies a safe, healthy, inclusive, affirming and discrimination-free environment. No Children's Services or provider agency staff shall unlawfully discriminate against other persons in the course of their work.*
- *The LGBTQ point person is required to receive cultural competency training, and coordinate trainings within the provider agency to ensure that all staff working directly with youth receive cultural competency training related to transgender and gender non-conforming youth and families.*
- *All Children's Services and provider agency staff and foster parents having direct contact with children and families are required to be trained on the goals and expectations of this LGBTQ Policy. Training shall be provided to staff during the staff's initial orientation, and at least once every two (2) years thereafter.*
- *Staff must model appropriate and affirming behavior at all times. Staff shall establish and maintain a culture where the dignity of every youth is respected and all youth feel safe, regardless of their gender identity or expression.*
- *Staff will be aware that the psychosocial stress associated with explicit and implicit transphobia and related prejudice, and the stigma associated with being TGNC may contribute to depression, anxiety, increased suicide risk, substance use, truancy, or dropping out of school.*
- *Staff must be familiar with the unique family dynamics that emerge for TGNC youth in general, and for TGNC youth involved in the child welfare system specifically. All staff must be aware that many TGNC youth, particularly those involved in the child welfare or juvenile justice systems, have had experiences of trauma (e.g. violence, sexual abuse, verbal harassment, etc.) related to their gender identity/expression.*
- *LGBTQ training curriculums must be vetted by Children's Services. Curriculums shall be sent to LGBTQ@dfa.state.ny.us for approval.*

THE BEST PRACTICES & STRATEGIES

- All Children's Services providers and staff should be included in general cultural competency trainings. It is important to remember that it takes all staff members to create a safe and affirming space, but it only takes one person to create a hostile environment for TGNC youth. Receptionists and security guards, who have contact with youth should be included in these trainings, to the extent possible.
- Providers and staff who are providing case management, staff at residential services, and in-house clinical providers should receive additional training that focuses on best practices for affirming and inclusive service provision.

PRACTICES TO AVOID

- Only use an approved curriculum; trainings should not be conducted by facilitators with only basic or intermediate levels of knowledge about TGNC youth. Staff members who conduct trainings should utilize training models and curricula that are approved by Children's Services' Office of LGBTQ Policy and Practice. All facilitators should be properly screened for their expert knowledge of TGNC youth in the NYC foster care systems. Referrals for facilitators can be acquired through the Children's Services' Office of LGBTQ Policy and Practice.

22. TGNC AFFIRMING LITERATURE & WRITTEN MATERIALS

THE CHALLENGE

Young people who are transgender, gender non-conforming, or questioning are likely to have questions and desire more information about aspects of their identity, and may not have access to accurate TGNC-affirming information/resources. It is essential that TGNC young people have full access to all information about their rights as TGNC young people, how to report complaints, and how to access TGNC-affirming medical and mental health care.

RELEVANT NYC CHILDREN'S SERVICES' POLICIES

The following are excerpts from Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System, page 12:

- *Staff must make available TGNC affirming literature and resources to all youth and families served by Children's Services. This includes: information about available support, website lists of community resources, books, youth rights & responsibilities, procedures for reporting complaints, copies of related Children's Services policies.*
- *Programs must affirm the identities of all youth by creating supportive environments, and should incorporate TGNC culturally specific art and social events, such as Pride, the Trans March, etc.*
- *Educational books and other reading materials for youth interested in learning more about TGNC identities and people must be made available in foster care and facilities.*

THE BEST PRACTICES & STRATEGIES

- All related resources for TGNC youth should be kept in an accessible and easily identifiable area. Resources should be kept up-to-date, and should represent a range of informational resources and community resources. Copies of TGNC-related policies and reporting procedures should be consistently available for youth to review.

PRACTICES TO AVOID

- Do not tokenize TGNC youth by including transgender and gender non-conforming people in name only, and not offer specific resources and other support materials designed for TGNC youth. Make sure that support materials actively include the needs of TGNC youth, foster families, and families of origin.

23. OUTREACH TO LGBT FOSTER PARENTS

THE CHALLENGE

Due to the widespread prejudice and discrimination against transgender and gender non-conforming (TGNC) people, it is essential that TGNC young people are placed in foster homes that are affirming. While not all people who are lesbian, gay, or bisexual are supportive of TGNC people, LGBTQ people are more likely to be prepared to support TGNC young people. Recruitment efforts that specifically outreach LGBTQ people as foster parents are necessary for members of the LGBTQ communities to know that they are welcome as foster parents.

RELEVANT NYC CHILDREN'S SERVICES' POLICIES

The following are excerpts from Promoting a Safe and Respectful Environment for LGBTQ Youth and their

- *Families Involved in the Child Welfare, Detention and Juvenile Justice System, pages 2 & 6:*
- *Children's Services is committed to providing all youth and families served by Children's Services and our contracted provider agencies a safe, healthy, inclusive, affirming and discrimination-free environment.*
- *It is Children's Services policy that all LGBTQ youth shall be in LGBTQ-affirming homes and LGBTQ-affirming congregate facilities.*

THE BEST PRACTICES & STRATEGIES

- Outreach materials should include visual images of LGBTQ people, include specific information about how Children's Services welcomes LGBTQ foster parents, and addresses potential concerns.
- Outreach should occur at events that are specific to and are held within the LGBTQ communities. Staff who are working at these events should be knowledgeable about the LGBTQ communities and the specific needs of TGNC youth, foster families and families of origin.

PRACTICES TO AVOID

- Do not exclude LGBTQ people when outreaching for foster homes. While not all LGBTQ people are accepting of TGNC identities, LGBTQ foster parents are more likely to be understanding of the identities of TGNC young people than people who have no experience interacting with TGNC children, youth, and adults.

24. ASSESSING CULTURAL COMPETENCY OF FOSTER HOMES

THE CHALLENGE

It is essential that all TGNC young people in Children's Services care reside in spaces that are safe and supportive. Not all foster parents are affirming of TGNC youth, and it is necessary for staff to conduct advanced and ongoing screenings so that all TGNC young people are safe and supported.

RELEVANT NYC CHILDREN'S SERVICES' POLICIES

The following are excerpts from Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System, pages 2 & 6:

- *Children's Services is committed to providing all youth and families served by Children's Services and our contracted provider agencies a safe, healthy, inclusive, affirming and discrimination-free environment.*
- *It is Children's Services policy that all LGBTQ youth shall be in LGBTQ-affirming homes and LGBTQ-affirming congregate facilities.*

THE BEST PRACTICES & STRATEGIES

- All staff, foster parents, approved emergency relative foster homes, and certified emergency foster homes must be trained in how to assess the safety and security of TGNC youth in foster homes, including determining whether or not foster parents and emergency kinship resources are providing an affirming foster home.
- TGNC young people should be consistently involved in the determination of whether or not their foster home, approved emergency relative foster homes, and certified emergency foster homes is safe and affirming, both physically and emotionally. Information that indicates that a TGNC young person does not feel safe or affirmed should be immediately investigated.
- In instances where information indicates that a TGNC young person's foster home, approved emergency relative foster homes, and certified emergency foster home is not safe or affirming, immediate action must be taken to relocate the TGNC young person for their physical and emotional safety.

PRACTICES TO AVOID

- Do not ignore statements that indicate that a TGNC young person does not feel safe or affirmed, and do not make assumptions that a TGNC young person is being "overly sensitive" about their identity.
- Do not delay taking actions to relocate a TGNC young person who does not feel safe or affirmed. Lack of action can increase the TGNC young person's emotional and physical risk, and it is essential that actions be taken to remove a TGNC young person from a foster home as soon as possible.
- Do not ignore safety or risk concerns when it is discovered that the foster parent, approved emergency relative foster home, and certified emergency foster parent refuses to connect a TGNC young person to affirming health providers, will not purchase clothing corresponding to the TGNC young person's gender identity, refuses to address the TGNC young person by preferred name/pronoun, uses their personal or religious beliefs to justify discrimination, physical or verbal harassment, and other forms of maltreatment, etc.

25. REPORTING PROCEDURES & LGBTQ INCIDENT REPORTING FORM

THE CHALLENGE

In order to address systematic concerns and provide individual advocacy for TGNC youth, it is essential that staff maintain regular communication with designated LGBTQ point people and staff from the Children's Services' Office of LGBTQ Policy and Practice to discuss concerns regarding individual cases or to review existing policies and practices related to the needs of transgender and gender non-conforming (TGNC) youth. Designated LGBTQ point people and staff of the from Children's Services' Office of LGBTQ Policy and Practice are available to provide guidance and support for staff who are working with TGNC youth. The from Children's Services' Office of LGBTQ Policy and Practice will collaborate with appropriate Agency Divisions when addressing systematic concerns.

RELEVANT NYC CHILDREN'S SERVICES' POLICIES

The following are excerpts from Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System, page 26-27:

- *Foster care and juvenile justice placement provider agencies are required to designate an LGBTQ point person. This person is required to receive LGBTQ cultural competency training, attend all Children's Services LGBTQ Action Group meetings, maintain a record of all LGBTQ-related issues that arise within their agency (including but not limited to reports of harassment or bias, and any unmet needs for an affirming foster home or juvenile justice placement. This person will report all incidents to the Children's Services LGBTQ Senior Advisor at LGBTQ@dfa.state.ny.us.*
- *The Children's Services LGBTQ Senior Advisor is responsible for assessing transgender and gender non-conforming youths' needs within the child welfare system.*

INSTRUCTIONS FOR REPORTING

- When bias, harassment, and discrimination of TGNC youth and/or families arise, supervisory and management staff are required to treat all such incidents as serious and follow up promptly. In accordance with Children's Services' policy and procedures, alleged violations of the ACS LGBTQ Policy by staff, foster parents, or youth will be investigated promptly and, if determined to have occurred, will result in the enforcement of corrective and/or disciplinary action, as necessary. In such incidents, the site-specific LGBTQ point person should be immediately notified in order to make sure that the young person's needs are addressed.
- Concrete examples of incidents or inquiries to report may be found on ACS's LGBTQ webpage—www.nyc.gov/ACS/LGBTQ—under the "Practitioner's" tab. When filing an incident report or making an inquiry, please be sure to fill out *FSS 009, ACS LGBTQ Incident/Inquiry Form,* and submit it electronically to LGBTQ@dfa.state.ny.us. A copy of this form is included below on the next page. Please note that legal matters on child welfare and juvenile justice cases must first be directed to the assigned FCLS attorney.
- Anyone with a related incident or inquiry may file a report with the Children's Services' Office of LGBTQ Policy and Practice. If there are any questions about a reportable incident or inquiry, please submit all questions electronically to LGBTQ@dfa.state.ny.us.

Administration for Children's Services

FSS 009, Children's Services LGBTQ Incident/Inquiry Reporting Form available online at:
www.nyc.gov/html/Children's Services/downloads/pdf/lgbtq/LGBTQ%20Incident_Inquiry%20Form%20FSS%20009%20(2).pdf

ACS LGBTQ INCIDENT/INQUIRY FORM (FSS 009)

Please complete appropriate information.
You do not need to have all information indicated for request to be processed.

Type of Request: _____ Resources ____ Placement ___ Harassment __ Other

Incident/Inquiry Occurrence: __Internal _____External

Client/Family **Date:** _____

Youth Name:	DOB:
Case Name:	Case #:

Source of Referral

Name:	Agency:
Relation to Youth:	Telephone #:

Agency Contact Information

Contract Agency:	Site/Location:
Agency Worker:	Telephone #:
Supervisor:	Telephone #:
Director:	Telephone #:

Children's Services Contact Information

Borough:	Site/Location:
Worker:	Telephone #:
Supervisor:	Telephone #:
Manager:	Telephone #:

Legal Information

FCLS Attorney:	Telephone #:

Narrative Description of Presenting Concern and Requested Service:

26. APPENDIX 1: RESPECTFULLY ASKING GENDER IDENTITY & SEXUAL ORIENTATION QUESTIONS

The following questions are recommended best practices for asking all young people optional demographic questions about their gender identity and sexual orientation on various intake forms.

Full document available online at:
www.nyc.gov/html/Children's Services/downloads/pdf/lgbtq/Respectfully%20Asking%20SOGI%20Questions.pdf

GENDER IDENTITY QUESTIONS

What is your sex?
- ☐ Female
- ☐ Male
- ☐ Intersex

When a person's sex and gender do not match, they might think of themselves as transgender. Sex is determined at birth based on anatomy. Gender is how a person feels. Which **one** response best describes you?
- ☐ I am not transgender
- ☐ I am transgender and identify as a boy or man
- ☐ I am transgender and identify as a girl or woman
- ☐ I am transgender and identify in some other way

People's appearance, style, dress, or the way they walk or talk may affect how people describe them.
How would you describe your appearance, style of dress, and the way that you talk?
- ☐ Very feminine
- ☐ Mostly feminine
- ☐ Somewhat feminine
- ☐ Equally feminine and masculine
- ☐ Somewhat masculine
- ☐ Mostly masculine
- ☐ Very masculine

A youth has a right to use a preferred name and pronoun.
Would you like us to use a preferred name? If yes, what? _____

What pronouns do you use?
- ☐ Male pronouns (i.e., he/him/his)
- ☐ Female pronouns (i.e., she/her/hers)
- ☐ Other _____

Do you feel safe, in light of your gender identity or gender expression?
- ☐ Yes
- ☐ No
- ☐ If no, what are you most concerned about?

_____

SEXUAL ORIENTATION QUESTIONS

Which of the following best describes you?

- ☐ Straight (Heterosexual)
- ☐ Lesbian
- ☐ Gay
- ☐ Bisexual
- ☐ Asexual
- ☐ Not Sure/Questioning

Do you feel safe, in light of your sexual orientation?

- ☐ Yes
- ☐ No

If no, what are you most concerned about?

_____

27. APPENDIX 2: EDUCATIONAL RESOURCES FOR CHILDREN'S SERVICES & PROVIDER STAFF

Recommendations contained in *A Place of Respect: A Guide for Group Care Facilities Serving Transgender and Gender Non-Conforming Youth* (A Report authored by the National Center for Lesbian Rights and the Sylvia Rivera Law Project, 2011)

- **Hidden Injustice: Lesbian, Gay, Bisexual, and Transgender Youth in Juvenile Courts**
  Legal Services for Children, National Juvenile Defender Center, National Center for Lesbian Rights, 2009

  Hidden Injustice represents the first effort to examine the experiences of LGBT youth in juvenile courts across the country. The report is based on information collected from 414 surveys and 65 interviews with juvenile justice professionals, including judges, defense attorneys, prosecutors, probation officers, detention staff, and other juvenile justice advocates; focus groups and interviews of 55 youth who possess relevant firsthand experience; and an extensive review of relevant social science and legal research findings. The report contains extensive recommendations directed towards judges, defense attorneys, prosecutors, probation officers, detention facility administrators, policy makers, and advocates. In addition, the report makes eleven core recommendations to enhance the overall capacity of the system to work effectively with LGBT youth.

  Download full publication: www.EquityProject.org
  To order (free of charge): Order online at www.NCLRights.org/HiddenInjustice

- **Locked Up & Out: Lesbian, Gay, Bisexual, & Transgender Youth in Louisiana's Juvenile Justice System**
  Juvenile Justice Project of Louisiana, Wesley Ware, 2010

  Locked Up & Out shares the experiences of LGBT youth in Louisiana's juvenile justice system, particularly in long-term secure confinement. The report discusses the path LGBT youth often take into the juvenile justice system, including various risk-factors that may indicate LGBT youth are disproportionately represented in secure care.

  Once inside Louisiana's youth prisons, LGBT youth often face psychological abuse, sexual abuse, isolation, increased barriers to their early release, and other harmful conditions. The report provides recommendations for Louisiana's juvenile justice system, including trainings and policy reform. While focused on the stories of LGBT youth in Louisiana, the report is relevant throughout the country.

  Download full publication: www.JJPL.org
  To order (free of charge): Contact JJPL's LGBT and HIV/AIDS Project at 504.522.5437 ext 292

- **Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender Children**
  Family Acceptance Project, San Francisco State University, Caitlin Ryan, 2009

  This is the first of several basic educational materials to share findings from the Family Acceptance Project to help families support their LGBT children. This first version is written in English, Spanish and Chinese at a 10th grade reading level.

  Download publications: www.FamilyProject.SFSU.edu/Publications
  To order: Contact FAP at FAP@SFSU.edu for information on ordering publications in bulk.

- **Opening Doors for LGBTQ Youth in Foster Care: A Guide for Lawyers and Judges**
  American Bar Association, Laver & Khoury, 2008

  This guide aims to increase the legal community's awareness of LGBTQ youth in foster care and the issues they face. It provides tools for lawyers and judges to aid their advocacy and decision-making on behalf of LGBTQ youth. Special attention is given to helping lawyers and judges understand the unique needs and risk factors of LGBTQ youth, forming positive attitudes and beliefs about LGBTQ youth, developing strong attorney-client relationships, and using effective advocacy strategies.

  To order: Call the ABA Service Center at 800.285.2221. Or go to the ABA web-store at www.ABABooks.org (ISBN: 978-1-60442-073-9, ABA CATALOG #: 5490444)
  Website: www.ABANet.org/Child/LGBTQ.shtml

- **CWLA best Practice Guidelines: Serving LGBT Youth in Out-of-Home Care**
  Child Welfare League of America, Wilber, Ryan, & Marksamer, 2006

  This easy-to-use resource contains the first-ever set of comprehensive professional guidelines for how child welfare and juvenile justice professionals can best serve LGBT youth in state care. The Best Practice Guidelines developed out of recommendations from the Model Standards Project, a collaboration between Legal Services for Children and the National Center for Lesbian Rights.

  Download full publication, executive summary, and Power Point presentation:
  www.NCLRights.org/Youth_Pubs
  To order: Order online at www.CwLA.org/Pubs or call CwLA at 1.800.407.6273

- **Out of the Margins: A Report on Regional Listening Forums Highlighting the Experiences of Lesbian, Gay, Bisexual, Transgender and Questioning Youth in Care**
  Child Welfare League of America and Lambda Legal, Woronoff, Estrada & Sommer, 2006

  The CWLA/Lambda Regional Listening Forums provided an opportunity for LGBTQ youth in care, and the adults who work with and care for them, to share their experiences and work together to identify strategies for bringing about lasting change within the child welfare system. Out of the Margins consolidates the responses of the more than 500 youth and adult participants from 22 states who attended the Forums and offered personal stories of actual experiences and concrete solutions for building the capacity of the child welfare system to better meet the needs of LGBTQ young people.

  Download full publication: www.CwLA.org/Programs/Culture/OutoftheMargins.pdf
  To order (free of charge): Order online at www.LambdaLegal.org/Our-work/Issues/Youth/Out-of-Home-Care/YOHC-Publications-Order-Form.html or call Lambda Legal at 212.809.8585

- **Getting Down to basics: Tools to Support LGBTQ Youth in Care**
  Child welfare League of America and Lambda Legal Defense & Education Fund, 2006

  This tool kit offers practical information on helping to ensure that LGBTQ youth in care receive the support and services they deserve. Consisting of 18 colorful pull-outs, it serves as an ideal starting point for administrators and practitioners unfamiliar with LGBTQ youth in out-of-home care issues. Specific target audiences include: caseworkers; attorneys, guardians ad litem, and advocates; congregate care providers; juvenile justice professionals; faith-based providers; LGBTQ youth; and families supporting LGBTQ youth. Sub-topics include, but are not limited to, working with transgender youth; working with homeless LGBTQ youth; LGBTQ youth risk data; recommendations for training and education; combating misguided efforts to ban lesbian and gay adults as foster and adoptive parents; and basic facts about being LGBTQ.

Download full publication: www.LambdaLegal.org/Take-Action/Tool-Kits
To order (free of charge): Order online at www.LambdaLegal.org/Issues/Youth-In-Out-of-Home-Care/YOHC-Publications-Order-Form.html or call Lambda Legal at 212.809.8585.

- **Breaking the Silence: Lesbian, Gay, Bisexual, Transgender, and Queer Foster Youth Tell Their Stories**
  DVD and Resource CD. National Center for Lesbian Rights, 2006

  The Breaking the Silence DVD, produced in collaboration with the Y.O.U.T.H. Training Project and the Center for Digital Storytelling, contains ten short digital stories that were written and directed by LGBTQ youth who have spent time in state custody. Each of these digital stories is designed to stand on its own. For specific suggestions on how to use the DVD for training or other purposes, refer to the *Introduction and User's Guide* and the *DVD Viewing and Discussion Guide* provided on the CD. A supplemental bonus CD contains a comprehensive collection of more than 25 resources produced by organizations that are nationally respected for their expertise in supporting LGBTQ out-of-home youth. These tools provide additional background and support for trainers and advocates as well as guidance to administrators and managers on how to transform agencies to be safe and non-discriminatory.

  To order (free of charge): Order online at www.NCLRights.org/Youth_BTS

28. APPENDIX 3: NYC COMMUNITY RESOURCES FOR TRANSGENDER & GENDER NON-CONFORMING YOUTH

LIST OF LGBTQ AFFIRMING CLINICIANS ALL NYC BOROUGHS[1]
Recommended by LGBTQ Advocates

LGBTQ HEALTH CARE PROVIDERS

Adolescent AIDS Program/Risk Evaluation Program
Children's Hospital at Montefiore Medical Center
Gay and Lesbian Adolescent Health Resource Center (GLAHRC)
111 East 210th St.
Bronx, NY 10467
718.882.0232 x223
www.adolescentaids.org
M-F 1:30pm-5pm
STD/HIV testing, treatment, and referrals for comprehensive medical and mental health services for LGBT youth ages 13-24.

APICHA Community Health Center
400 Broadway
New York, NY 100013
Medical Clinic Direct Number: 212.334.6029
Info Line: 866.APICHA9 (866.274.2429)
APICHA has a Trans Health Clinic providing individualized medical care and APHICHA provides LGBT services.

Bronx Community Pride Center, Health Link Line
975 Kelly Street, Suite 202
Bronx, NY 10459
718.292.4368
www.bronxpride.org
9am-9pm every day
Free hotline that offers referrals to LGBT-friendly doctors and other medical, legal, and social service providers. Providers with expertise in transgender health are included.

Community Healthcare Network—Transgender Program
Bronx Health Center
975 Westchester Ave.
Bronx, NY 10459
718.320.4466 (Program Coordinator: Renato)
M, Tu, Th, F 9am-5pm; W 10am-6pm
Support Groups: M 2-4pm (Spanish), W 2-4pm (English)
www.chnnyc.org/services/transgender-program
Offers healthcare services to all transgender people of all ages, including primary healthcare, preventive health services, weekly workshops, support group meetings, mental health counseling, and HIV counseling and testing. Hormone therapy for individuals 18+.

1 Provider Agencies should verify if the clinician is a Medicaid participant prior to sending youth for services.

The Door
Adolescent Health Center
555 Broome St.
New York, NY 10013
212.941.9090 x3221 or x3222
www.door.org
Offers physical examinations, general health care and education, dermatology, nutritional counseling, sexual and reproductive health care, and routine dental services to all young people ages 12-21, as well as counseling services geared toward LGBTQ youth.

H.E.A.T. (Health and Education Alternatives for Teens)
SUNY Downstate Medical & Kings County Hospital Center
760 Parkside Ave (Room 308)
Brooklyn, NY 11226
718.467.4446 (for appointments: Richard Weinstein)
www.heatprogram.org
M-F 9am-5pm
Free medical and mental health services, counseling, and HIV/STD testing and support for LGBTQ youth, including hormone therapy for transgender youth ages 13-24.

H.O.T.T. (Health Outreach to Teens)
Callen-Lorde Community Health Center
356 W. 18th St. (between 8th and 9th Aves.)
New York, NY 10011
212.271.7212, 212.271.7200
www.callen-lorde.org/services/hott.html
M, Tu, Th 10am-8pm, W 10am-12pm, 1:30pm-8pm (no new patients), F 10am-4pm; Sat 10pm-1am
Free or low cost medical and mental health care/counseling, including physical exams, gynecological exams, and STD/HIV treatment and testing to LGBTQ and homeless youth ages 13-24. Hormone therapy available for youth ages 18-24.

The Jim Collins Foundation
P.O. Box 1002
North Branford, CT 06471
203.376.8089
www.jimcollinsfoundation.org
Awards grants for transgender people ages 18+ in need of gender-confirming surgery to live a healthy life but without the ability to pay for it.

The Mount Sinai Adolescent Health Center
312 E. 94th St.
New York, NY 10128
212.423.3000
www.mssm.edu/research/centers/adolescent-health-center
Medical and mental health care for adolescents 10-22 years old.

Positive Health Project
301 W. 37th St. (near 8th Ave)
New York, NY 10018
212.465.8304 Ext.

www.positivehealthproject.org
M-F 10am-5pm
Provides healthcare services to transgender people ages 18+, including basic medical care, psychotherapy and counseling, psychiatric referrals, acupuncture, Syringe Exchange Program, and support groups.

South Bronx Health Center for Children & Families
Montefiore Medical Center
871 Prospect Avenue
Bronx, NY 10459
718.991.0605 x264 (Maria Umpierre)
M-Th 9am-7:30pm, F 1pm-6pm
Provides medical care and services to transgender youth, including feminizing or masculinizing hormone therapy. There is no minimum age requirement.

Streetwork Project
Harlem Drop-In Center
209 W. 125th St.
New York, NY 10027
212.695.2220
M-Sun (9am-9pm)

Lower East Side Drop-In
33 Essex St.
New York, NY 10002
646.602.6404
M, Tu, Th, F 2pm-7pm www.safehorizon.net
Provides services to LGBTQ homeless youth up to age 24, including free medical and psychiatric services, counseling, syringe exchange, HIV prevention, and wellness activities including acupuncture, yoga, and nutritional counseling.

HIV-RELATED CARE

Alianza Dominicana
530 W. 166th St.
New York, NY 10032
212.740.1960
www.alianzaonline.org
M and F 9am-5pm, Tu, W, Th 9am-8pm
HIV/STD testing, substance abuse prevention, and counseling services and programs for LGBT youth ages 16-24.

Bellevue Adolescent T.O.P.S. (Teen Outreach Prevention Services)
462 1st Ave., corner of 27th St.
New York, NY 10016
212.562.6333
M-F 9am-5pm by appointment only
Support, confidential HIV testing, pre/post test counseling, complete medical evaluation/care, and clinical treatment for youth. Clinic has a liaison with Green Chimneys Children's Services.

Community Health Action of Staten Island
25 Victory Blvd
Staten Island, NY 10301
718.808.1389
www.chasiny.org
M-F 9am-5pm
HIV education, outreach, and health programs for LGBTQ youth.

Gay Men's Health Crisis (GMHC)
224 West 29th Street
New York, NY 10011
212.367.1100 or 212.367.1000
www.gmhc.org
HIV/AIDS prevention, testing, and services for youth of all ages and free syringe access for individuals 18+.

Hispanic AIDS Forum
Manhattan:
213 W. 35th St. (12th floor)
New York, NY 10001
212.868.6230
xmorgan@hafnyc.org
Bronx:
967 Kelly St.
Bronx, NY 10459
718.328.4188
www.hafnyc.org
info@hafnyc.org
HIV/AIDS organization for the Latino community. HIV testing and prevention programs for youth under 24, offering training and leadership services, workshops, counseling, support groups, and special events. Includes counseling and support for transgender women.

Harlem United Community AIDS Center, Inc.
306 Lenox Ave.
New York, NY 10027
212.803.2850
info@harlemunited.org
www.harlemunited.org
Serves people living with HIV/AIDS. Medical/ dental care, mental health services, expensive therapies, alternative medicine. Also provides array of services in prevention, education, supportive housing, HIV testing. See website for info/locations.

AIDS Treatment Data Network/ Housing Works
611 Broadway Room 613
New York, NY
10012 United States
800.734.7104; 212.260.8868
www.housingworks.org/heal/medical-and-dental-care
HW provides case management, treatment and access information, advocacy and counseling, education, and referral services for people with HIV, chronic hepatitis, and other diseases.

Safe Space and Spacemobile
Queens:
89-74 162nd St. (2nd floor)
Jamaica, NY 11432
718.526.2400
www.safespacenyc.org
In addition to drop-in centers below, the Spacemobile travels around the city providing health services.

FOR FURTHER REFERRALS

Ali Forney Center
527 West 22nd St., 1st Floor
New York, NY
10011 United States
212.222.3427
www.aliforneycenter.org
AFC is the nation's largest and most comprehensive organization dedicated to homeless LGBT youth. Our goal is to provide homeless LGBT youths, aged 16-24, with the support and services they need to escape the streets and begin to live healthy and independent lives.

Center CARE and Y.E.S. (Youth Enrichment Services)
at the LGBT Community Center
208 W. 13th Street
New York, NY 10011
212.620.7310
www.gaycenter.org
Provides confidential assessments and referrals to a network of LGBT-affirmative or identified counselors, therapists, psychiatrists, community organizations and agencies, and other resources.

Gay Men of African Descent
103 East 125th St., Suite 7E
New York, NY
10035 United States
212.828.1697
www.gmad.org

Queens Pride House
30-74 Steinway, 2nd Floor
Astoria, NY 11103
718.204.5955
www.queenscommunityhouse.org

FOR ADDITIONAL LISTINGS AND REFERRALS
please review Children's Services' Office of LGBTQ Policy and Practice web portal: www.nyc.gov/lgbtq

29. APPENDIX 4 GLOSSARY OF TRANSGENDER & GENDER NON-CONFORMING TERMS

Assigned sex: The sex that is noted on an individual's birth certificate issued at birth. Also referred to as *sex assigned at birth* or *birth sex*.

Biological sex: An individual's sex, male or female, based on the appearance of an individual's external genitalia and their assumed sex chromosomes.

Cisgender: A term for someone whose biological sex and gender identity are congruent. Also referred to as non-transgender.

Cross-Dresser: An outdated term used to refer to someone who wears clothes of another sex/gender.

FTM/Female-to-Male: See *Transgender Men and Boys.*

Gender: The set of meanings assigned by a culture or society to someone's perceived biological sex. Gender is not static and it can shift over time. Gender has at least three components:

- **Gender Identity:** Individuals' internal view of their gender; one's innermost sense of being male or female. Gender identity is well established around 3-4 years old. This will often influence name 0and pronoun preference for an individual.
- **Physical Markers:** Aspects of the human body that are considered to determine sex and/or gender for a given culture or society; including genitalia, chromosomes, hormones, secondary sex characteristics and internal reproductive organs.
- **Gender Expression & Cues:** Aspects of behavior and outward presentation that may (intentionally or unintentionally) communicate gender to others in a given culture or society, including clothing, body language, hairstyles, socialization, interests, and presence in gendered spaces (e.g. restrooms, places of worship, etc.). Refers to the manner in which a person expresses their gender through clothing, appearance, behavior, speech, etc. A person's gender expression may vary from the gender norms traditionally associated with that person's biological sex. Gender expression is separate from gender identity and sexual orientation.

Gender Binary: The cultural expectation that there are only two sexes/genders—male and female—and that they are the opposite of each other.

Gender Dysphoria (GD), Formerly known as Gender Identity Disorder (GID): This is the formal diagnosis for transgender identity in the Diagnostic and Statistical Manual, fifth edition, (DSM 5). The criteria for GD are: a marked incongruence between one's experienced/expressed gender and assigned gender, of at least six months duration, as manifested by specific criteria. The condition is associated with clinically significant distress or impairment in social, school, occupational, or other important areas of functioning. The DSM 5 is used to assist trained clinicians in the diagnosis of their patients' mental disorders as part of a case formulation assessment that leads to a fully informed treatment plan for each individual.

Gender Neutral: A term that describes something (usually a space, such as a bathroom, or clothing) that is not segregated by sex/gender.

Gender Non-Conforming (GNC): Having or being perceived to have gender characteristics and/or behaviors that do not conform to traditional or societal expectations. Gender non-conforming people may or may not identify as transgender. While GNC people are often assumed to be lesbian, gay or bisexual, sexual orientation cannot be determined by a person's appearance or degree of gender conformity.

Gender norms: Culturally-based expectations of how people should act based on their sex or gender (e.g., men are masculine, women are feminine).

Gender roles: Social and cultural beliefs about what is considered gender appropriate behavior, and the ways that men and women are expected to act.

Genderqueer: A term for people who do not identify with the gender binary terms that have traditionally described gender identity (e.g., male/female, man/woman). Also see *gender non-conforming* and *transgender*.

Intersex/Disorders of Sex Development (DSD): Label used to describe a person whose combination of chromosomes, gonads, hormones, and/or genitals differs from one of the two expected patterns of male or female. Up to 1 in 1,000 births may be considered to be intersex, meaning that the child's combination of chromosomes, gonads or hormones present in a way that is not strictly male or female. Intersex/DSD is a group of chromosomal, genital and hormonal disorders of sex development (DSD) and is distinct from *transgender*. Note: This term replaces "hermaphrodite" which is considered offensive.

LGBTQ: An acronym commonly used to refer to Lesbian, Gay, Bisexual, Transgender, and Questioning individuals and communities. LGBTQ is often erroneously used as a synonym for "non-heterosexual," which incorrectly assumes that transgender is a *sexual orientation*.

Medical Transition: A long-term process that utilizes hormonal treatments and/or surgical interventions to bring a person's body into congruence with that person's gender identity. Many, but not all, transgender people desire to transition medically.

MTF/male-to-female: See *Transgender Women and Girls*.

Pansexual: An identity label used to describe a sexual orientation based on attraction to people, rather than to a specific sex or gender.

Preferred Gender Pronouns: The ways that people refer to themselves and how they prefer to be referred to in terms of gender. Also referred to as pronoun preference or PGPs. The most common preferred gender pronouns are:

- **She/her/hers:** "She wants to see her case worker, and is in the waiting room."
- **He/him/his:** "He has a meeting with his court appointed lawyer this afternoon."
- **Zie or Ze/hir/hirs:** (sounds like "zee," "here," and "heres").
  "Ze has an appointment with hir dentist for next week."

Pubertal Suppression: A medical process that "pauses" the hormonal changes that instigate puberty in young adolescents, resulting in a purposeful delay of the development of secondary sex characteristics (e.g., breast growth, testicular enlargement, facial hair, body fat redistribution, voice changes, etc.). Suppression allows time for further psychological development and can prevent the increased gender dysphoria that often accompanies puberty for TGNC youth.

Questioning: Refers to people, often an adolescents, who are exploring or questioning their gender identity or expression. Some may later identify as *Transgender* or *Gender Non-Conforming*, while others will not.

Resilience: Refers to the capacity to recover quickly from difficulties, or the ability to become strong, healthy, or successful again after adversity. This term is often used to describe transgender and gender non-conforming people, who despite experiencing extreme discrimination, harassment, and violence in all aspects of their lives, have the ability to cope and overcome these significant barriers.

Sexual Orientation: Refers to a person's emotional, psychological, physical, and sexual attraction towards other people of the same or different gender. *Sexual Orientation* is separate and distinct from *Gender Identity* and *Gender Expression*. *Sexual Orientation* is about attraction to other people (external), while *Gender Identity* is a deep-seated sense of self (internal).

Social Transition: The process of disclosing to oneself and others that one is transgender. This often includes asking that others use a name, pronoun, or gender that is more congruent with that person's gender identity.

Transgender Person: A term for a person whose gender identity (internal sense of self) is incongruent with that person's biological sex (physical body). Note: it is inappropriate and can be considered offensive to add an –ed or –s at the end (e.g., transgendered or transgenders).

Transgender Communities: Transgender is also used as an umbrella term to refer to the communities of people that includes all whose *Gender Identity* or *Gender Expression* do not match society's expectations of how individuals should behave in relation to their gender (e.g. *Transsexual, Transgender, Genderqueer, Gender Non-Conforming*, and other people whose gender expressions vary from traditional gender norms.)

Transgender Health Care: Broadly describes the medical care that some transgender, transsexual, and gender non-conforming people seek in relation to their gender identity. The term may be used in specific instances to describe specific types of care, which may include supportive psychotherapy, hormonal therapies, surgical procedures, voice therapy, and/or electrolysis/laser hair removal.

Transgender Men and Boys: People who identify as male, but were assigned female at birth. Similarly, the terms *FTM* or *Female-to-Male*, refer to those who now identify as boys or men.

Transgender Women and Girls: People who identify as female, but were assigned male at birth. Similarly, the terms *MTF* or *Male-to-Female* refer to those who now identify as girls or women.

Transphobia: A negative, derogatory, prejudicial, or discriminatory response to a person who is (or is perceived to be) *Transgender* or *Gender Non-Conforming*.

Transsexual: A term that is sometimes used to refer to a transgender person who has engaged in a medical transition from one sex/gender to another, so that the person's body and gender identity are more physically aligned with their gender identity.

Two-Spirit: An identity label used by Indigenous North Americans to indicate that they embody both a masculine and feminine spirit. May also be used to include native peoples of diverse sexual orientations, and has different nuanced meanings in different native sub-cultures.

WPATH Standards of Care: The standards of care provide guidance for TGNC-affirming medical and mental health providers in determining if and when a person is ready/able to engage in medical interventions such as pubertal suppression, hormonal treatments and/or surgeries. The standards of care are available online at: www.wpath.org/publications_standards.cfm.

Terms to Avoid: The following terms are generally considered to be outdated, offensive or derogatory when discussing people who are, or are perceived to be TGNC. (Note: this is not an exhaustive list.)

- Tranny, or Trannie
- Transvestite
- Hermaphrodite
- Transgendered
- Transgenders
- Sex Change/"The Surgery"
- It
- She-Male, or He-She
- Deviant
- Pre-Op, or Post-Op
- Fooling, or Deceiving
- Homosexual

ADDITIONAL RELEVANT DEFINITIONS

Best Practices: Policies and procedures that are established to ensure that services are provided with maximum cultural competency and success.

Cultural Competence: Refers to an ability to interact effectively with people of different cultures, socio-economic backgrounds, and experiences, particularly in the context of government and nonprofit agencies whose employees work with persons from different social/cultural/ethnic backgrounds. Cultural competence comprises of four components: 1) awareness of one's own cultural worldview; 2) attitude towards cultural differences; 3) knowledge of different cultural practices and worldviews; and, 4) cross-cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures.

Discrimination: Specific actions against a person or group that are based on prejudice (e.g. treating TGNC youth differently because they are transgender or gender non-conforming).

Emotional/Psychology Safety: A person's sense of security and confidence that they will be treated with respect, which contributes to positive mental health and well-being.

HIPPA Agreement: The Health Insurance Portability and Accountability Act (HIPPA) is a federal law passed in 1996 that protects health insurance coverage for workers and their families when they change or lose their jobs. It also grants privacy to individuals from age 12 through 18, and requires a provider to have a signed disclosure from the affected before giving out any information on provided health care to anyone, including parents.

Microaggressions: Small hostile actions by an individual that reveals prejudice or bias (e.g. a person looking confused or disgusted when seeing someone who appears to be transgender, using a tone of voice that is cold or unfriendly when speaking with a gender non-conforming person, or, using derogatory or offensive language when referring to a transgender or gender non-conforming person) (Nadal, Rivera & Corpus, 2010). Microaggressions comprise a majority of the prejudice that transgender and gender non-conforming people encounter on a daily basis.

Non-Medicaid Reimbursable (NMR) Policy: Refers to the ACS policy that applies to medical and/or mental health treatment or services that are not Medicaid reimbursable, including gender affirming healthcare associated with gender dysphoria. Healthcare treatment and services associated with gender dysphoria may encompass the supportive psychotherapy, hormonal therapies, surgical procedures, voice therapy, and electrolysis or laser hair removal that trans people seek in relation to their gender.

Prejudice: Negative attitudes or bias beliefs about a group of people, or people who belong to a specific group (e.g. transgender and gender non-conforming youth).

Physical safety: People's sense of security and confidence that they will not be physically threatened, physically attacked, or sexually assaulted.

Definitions for this glossary have been adapted from the following resources:

- *A Place of Respect; A Guide for Group Care Facilities Serving Transgender and Gender Non-Conforming Youth.*[42]
- *Breaking the Silence. National Center for Lesbian Rights.*[43]
- *Promoting a Safe and Respectful Environment for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System.* NYC Administration for Children's Services.[44]
- *Hidden Injustice: Lesbian, Gay, Bisexual and Transgender Youth in Juvenile Courts.* The Equity Project.[45]
- *Trans Action Guide. Gay, Lesbian, Straight Education Network.*[46]

ENDNOTES

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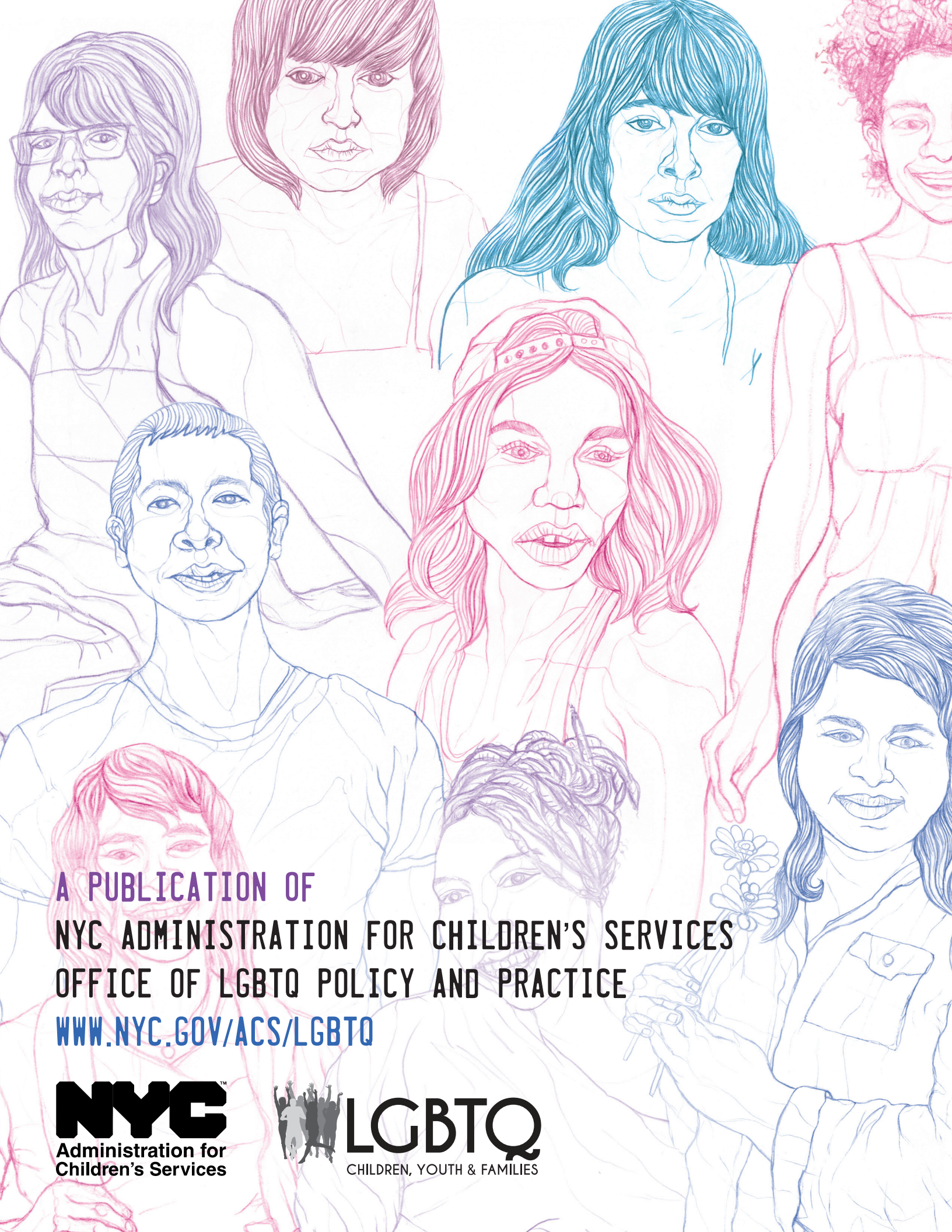

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