

Silberman School of Social Work



Child Welfare Practice II

Silberman School of Social Work

**Session 6:
Working and Practicing
Competently with LGBTQ+
Children, Youth, and Families**



LGBTQ
CHILDREN, YOUTH & FAMILIES

LGBTQ+

This acronym refers to Lesbian, Gay, Bisexual, Transgender, and Questioning/Queer

Although all of the different identities within “LGBTQ+” are often lumped together (and share sexism as a common root of oppression), there are specific needs and concerns related to each individual identity.

Sexual Orientation

Sexual orientation is how a person describes their emotional and sexual attraction to others; from a physical, fantasy, “fit” and behavioral sense.

Sexual Orientation Terms

- ❖ Gay
- ❖ Lesbian
- ❖ Bisexual
- ❖ Asexual



Gender Identity Expression

A term which refers to the ways in which we each manifest masculinity or femininity.

It is usually an extension of our “gender identity,” our innate sense of being male, female, or some other gender

Gender Identity Terms

- ❖ **Trans or Transgender**
- ❖ **Gender Expansive**
- ❖ **Cisgender**
- ❖ **Non-Binary**



Heterosexual

Heterosexual (straight) describes women who are emotionally and sexually attracted to men, and men who are emotionally and sexually attracted to women; from a fantasy, “fit” and behavioral sense.

Homosexual

The word homosexual translates literally as “of the same sex,” being a hybrid of the Greek prefix homo- meaning “same” (as distinguished from the Latin root homo meaning human) and the Latin root sex meaning “sex.”

In 1869, the Austrian writer Karl-Maria Kertbeny coined the word “homosexual.”

Homosexual

- An outmoded term used by “others” to define the LGBT community
- The word has pathologically-based overtones and associations, prior to 1973, if you were diagnosed as “homosexual” you were considered to be mentally ill.
- Homosexuality was deleted from DSM in 1973.
- The preferred terms used by most LGBT people are *gay, lesbian, bisexual, trans* which stress cultural and social matters more than sex

Gay

Gay describes a person who is emotionally and sexually attracted to people of their own gender; from a fantasy, “fit” and behavioral sense.

It is most commonly used when talking about men. This is a term used by the LGB community to define itself after Stonewall riots of 1969

Bi or Bisexual

Bisexual describes a person who has the *capacity* to be emotionally and sexually attracted to women and to men; from a fantasy, “fit” and behavioral sense; though usually not at the same time.

OR

A transitional period which acts as a bridge from heterosexuality to a gay, lesbian, or trans identity, or vice versa.

Pansexual

Typically, people who identify as Pansexual can feel an attraction to anyone, including individuals who do not identify as a specific gender.

Pansexual people may describe their attraction as focusing on personality rather than gender.

People, NOT Parts

Lesbian

An older term derived from the Greek island of Lesbos where the poet Sappho wrote about her love for women.

Lesbian describes a woman who is emotionally and sexually attracted to other women; from a fantasy, “fit” and behavioral sense.

Questioning

1. Those who are “going through a phase,” i.e., experimentation, situational LGBT identification.
2. Those who have survived sexual abuse, without treatment, especially same-gendered abuse.
3. Those with some types of serious psychiatric illnesses.

Queer

An umbrella term sometimes used by LGBTQIA+ people to refer to the entire LGBTQIA+ community.

An alternative that some people use to "queer" the idea of the labels and categories such as LGBTQIA+ etc.

It is important to note that the word queer is an in-group term, and a word that can be considered offensive to some people, depending on their generation, geography and relationship with the word.

Sexual Fluidity

The term *sexual fluidity* is significantly promoted by Lisa M. Diamond in her 2008 book *Sexual Fluidity*.

Defined as the rigidity or lack thereof of someone's sexual orientation.



People who have high sexual fluidity don't fit into labels like "bisexual," "heterosexual," or "gay or lesbian."

Their orientation is fluid and changes often. Either that or it's impossible to pin-point with the current schemata for naming one's orientation.

Non Binary Identity

Some young people do not identify as male or female, using the term non-binary to identify.

Some young people do not identify as gay, lesbian, bi, cisgender or trans – instead they identify as non-binary – they are attracted to whom they are attracted to, regardless of sexual or gender orientation.

Trans or Transgender

An umbrella term describing people whose gender identity or expression differs from that associated with their birth sex or a binary gender system





Trans or Transgender

In DSM V, the now-defunct diagnosis of gender identity disorder (GID) receives a new name, gender dysphoria, which reflects a new emphasis.

Both Gender dysphoria describes a condition in which someone is intensely uncomfortable with their biological gender and strongly identifies with, and wants to be, in an affirmed gender that differs from the one in which they were assigned at birth.

Trans Identities



Transgender man (FTM)
describes someone assigned
female at birth who has a male
gender identity

Trans Identities

Transgender woman (MTF)

Describes someone assigned male at birth who has a female gender identity



Trans Identities

A Non Binary individual is someone who has a gender identity that is neither male nor female, or is a combination of male and female

Transitions

Social Transition

Medical Transition

Transitions

A "social transition" for trans people refers to the process of publicly presenting oneself as the gender they identify with, without necessarily involving medical interventions, by changing their name, pronouns, clothing style, hairstyle, and how they are perceived by others, essentially "coming out" as transgender and living in accordance with their gender identity; this is often considered the first step in transitioning for many trans individuals.

Transitions

Medical transition for transgender people can include hormone therapy, surgery, and other procedures. It can also include non-medical changes like changing names and pronouns.

- **Hormone therapy:** Can help reduce distress and suicide risk
- **Surgery:** Can include breast augmentation, genital contouring, and other procedures
- **Hair removal:** Can include face, body, and genital hair removal
- **Speech therapy:** Can help with voice
- **Fertility preservation:** Can include sperm or egg storage

Cisgender

A term for people whose gender identity matches the sex that they were assigned at birth. This term is often abbreviated to simply **cis**.

For example, someone who identifies as a woman and was assigned female at birth is a cisgender woman, correspondingly, someone who identifies as a man and was assigned male at birth is a cisgender man.

Issues facing LGBTQ+ children, young people and their families in wider society

Mental Health Issues

Being LGBTQ+ doesn't cause mental health problems. But because LGBTQ+ kids often face factors like rejection, bullying, discrimination, and violence, they are at a higher risk of challenges including depression, anxiety, and self-harming behaviors.

LGBTQ+ Youth in Foster Care

Three groups of LGBTQ+ youth in foster care:

- 1.) Youth rejected by family of origin because of their sexual orientation or gender identity – enter foster care because of this;
- 2.) Youth who leave home; experience abuse/neglect; rejected by family for reasons unrelated (or seemingly unrelated) to LGBTQ+ identity;
- 3.) Youth already in foster care who then disclose their LGBTQ+ identity.

LGBTQ Youth in Foster Care

- Mallon documented negative experiences of LGBTQ+ youth in foster care placements, which frequently are group care facilities where permanency is not a focus.
- Studies found: LGBTQ+ youth are often targets of discrimination, harassment, and violence from peers, group care facility staff, and other caregivers, resulting in LGBTQ+ youth running away from group homes.
- Mallon found LGBTQ+ youth experienced multiple, unstable placements; non-affirming placements that neglected needs or actively discriminated against them.

LGBTQ+ Youth in Foster Care

Frequent moves experienced by LGBTQ+ youth attributed to 4 factors:

1. Staff members do not accept youth's sexual orientation or gender identity expression
2. Youth feels unsafe
3. Youth's sexual orientation is seen as a "management problem"
4. Youth is not accepted by peers because of sexual orientation.

Issues for LGBTQ+ Youth in Care

- Trauma of separation
- Adolescent developmental tasks
- Complex family issues
- Peers/School/Community

Issues for LGBTQ+ Youth in Care

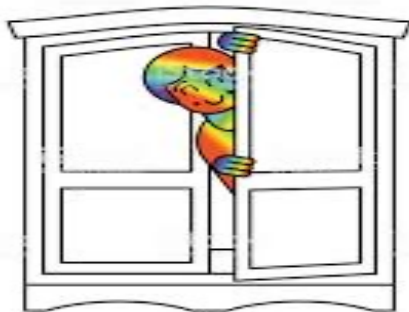
- Issues of sexual orientation and gender identity expression
- Isolation
- Safety
- Can I be out or not?
- What does it mean to live in society as a LGBTQ+ person?

Coming Out Being Found Out

Coming Out:

The process of acknowledging one's sexual orientation and/or gender identity, first to oneself and then to other people.

For most LGBTQ+ people this is a life-long process.



Disclosure

The point at which an LGBTQ+ person openly acknowledges their sexual or gender orientation first to themselves and then to others.

It is not appropriate to use terms such as- “discovered, admitted, revealed, found out, declared”, to describe this phenomena. These are pejorative terms which suggest judgment and should be avoided by helping professionals.

Internal Stages of Coming Out

Pre-Stage One

No thought about your
Gender or sexual
orientation. Presumed
heterosexuality.

Stage One

“Could I be LGBTQ+?”
No, I am NOT!

Stage Two

“Suppose I was LGBTQ+?”

Some exploration, but tell no
one, possibly on-line
exploration

Stage Three

“ I think I might be LGBTQ+!”
Maybe I need to tell one safe
person

External Stages of Coming Out

Stage Four

“I think I am beginning to deal with the fact that I am LGBTQ+ ”

In my own time, I think I will start to share this news with other safe people

Stage Five

“I am LGBTQ+!”

I am out to safe and important people in my life

Stage Six

“I am LGBTQ+ it is an integrated part of my identity.”

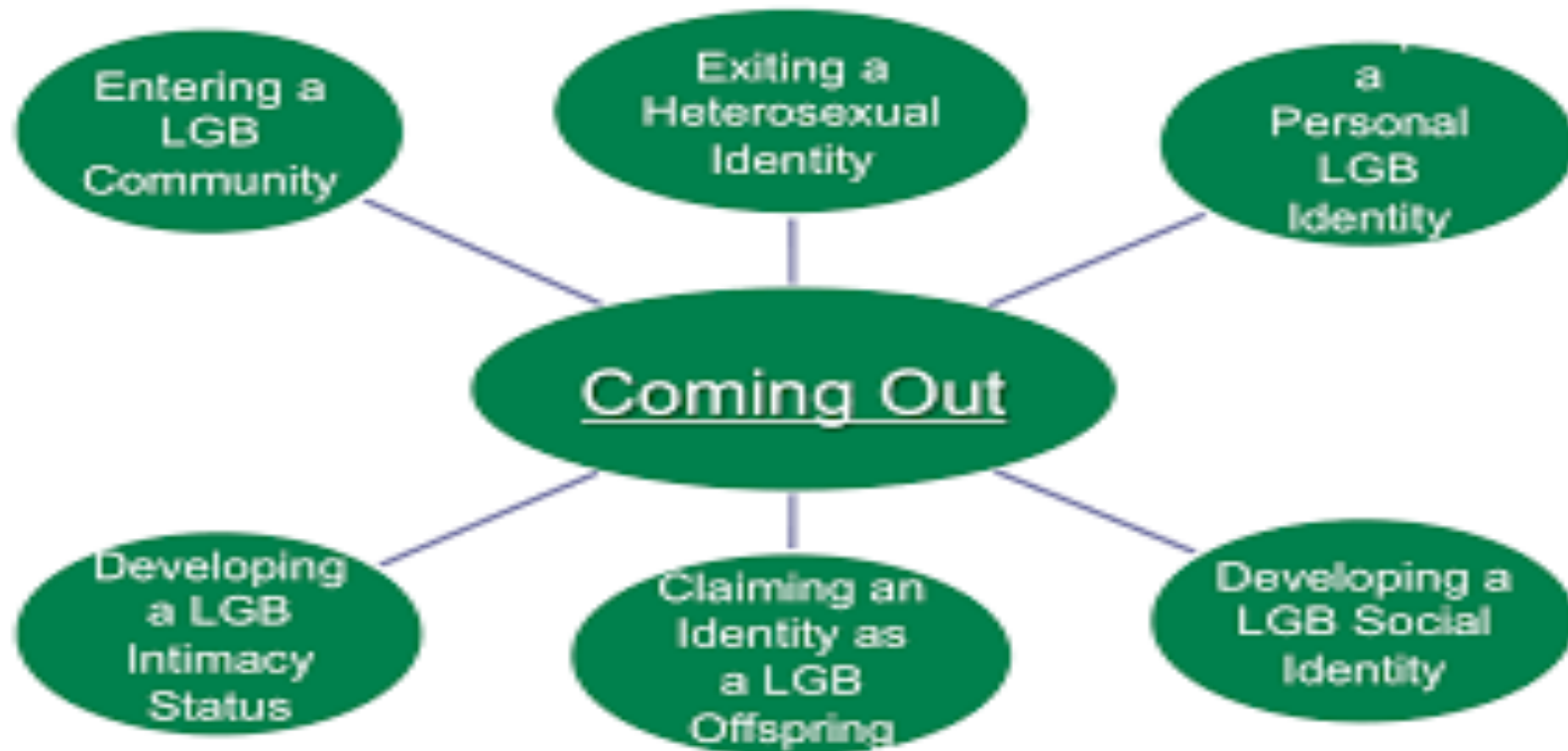
I am out in environments where I feel safe, and to people with whom I feel safe

Reasons for Coming Out as LGBT

Coming out (particularly at earlier ages) allows the person to develop as a whole individual, and is empowering by promoting self-esteem and decreasing negative health outcomes.



Coming Out Development



A Process of Being Found Out

- When a person is not prepared to come out
- A surprise/unplanned disclosure
- This can occur via phone calls, emails, texts, letters, LGBT related materials – i.e., a card from a LGBTQIA+ youth group
- This is a family system in crisis
- Do professionals know how to preserve this type of family?

Tips for Child Welfare Professionals

- The goal is not necessarily to identify LGBTQ+ youth, but to create a safe and affirming environment. Create opportunities for the youth to share this information or talk about gender identity or sexual orientation, if they choose.
- Any steps you take to make the agency and foster homes/group homes welcoming to LGBTQ+ youth will benefit all children/youth— both by giving all youth, including LGBTQ+ youth, the freedom to express themselves and by helping them learn to respect and embrace diversity.
- Accept that no matter what you do, some LGBTQ+ youth may choose not to disclose to you.

If a youth comes out to you...

- You have done good work! The youth trusts you and feels you will be supportive. (They have probably given this a lot of thought.)
- Thank them for sharing that information/trusting you. Be supportive and non-judgmental in your response.
- Talk about it! Don't just move on. Talk about what it means to them to be an LGBTQ+ person, feelings, concerns, needs... whatever they want to talk about!
- Conduct conversations with LGBTQ+ youth about relationships and sexuality the same way you would with non-LGBTQ+ youth (with appropriate information).
- Respect confidentiality to the greatest extent possible.

How Can Social Workers Practice Competently with LGBTQ+ Children and Youth

Let youth know that you, as a professional, are willing to listen and talk about anything.

When a young person discloses their LGBTQ+ identity to you, respond affirmatively and supportively.

Understand that how people identify their sexual orientation or gender identity expression can change over time.

How Can Social Workers Practice Competently with LGBTQ+ Children and Youth

Use the name and pronoun (he/she/they) that the young person prefers. (If it's not clear, ask him/her/they what he/she/they prefers to be called.) Young people should be supported to express their gender identity. Agencies must respect the youth's preferred pronoun and name.

Respect a youth's privacy. Let him/her/them decide when and if they decide to come out and to whom.

Avoid double standards: Allow LGBTQ+ youth to discuss feelings of attraction and enter into age-appropriate romantic relationships, just as you would with a non-LGBTQ+ youth.

How Can Social Workers Practice Competently with LGBTQ+ Children and Youth

Welcome LGBTQ+ youth's friends or acquaintances of your youth at family gatherings.

Allow youth to participate in activities that interest them, regardless of whether these activities are stereotypically binary as male or female.

Connect youth with LGBTQ+ organizations, resources, and events in the community or online. Consider looking for LGBTQ adult role models to interact with youth.

How Can Social Workers Practice Competently with LGBTQ+ Children and Youth

Stand up for LGBTQ+ youth when they are mistreated.

Make it clear that insults or jokes based on gender, expression of gender identity, or sexual orientation are not tolerated. Express your disapproval of these types of jokes or insults when you encounter them in the community or in the media.

Display “hate free zone” signs or other symbols indicating an LGBTQ+ friendly environment (pink triangle, rainbow flag).

How Can Social Workers Practice Competently with LGBTQ+ Children and Youth

Address issues of violence or abuse towards an LGBTQ+ youth, directly and with the appropriate authorities, regardless of where the abuse originates.

Use gender-neutral language when asking about relationships. For example, instead of asking a guy, "Do you have a girlfriend?" ask, "Is there someone special in your life?"

Celebrate diversity in all its forms. Provide access to a variety of books, movies, and materials, including those that positively portray same-sex relationships. Point out LGBTQ+ celebrities, role models who stand up for the LGBTQ+ community, and people who show courage in the face of social stigma.

How Can Social Workers Practice Competently with LGBTQ+ Children and Youth

Support young people's self-expression through choices in clothing, jewelry, make-up, hairstyle, friends, and room decor.

Young people have the right to confidentiality.

Agencies must not disclose information about a youth's sexual orientation or gender identity expression without good reason (for example, developing a service plan) and the youth's permission.

Young people have the right to request that a new social worker be assigned, if the current worker is not adequately responding to their needs.

How Can Social Workers Practice Competently with LGBTQ+ Children and Youth

Sexual health should be part of every young person's wellness exam. Competent health care providers will be able to offer open, nonjudgmental, and comprehensive sexual health education that is relevant to LGBTQ+ youth.

Transgender youth need properly trained health and mental care providers to address their concerns. This includes the ability to discuss, provide, and obtain authorization for medically necessary transition-related treatment, if desired.

How Can Social Workers Practice Competently with LGBTQ+ Children and Youth

Consider the possibility that youth may benefit from mental health counseling on issues that may or may not be related to sexual orientation or gender identity expression. In addition to typical teen concerns, many LGBTQ+ youth struggle with depression or anxiety as a result of experiencing stigma, isolation, discrimination, or bullying. If that's the case, find a provider with experience and competence in helping LGBTQ+ youth cope with trauma.

How Can Social Workers Practice Competently with LGBTQ+ Children and Youth

Under no circumstances should LGBTQ+ youth be forced or encouraged to undergo "conversion therapy." Major medical and mental health associations have condemned practices designed to change a person's sexual orientation or gender identity expression.

Seek out education, resources, and support if, as a professional, you feel the need to deepen your understanding of LGBTQ+ youth experiences.

Educate yourself and your coworkers about LGBTQ+ history, issues, and resources

Internet Resources



Parents, Families & Friends of Lesbians & Gays (PFLAG)

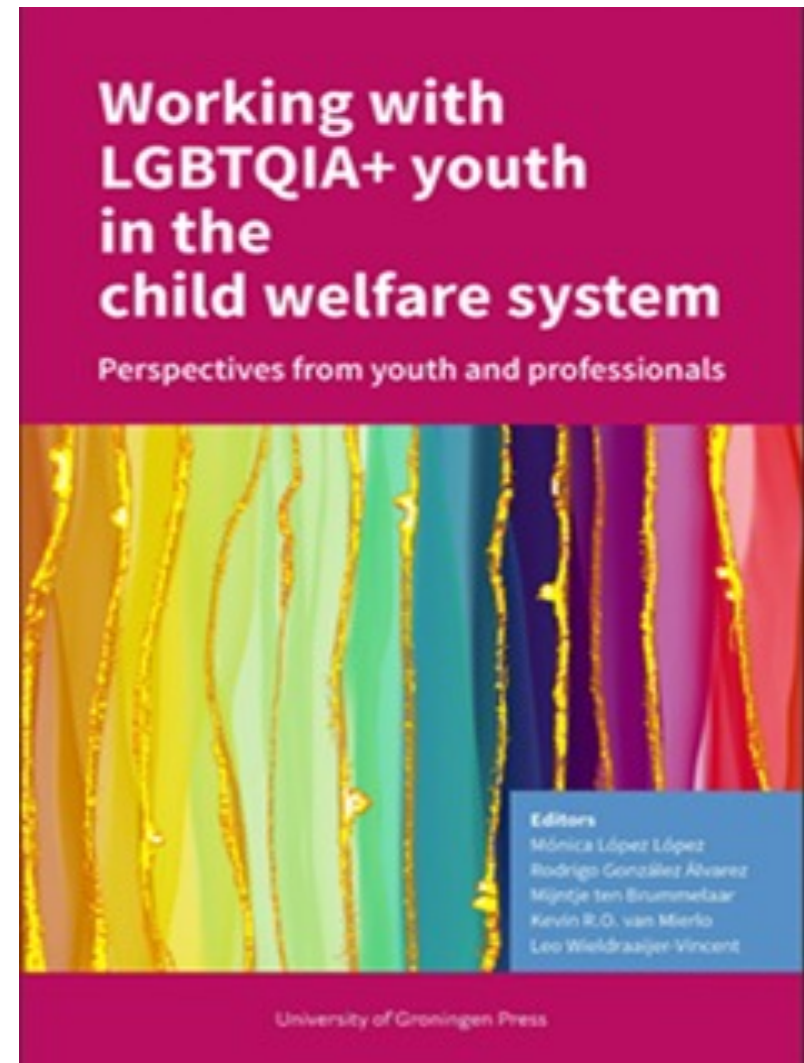
- <http://www.pflag.org>
- PFLAG is a national organization dedicated to providing information, education, and support for the parents, families, and friends of lesbians and gays. You will find a list of local chapters, their mission statement, and general information about sexual orientation at the PFLAG site.

Internet Resources

Family Acceptance Project (San Francisco State University)

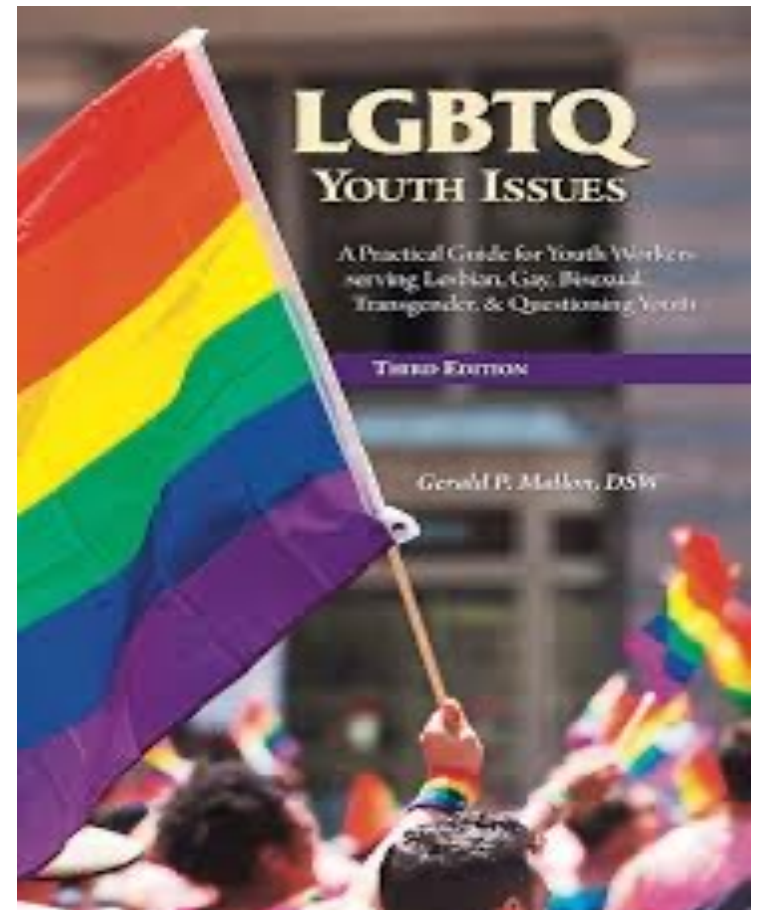
- Supportive Families, Healthy Children booklet
- <http://familyproject.sfsu.edu/>

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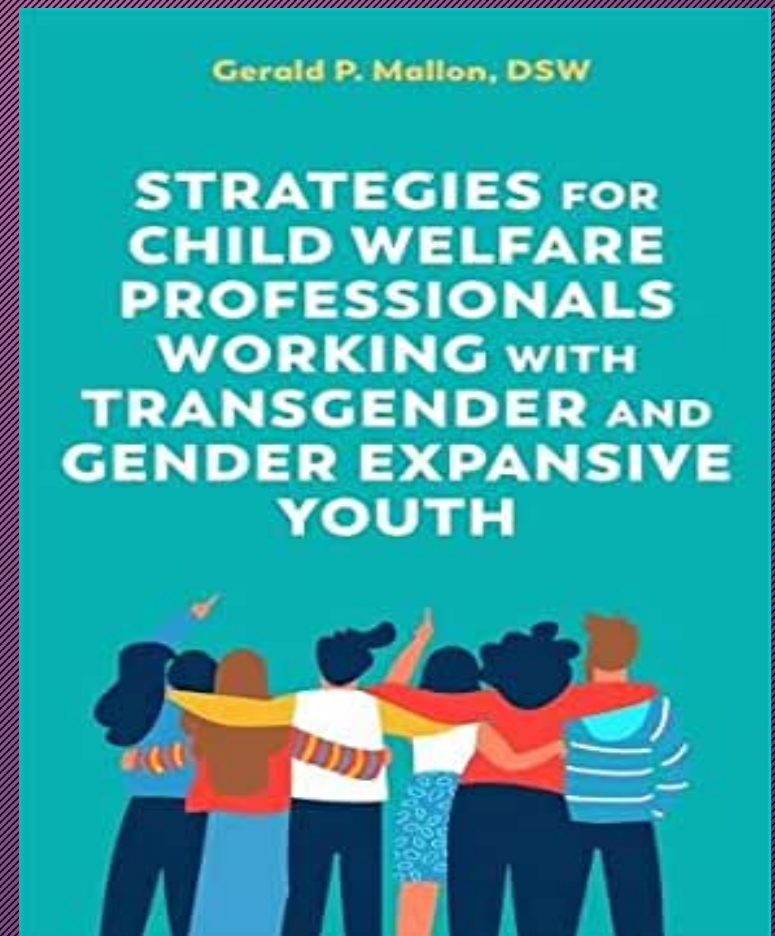
THIRD EDITION

Edited by Gerald P. Mallon



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**SOCIAL WORK PRACTICE
WITH TRANSGENDER AND
GENDER EXPANSIVE YOUTH**

THIRD EDITION

JAMA SHELTON AND
GERALD P. MALLON



Vignette #1

Tiffany is a 15 year old transgender young person. She has heard that the politicians have now said she cannot get the puberty blockers that she needs and has taken for the past two years. She is despondent and suicidal

What do you do?
How do you assist them?

Vignette #2

Mr. Arroyo has come to you because he recently found out that his 16 year old son is gay or as he says is a homosexual. He is very upset by this news and says that he cannot have this in his family. He wants you to help him change his son back into a heterosexual

How do you help him?

What do you say?

Vignette #3

Patti is a bright, engaging young woman who openly identifies as a lesbian, but sometimes dates boys too. She has a girlfriend and her mother with whom she lives is relatively supportive of her sexual orientation. Patti comes to see you because she thinks she might be pregnant.

How do you help her?

What do you say?

Vignette #4

Brynn is a 18 year old non binary young person who uses they/them pronouns. Brynn is very comfortable with their orientation, they date both boys and girls, but they identify as demisexual and have a hard time connecting with individuals unless they are attracted to them. All her friends date and regularly have sexual relations with their peers – Brynn is a virgin and is embarrassed about it.

How do you help them
What do you say?

Next Session: Suicidality

Read:

Lukas's chapter on Suicidality

The Dos and Don'ts of Managing a Client Who is Suicidal
<https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/Session%204%20Handouts.pdf>