



**nrcinhome**

National Resource Center  
for In-Home Services

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of the T/TA Network

# In-Home Services for Families of LGBTQ Youth

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## INTRODUCTION

Efforts to improve child welfare services for lesbian, gay, bisexual, transgender and queer and questioning youths have largely focused on improving conditions for LGBTQ youths in out-of-home care. Although child welfare experts have long advocated that LGBTQ youths receive family centered services (DeCrescenzo & Mallon, 2002; Mallon, 1999; Mallon & DeCrescenzo, 2009), LGBTQ youths have yet to benefit from federal mandates for family support services and permanency planning (Jacobs & Freundlich, 2006; Mallon, Aledort, & Ferrera, 2002; Wilber, Ryan, & Marksamer, 2006).

The ever-expanding array of school- and community-based services for LGBTQ youths throughout the country largely exclude families from core services. Although these diverse programs provide valuable recreational, mutual support and socialization experiences for LGBTQ youths, they typically focus on the youths as individuals rather than serving them within their family contexts (Jacobs & Freundlich, 2006; Mallon 1999; Mallon et al., 2002; Wilber et al., 2006).

Propelled by research from the Family Acceptance Project,<sup>TM</sup> (Ryan, 2010), a paradigm shift is occurring that challenges service providers to fully engage with the family members of LGBTQ youths as potential allies capable of increasing their support and acceptance of their LGBTQ children. This bulletin provides a rationale for early intervention with families of LGBTQ youths in order to strengthen families; prevent out-of-home placement, runaway behavior, and youth homelessness; and promote positive developmental outcomes for LGBTQ youths.

Because transgender people are often marginalized in research, practice and policy, with people adding the "T" to "LGBQ" without promoting real inclusion, this bulletin uses "LGBTQ" only when the research and practice models substantively incorporate transgender youths; otherwise, "LGB" will be used. When used, the term "sexual minority" encompasses more diverse expressions of sexuality and gender variance, and includes self-identified lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) adolescents, and youths who are gender variant and/or experience same-sex attractions, relationships, and/or behaviors without necessarily labeling themselves.

## SCOPE OF THE PROBLEM

LGBTQ youths are believed to be disproportionately represented among young people in out-of-home care and among runaway and homeless youths because of the increased likelihood they will be thrown out, harassed, assaulted or rejected by caregivers who negatively react to their sexual orientation and/or gender identity (Sullivan, Sommer, & Moff, 2001; Woronoff, Estrada, & Sommer, 2006), subsequently leading to involvement with the juvenile justice system for status offenses or street-connected crimes (Majd, Marksamer, & Reyes, 2009).

However, it is important to note that most lesbian, gay and bisexual adolescents are functioning quite well, enjoying psychological, emotional, physical, and social well-being (Russell, 2005; Savin-Williams, 2005), just like the majority of adolescents (Irwin, Burg, & Cart, 2002). Sexual minority youths, like other adolescents, traverse a variety of developmental trajectories (Diamond, 2003; Rosario, Schrimshaw, & Hunter, 2011a), and their lives involve complex interactions with multiple environments that expose them to continua of risk and protection (Elze, 2007).

Like their heterosexual and non-transgender peers, LGBTQ youths in out-of-home care (Wilber et al., 2006) and those who are homeless (Ray, 2006; Rosario et al., 2011b) are among the adolescent populations most at-risk. While less is known about transgender youths, compared to LGB youths, emerging research shows a pattern of heightened risk and vulnerability within their families, schools and communities (Greytak, Kosciw, & Diaz, 2009; Grossman &

D'Augelli, 2007; Grossman, D'Augelli, Howell, & Hubbard, 2005), particularly for transgender youths of color (Garofalo et al., 2006), and poor treatment at the hands of service providers (Greytak et al., 2009; Grossman & D'Augelli, 2006; Mallon & DeCrescenzo, 2009).

### **Demographics**

**LGBTQ youth in child welfare systems.** We do not know how many LGBTQ youths are involved with child welfare systems, as they comprise a largely invisible population. They often hide their sexual orientation and/or gender identity out of fear of receiving differential treatment and negative reactions from parents, other caretakers and professionals, (DeCrescenzo & Mallon, 2002; Gallegos et al., 2011; Mallon, 1999; Ragg, Patrick, & Ziefert, 2006; Sullivan et al., 2001; Woronoff et al., 2006), or upon the advice of program staff who encourage them not to disclose for their own safety (Berberet, 2006).

Estimates of LGBT youths among foster care and juvenile justice populations have ranged from 4% to 10% (Feinstein, Greenblatt, Hass, Kohn, & Rana, 2001; Sullivan, Sommer, & Moff, 2001), up to 20% to 60% (Woronoff et al., 2006). These latter figures, however, were based on the perceptions of youths in care and adult service providers, rather than on empirical research (Woronoff et al., 2006)<sup>1</sup> Two needs assessments with youths in the California juvenile justice system, one involving 230 male and female youths in Santa Cruz County and the other with 176 young women in Sonoma County, found that 13% to 14% identified as gay/lesbian, bisexual or unsure about their sexual orientation (Irvine, 2010).

In a longitudinal study of youths aging out of the child welfare system in three Midwestern states, Courtney and colleagues found that 6.6% of the young people self-identified as “bisexual,” “mostly homosexual,” or “100% homosexual” at age 19 (i.e., 4.8% of the young men and 8.3% of the young women), higher than the proportion of youths that responded similarly in Wave 3 of the National Longitudinal Study of Adolescent Health (i.e., 3.4%: 2.8% of young men and 3.9% of young women) (Courtney et al., 2005). By ages 23 or 24, of the young people formerly in care, 11.2% of the young women and 3.9% of the young men self-identified as “bisexual,” “mostly homosexual,” or “100% homosexual,” and an additional 2% reported that they were unsure of their sexual orientation (Courtney, Dworsky, Lee, & Raap, 2010).<sup>2</sup>

**Lesbian and gay homeless youths.** Multiple studies with homeless youths suggest that approximately 20% in the larger magnet cities identify as lesbian, gay, or bisexual, with smaller representations of sexual minority youths outside of large urban areas (Whitbeck, Chen, Hoyt, Tyler & Johnson, 2004). In a study of 929 homeless and street-connected youths, ages 12 to 23, in New York City, of

whom 66% were youths of color, 35% identified as LGB (Clatts, Davis, Sotheran, & Atillasoy, 1998). Van Leeuwen et. al (2006) conducted a same-day public health survey in eight cities across six states in order to measure and compare risk factors between LGB and non-LGB homeless youths. Nearly one-quarter (22.4%) of the 670 participants identified as LGB and significantly more LGB youths than non-LGB youths (44% versus 32%) reported having been in the custody of social services. More recently, in a count of 945 homeless youths, ages 13 to 24, in New York City, youths of color (74.5%), and LGBT youths (33.7%) were disproportionately represented, compared to their representation in the general population of young people (Freeman & Hamilton, 2008).

### **ROLE OF SEXUAL ORIENTATION AND GENDER IDENTITY IN YOUTH HOMELESSNESS, RUNAWAY BEHAVIOR, AND CHILD WELFARE INVOLVEMENT**

Like their heterosexual peers, LGB youths find themselves involved with child welfare systems and/or experience homelessness due to family conflict, parental abuse and/or neglect (Thrane, Hoyt, Whitbeck, & Yoder, 2006; Tyler, Hoyt, Whitbeck, & Cauce, 2001), parental substance abuse and mental illness, or death of a caretaker (Wilber et al., 2006). Other LGBTQ adolescents enter out-of-home care as infants or young children, where they later discover their sexual orientation and/or gender identity (DeCrescenzo & Mallon, 2002; Mallon, 1998, 1999; Mallon et al., 2002; Wilber et al., 2006).

Unlike their heterosexual and gender-conforming peers, LGBTQ youths may face familial rejection in response to their sexual orientation and/or gender identity and gender expression. Heterosexism in families can directly result in the youth's ejection from the home, or it can exacerbate other parental problems, heightening familial conflict until the youth is kicked out or leaves (DeCrescenzo & Mallon, 2002; Mallon, 1998, 1999; Mallon et al., 2002; Mallon & DeCrescenzo, 2009). Multiple studies show that lesbian, gay and bisexual youths experience more physical and verbal abuse and harassment from family members during adolescence than their heterosexual peers (see Ritter & Terndrup, 2002; Ryan & Futterman, 1998; Saewyc et al., 2006 for overviews).

Little is known, however, about the numbers of LGBTQ youths who runaway from or are kicked out of their families. Of 400 LGBTQ and HIV-positive youths, ages 12 to 24, living in out-of-home care or homeless in San Diego, 39% reported having been kicked out of their homes or placements due to their sexual orientation or gender identity (Berberet, 2006). Compared to their heterosexually-identified peers, LGB homeless youths report a higher prevalence of physical and sexual victimization prior to leaving home (Rew, Whittaker, Taylor-Seehafer, & Smith,

2005; Whitbeck, Chen et al., 2004).

When separated from their families, LGBTQ youths' subsequent homelessness, truancy from school, and substance abuse and mental health problems often precipitate their involvement with the juvenile justice and/or foster care systems (Majd et al., 2009; Wilber et al., 2006). Forty-five percent of the youths in the San Diego study reported involvement with the juvenile justice system, and 65% had been in a foster home or group home (Berberet, 2006). Compared to their heterosexually-identified peers, LGB homeless youths report higher rates of substance abuse, mental health problems, risky sexual behaviors, and physical and sexual victimization on the streets (Cochran et al., 2002; Van Leeuwen et al., 2006; Whitbeck, Chen et al., 2004; Whitbeck, Hoyt, Johnson, & Chen, 2007).

### **THE IMPACT OF FAMILY REJECTION AND FAMILY ACCEPTANCE ON LGBTQ YOUTHS**

Emerging research from the Family Acceptance Project™ provides compelling evidence that family rejection severely impacts health and mental health outcomes for LGBTQ youths (Ryan, Huebner, Diaz, & Sanchez, 2009). Through extensive community-based research with youths and families, the FAP identified more than 100 specific accepting and rejecting behaviors used by family members when reacting to their children's identity. Ryan and colleagues (2009) found that non-Latino white and Latino LGB young adults that experienced high levels of family rejection during adolescence, as compared to low or no levels, were 8.4 times more likely to report suicide attempts, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs and 3.4 times more likely to participate in unprotected sex.

Additionally, they found that LGBT Latino and non-Latino white young adults that had experienced greater family acceptance as adolescents also reported higher self-esteem, better overall health, more social support, and less depression, suicidality and substance abuse than their less accepted peers, although transgender young adults reported less social support and poorer general health (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010).

### **THE PROMISE OF IN-HOME SERVICES FOR LGBTQ YOUTHS AND THEIR FAMILIES**

It is critical that child welfare workers realize that families struggle to adapt to their LGBTQ child's sexual orientation and/or gender variance, and that concerns for their child's well-being often underlie the negative reactions of parents and other caretakers. Many families want information and desire a resolution of conflict related to their child's sexual orientation and/or gender variance (Ryan, 2009, 2010).

The FAP found that the rejecting behaviors of some families (e.g., blocking access to LGBT peers and resources, discouraging disclosure, criticizing dress) were grounded in parental care and concern, such as a desire for their child to be safe, and accepted and respected by others (Ryan, 2009, 2010). Young people, however, experience such behaviors as unsupportive, at best, and hateful, at worst. Research has found that families typically become more accepting over time (D'Augelli, Grossman, & Starks, 2005), and that the outcomes for youth with ambivalent families are significantly less severe, compared with youth from highly rejecting families (Ryan et al., 2009).

The FAP is working closely with diverse religious institutions and clergy, such as Mormon religious leaders, to disseminate its research findings. The project is developing a series of educational materials for families from diverse religious backgrounds. A cornerstone of the family intervention model is helping families balance deeply held religious beliefs with love for their LGBT children (C. Ryan, personal communication, October 26, 2011).

### **RESEARCH-BASED, FAMILY-FOCUSED INTERVENTIONS**

Research-based interventions developed by the Family Acceptance Project™ aim to reduce the rejecting behaviors and increase the accepting behaviors among ethnically-, educationally-, and religiously-diverse families. These interventions are based on FAP's extensive research with LGBT youths, young adults and families which has identified specific behaviors that parents and other caregivers use to express acceptance and rejection of their LGBT children, and has linked each of these behaviors during adolescence to physical and mental health and well-being in young adulthood. FAP research indicates that decreasing family rejecting behaviors and increasing support can decrease serious health and mental health risks.

FAP is developing family-focused intervention strategies, resources and tools that can be used by health, mental health, social service and school-based providers across disciplines and systems of care. With this approach, and using FAP assessment tools, at-risk LGBT youths can be identified and families can receive help in increasing family support, decreasing risk, reducing conflict, maintaining youths in their homes, and reconnecting families after disruption occurs. An important aspect of this work is educating families about the physical and mental health risks associated with specific behaviors. With intervention, parents and other caregivers can modify rejecting behaviors and reduce family conflict over youths' sexual and/or gender identity and expression.



## THE CRITICAL NEED FOR IN-HOME SERVICES FOR LGBTQ YOUTHS AND THEIR FAMILIES

Child welfare professionals urgently need training to help families work through their questions and concerns related to sexual orientation and gender identity diversity, and to facilitate family acceptance and reunification when possible (Mallon et al., 2002). Early intervention may prevent family disruption over sexual orientation or gender identity issues and decrease the likelihood that families will break apart. Workers can play a critical role in helping LGBTQ youths maintain attachments to supportive extended family members (Mallon et al., 2002).

Intensive home-based services can alleviate crisis situations that may arise when parents or other caretakers discover that a youth is LGBTQ, with the goal of keeping the family intact if the youth's safety can be assured (DeCrescenzo & Mallon, 2002; Mallon, 1999; Mallon et al., 2002; Wilber et al., 2006). Child welfare professionals must dissuade parents and other caretakers from seeking harmful and unethical reparative therapies which aim to change youths' sexual orientation or gender identity (Mallon & DeCrescenzo, 2009). Families need accurate information about sexual orientation and gender identity within the context of normal adolescent development; supportive guidance to help them adjust to their child's identity; and empathic counseling to address their negative and positive feelings, attitudes, and behaviors towards their child's sexual orientation and/or gender identity (Ryan et al., 2009, 2010; Wilber et al., 2006).

### Footnotes

<sup>1</sup> Drawing meaningful comparisons across research studies, however, is complicated by the wide variation in conceptual and operational definitions of sexual orientation (Saewyc et al., 2004). More people endorse same-sex behaviors, attractions and desires than self-identify as gay, lesbian or bisexual (Laumann, Gagnon, Michael, & Michaels, 1994).

<sup>2</sup> These proportions exceed those of young adults who identified as gay, lesbian or bisexual (1.4% of young women and 2.8% of young men) in the National Health and Social Life Survey, a comprehensive survey of adult sexual behavior (Laumann et al., 1994).

## PROMISING PROGRAM MODELS

The following are examples of promising intervention approaches with families of LGBTQ youths and multi-level strategies to transform service delivery systems.

### Developing Evidence-based Interventions with LGBTQ Youths and Families and Transforming Service Delivery Systems

**Family Acceptance Project™**  
**San Francisco State University**  
**San Francisco, CA**  
**Caitlin Ryan, Ph.D., Director**  
**415-522-5558**  
<http://familyproject.sfsu.edu>  
**Email: fap@sfsu.edu**

The Family Acceptance Project™, (FAP), a comprehensive community-based research, intervention, education and policy initiative, is developing innovative and evidence-based intervention strategies that can be implemented in multiple settings and service delivery systems with ethnically-, educationally- and faith-diverse LGBTQ youths and their families. Home- and community-based interventions that are focused on education, skill-building, family counseling and peer support comprise most of its intervention work. Evidence-based family support services provided in English, Spanish, and Cantonese have been available in collaboration with Child & Adolescent Services at San Francisco General Hospital/UCSF. Referrals come from providers across service systems, and families can also self-refer. A primary aim of FAP is to change the paradigm of care from serving LGBTQ youths either alone or through peer support to providing services in the context of their families.

FAP has been developing a series of resources to help diverse families support their LGBTQ children. These include family education booklets available online and in hard copy in English, Spanish and Chinese (*Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender Children* [Ryan, 2009]); a family video series that shows the process by which ethnically and religiously diverse families learn to support their LGBTQ children (one of these films, "Always My Son," is an award-winning short documentary film that chronicles a Mexican-American family's journey towards accepting their gay son and changing their community); and assessment tools. Additional intervention materials are under development, including educational booklets with lower literacy versions, and the rest of the family video series for use with families of different ethnic backgrounds and faith traditions.

FAP has developed an empirically derived risk assessment tool (*FAPrisk Screener*) that enables providers to ask LGBTQ youths about specific family reactions to their LGBTQ identity which FAP research has found to be highly predictive of poor outcomes among LGBTQ youths, including depression, suicide attempts, substance use related problems and sexual health risk. With the screener, clinicians trained in its use can identify LGBTQ youths who are experiencing high levels of parental rejection and intervene to improve outcomes.

FAP is also available to provide consultation and training to agencies and organizations interested in improving their service delivery to LGBTQ youths and their families, and in implementing the research-based intervention strategies developed by FAP. FAP has worked with several jurisdictions to initiate new family-related services for LGBTQ youths, based on FAP's research and family approach.

**R.I.S.E. Initiative (Recognize, Empower, Support, Intervene)**  
**A Service of the Children's Bureau,ACYF, ACE Department of Children, Youth & Family Services**

**L.A. Gay & Lesbian Center**

**Los Angeles, CA**

**Lisa Parrish, Director**

**323-860-3600**

<http://www.lagaycenter.org>

**Email: [rise@lagaycenter.org](mailto:rise@lagaycenter.org)**

The R.I.S.E. Initiative, funded by a 5-year grant from the Children's Bureau Permanency Innovations Initiative, is creating a system of care to promote better permanency outcomes for LGBTQ youths at-risk for long-term foster care. RISE is developing interventions to create age appropriate Outreach Protocols to help child welfare staff create a safe environment in which children and youths feel comfortable expressing their whole identity, including gender non-conformity and sexual orientation, as well as a confidential identification survey to measure LGBTQ prevalence in out-of-home care. Using a wraparound model, RISE is creating four Center-based care coordination teams that will use family finding, engagement, and acceptance strategies to serve 40 youths at risk of long-term foster care. With consultation and training from the Family Acceptance Project™, the teams will help agency partners implement interventions with families to increase support for and decrease rejection of their LGBTQ children, and to increase durable permanent connections. Ultimately RISE plans to train Wraparound teams at partner agencies in Los Angeles on this developing LGBTQ-affirming and permanency-focused care coordination model. The initiative will provide ongoing training and coaching to caregivers and agency staff through a new Training and Coaching Institute, which will also act as a clearinghouse on LGBTQ-affirming child welfare training materials.

**Models for Intervening with LGBTQ Youths and Families**

**Family Involvement Center**

**Phoenix, AZ**

**602-412-4095**

<http://familyinvolvementcenter.org>

The Family Involvement Center, licensed by the Arizona Office of Behavioral Health, is gradually integrating LGBTQ-related information into its array of parent support services, although targeted outreach to the families of LGBTQ youths has not yet been accomplished.

Services are aimed at parents who are raising a child with emotional, mental health and/or behavioral challenges. Trained Parent Partners, with personal experience raising children with emotional, mental health and/or behavioral challenges, and skills in navigating service delivery systems, provide short-term, one-on-one, parent-to-parent support in the home or in community locations, depending upon the parents' preference. Parent Partners serve an average of 200 parents annually. The FIC has trained its Parent Partners in LGBTQ issues and a Parent Partner sits on the community-based LGBTQ Consortium in Phoenix. Youth Mentors are young adults who provide support to teens in areas such as life skills.

In addition to individual support, services include group interventions, such as the *Strengthening Multi-Ethnic Families and Communities through Violence Prevention*; weekly and monthly support groups; book discussions on parent- and youth-related issues; the Parent Assistance Line (PAL) which provides parent-to-parent telephone support in English and Spanish; and coaching and mentoring to involve families in systems-level change.

**Family Therapy Intervention Pilot Project (FTIP)**  
**Green Chimneys and SCO Family of Services**

**Green Chimneys NYC Division, LGBTQ Youth Programs,**

**718-732-1501**

<http://www.greenchimneys.org>

**SCO Family of Services, Brooklyn, NY, LGBTQ Program,**

**718-935-9466**

<http://www.sco.org>

The Family Therapy Intervention Pilot Project (FTIP) is a collaborative between Green Chimneys and SCO Family of Services, two multi-service youth agencies with a long history of serving LGBTQ youths in out-of-home care through group homes, independent living programs, foster homes, and transitional housing facilities. Funded by private donations administered by the New York City Department of Youth and Community Development (NYC-DYCD), the

FTIP aims to develop and expand the permanency resources for LGBTQ youths involved with the DYCD-funded continuum of services for runaway and homeless youths (e.g., shelters, drop-in centers, street outreach programs, and transitional housing). Participating youths may be homeless or at-risk of homelessness.

Family therapists will deliver an in-home 12 to 15-week family therapy intervention with follow-up one month after the last session. Families can also select to receive the intervention in a community setting of their choice. The frequency of visits will vary with the family's needs. During the one year pilot, each agency will work with 15 families. The goal is to increase family acceptance of the youth and to strengthen intrafamilial relationship regardless of where the youth may be living. The intervention model draws upon Multisystemic Family Therapy, psychoeducational approaches, and consultation from the Family Acceptance Project.<sup>TM</sup>

The FTIP was a direct result of recommendations made by the New York City Commission on Lesbian, Gay, Bisexual, Transgender and Questioning Runaway and Homeless Youth, one of which was to develop pilot programs to enhance family support for LGBTQ youths and prevent or shorten the duration of homelessness. Convened by the NYC-DYCD with members appointed by Mayor Michael R. Bloomberg, the Commission was charged with addressing the unique needs of LGBTQ youths within families and other systems, developing innovative strategies to prevent homelessness among LGBTQ youths, and improving service delivery to LGBTQ youths and their families. Private donations to the Mayor's Fund to Advance New York were forwarded to NYC-DYCD to support the development of pilot programs.

**OK2BME**  
**KW Counselling Services, Inc.**  
**Kitchener, Ontario**  
**Canada**  
**519-884-0000**  
<http://www.kwcounselling.com>  
<http://www.OK2BME.ca>

Outreach and Support Services for LGBTQ Children and Youth (OK2BME) provides free services to LGBTQ children and youth, ages 5 to 18, and their families in the Waterloo Region of Ontario, Canada. A collaborative between KW Counselling Services, a large multi-service family counselling agency, and Family and Children's Services of the Waterloo Region, the local Children's Aid Society, OK2BME was developed to prevent an increasing number of LGBTQ youths from entering out-of-home care. Most referrals come from schools and approximately 25% from Children's Aid Societies.

Funded entirely by the Ontario Ministry of Children and Youth Services, OK2BME provides individual and family counseling, and psychoeducational and therapeutic recreational groups for youth. Although the majority of clients are youth, approximately 25% are parents. Counselling approaches used include narrative, solution-focused, and client-centered practice models. The program is serving an increasing number of children with LGBTQ parents, and younger children with gender non-conforming behaviors, along with their parents. OK2BME provides considerable training in the Waterloo Region to school personnel, Children's Aid workers, and other social services professionals.

**Parent-Teen Mediation Program**  
**Kitchener-Waterloo, Ontario**  
**Canada**  
**Sherri Bean**  
**519-572-7807**  
**Email: [sherribean@rogers.com](mailto:sherribean@rogers.com)**

The Parent-Teen Mediation Program aims to prevent youths, ages 12 to 15, from entering out-of-home care. All referrals come from Family and Children's Services of the Waterloo Region with services funded by the provincial government. (Note: In Canada, youths can no longer enter care when they reach 16 years of age.) Since 2001, the program has served between 400 to 500 families and conducts about 50 mediations annually. Although not directed solely at LGBTQ youths and their families, underlying issues related to sexual orientation or gender identity may emerge in the mediation process. The program seeks to reduce parent-child conflict, improve family functioning, increase parental understanding of adolescent developmental norms, enhance communication and parenting strategies, and promote positive family interactions.

The Parent-Teen Mediation Program uses a formalized mediation approach, based on mutual empathy, for opening up difficult conversations between parents and their children. Each family receives two individual counselling sessions for the teen and two for the parent(s). Individual sessions are highly empathy-based and include mini-teachings for the parent or youth on a variety of topics (e.g., boundaries, empathy, parenting techniques). At the end of every individual session, each parent and teen is asked to make a commitment to change one behavior that they know would make the situation better for the other. These individual sessions are then followed by four mediation sessions between the youth and parent(s) in which the list of issues identified during the individual counseling sessions are mediated. Mutually agreed upon contracts are given to the teen and parent(s) at the end of each mediation session.



**Parent Solutions**  
**Campbell, CA**  
**408-292-4357 (HELP)**  
<http://www.ps-ca.com>

Parent Solutions provides one-on-one in-home parent education and coaching for families challenged by any number of issues (e.g., substance abuse, domestic violence; divorce, separation, or blending; financial stress; child abuse and/or neglect and child protective services involvement; child behavioral challenges), including parenting LGBTQ youths. A Parent Coach assesses the family's needs and concerns and develops a schedule of services in partnership with the family. Currently operating as a for-profit agency, Parent Solutions' fees for services vary based on a sliding fee schedule and the referral source. Referrals come from agencies such as the Department of Family and Children's Services and Victim Witness, and families can self-refer. Parent Solutions serves an ethnically diverse population and can provide coaches that speak languages other than English. The frequency of in-home visits depends upon the severity of the issues and may range from monthly to multiple weekly visits. Individual intervention approaches include psychoeducational strategies, family therapy, and case management. Group interventions held in community spaces include the Parent Project®, a training model for parents of adolescents engaged in destructive behaviors, the Family Wellness *Survival Skills* program, and a curriculum developed by Parent Solutions to address the most common dilemmas outlined on goal plans during the one-on-one parent coaching and designed to address the needs of the served population. Parent Solutions also provides training to child welfare agencies, foster parents, and residential care staff on addressing the needs of LGBTQ youths in out-of-home care.

**RECLAIM**  
**Minneapolis, MN**  
**Janet Bystrom, Executive Director**  
**612-235-6743**  
<http://reclaim-lgbtyouth.org>

RECLAIM aims to increase mental health support to LGBTQ youths and young adults, ages 13 to 25, through individual and family counseling, integrative health services (e.g., acupuncture, massage, chiropractic) and support groups, so that youths may "reclaim their lives from oppression in all its forms." RECLAIM serves an ethnically diverse population of young people and utilizes volunteers who are visible within and connected to ethnically diverse, underserved communities (e.g., Native American, Hmong, transgender). These volunteers often act as "cultural brokers," helping agency staff engage with families around LGBTQ issues in culturally relevant ways. Counseling services are grounded in a narrative therapy approach which invites conversation about the impact of oppression on people's lives and challenges clinicians to look critically

at power in their relationships with clients. Although most services are delivered on-site, agency staff and volunteers can sometimes meet with individuals and families in other community locations. Integrative health services delivered by professional practitioners who volunteer their time helps young people heal from acute and chronic trauma. Other community volunteers facilitate support groups, such as the RECLAIM Families Group which meets monthly for youths exploring their gender identity and the people who love them. RECLAIM's services are funded through grants, insurances and donations.

**Strengthening Programmatic Focus on Families of LGBTQ Youths in Residential Programs**

**Waltham House**  
**The Home for Little Wanderers**  
**Waltham, Massachusetts**  
**1-888-HOME-321**  
<http://www.thehome.org>  
**Email: [mdenofrio@thehome.org](mailto:mdenofrio@thehome.org)**

Waltham House, the first residential group home in New England developed specifically for LGBTQ youths, is one of several residential programs of The Home for Little Wanderers, the oldest non-profit child and family service agency in the country and the largest in New England. Since 2002, Waltham House has provided a safe and supportive group home environment for up to 12 LGBTQ youths, ages 14 to 18, preparing residents for family reunification or independent living. The program offers an array of therapeutic, psychoeducational, recreational, life skills, and educational programs. Individual, group and family therapy are available, with cognitive-behavioral therapy as the primary practice model. Youths' lengths of stay range from 9 to 18 months, depending upon whether reunification or independent living is the goal. Over the past few years, the program has strengthened its efforts to engage youths' family members and approximately 50% of the youths have immediate family members involved in their lives. In-home services are available from The Home for Little Wanderers' Child and Family Counseling Center and the Safe at Home program. In its work with families, Waltham House aims to increase family acceptance of the LGBTQ youths, reunify the family when possible, and assist family members in maintaining healthy and supportive connections if they cannot live together.

**Initiatives Focused on Transforming Service Delivery Systems**

**Minnesota Department of Human Services**  
**Child Safety and Permanency Division**  
**Child Welfare Training System**  
**Connie Abbott, Social Services Consultant**  
**651-431-4693**  
**Email: [connie.abbott@state.mn.us](mailto:connie.abbott@state.mn.us)**

A small group of staff in the Minnesota Department of Human Services Child Safety and Permanency Division are writing a comprehensive practice guide for working with LGBTQ youths and their families who are involved with the child welfare system. The project emerged from growing concern about the number of homeless youths with previous involvement in the child welfare system. The aim of the project is to improve service delivery at all levels (e.g., LGBTQ-affirming foster homes, supportive residential care environments, and enhanced family preservation and reunification efforts). The guide incorporates specific content on family preservation and reunification, relationship-building with LGBTQ youths and their families, LGBTQ youth homelessness, coming out processes, mental and physical health needs of LGBTQ youths, and strategies for assisting youths and families in rural communities, among other topics. The team is receiving technical assistance from the National Resource Center for Permanency and Family Connections. When completed, the guide will be available for download through the department's electronic document system. Additionally, a new curriculum, "Working with GLBTQ Youth and Their Families," has been piloted and will be offered in all Minnesota county and tribal child welfare agencies when revisions are completed.

**Out and Proud Program  
Children's Aid Society of Toronto  
Toronto, Ontario  
Canada**

**416-924-4640 X2986 or 2987**

<http://www.torontocas.ca/main.php/?cat=40>

**Email: [outandproud@TorontoCAS.ca](mailto:outandproud@TorontoCAS.ca)**

Since the early 1990s, the Children's Aid Society of Toronto (CAS of Toronto), one of the largest non-profit child welfare organizations in North America, has demonstrated leadership to ensure the delivery of sensitive and culturally competent child welfare services to LGBTQ children, youths and families. Mandated and funded by the Ministry of Children and Youth Services of the Province of Ontario, CAS of Toronto, through the Out and Proud Program, provides training, consultation, policy development, resource development, and the development and dissemination of best practice guidelines related to serving LGBTQ children, youths and families. These initiatives are grounded in a 2006 Anti-Oppression/Anti-Racism policy that frames the agency's work. The Out and Proud Program has also developed community-based partnerships to expand LGBTQ service to youths and families in other settings.

The Out and Proud Program is releasing a new manual, *Out and Proud Affirmation Guidelines*, featuring a model framework and 20 practice guidelines addressing direct services provision and organizational culture. Many of the direct practice guidelines are focused on helping families, services and other care providers increase their support,

acceptance and affirmation of LGBTQ children, youths and families, toward the goal of achieving positive outcomes and equity. The manual is available for a nominal cost. Within CAS of Toronto, training on sexual orientation, gender identity and gender expression is mandatory for all workers and foster parents.

**Putting Pride into Practice Project (P4)**

**A program of Family Builders**

**Rob Woronoff, Project Director**

**510-435-3724**

<http://www.familybuilders.org/p4>

Family Builders is dedicated to finding permanent, nurturing families for children and youths in the foster care system. Putting Pride into Practice Project (P4), a program of Family Builders since July 2010, is designed to improve systems of care for LGBTQ youths in the California child welfare system through policy advocacy, consultation, and training of caseworkers and foster parents. Funded by a private foundation, the project currently works with four counties (i.e., San Francisco, Orange, Fresno and Santa Clara) to implement the Child Welfare League of America's best practice guidelines for serving LGBTQ youths in out-of-home care. The guidelines emerged from the Model Standards Project, a collaboration between Legal Services for Children and the National Center for Lesbian Rights. The project integrates findings from the Family Acceptance Project™ when training professionals on strategies for working with the families of LGBTQ youths.

**The Safe Harbor Project**

**True Colors, Inc. Sexual Minority Youth and Family Services of Connecticut**

**Hartford, CT**

**860-232-0050**

<http://www.ourtruecolors.org>

**Email: [safeharbor@ourtruecolors.org](mailto:safeharbor@ourtruecolors.org)**

The Safe Harbor Project is a collaboration between the Connecticut Department of Children and Families, the Connecticut Association of Foster and Adoptive Parents, and True Colors, Inc. Sexual Minority Youth and Family Services of Connecticut. Since its inception, the project has trained approximately 7,000 workers. The project has three objectives: (a) to inform policy for the Connecticut Department of Children and Families to address the needs of LGBTQ youths in out-of-home care; (b) to train child welfare professionals in the provision of culturally competent services to LGBTQ youths and on the importance of engaging youths' families; and (c) to provide consultation to foster families and other care givers of LGBTQ youths. A mentoring program primarily targets LGBTQ youths in out-of-home care who are referred by DCF; youths are matched with mentors who develop a relationship with the custodial caregivers and, in some cases, parents. Since 1994, True Colors has sponsored an annual conference



that now draws nearly 2,000 young people and 900 adults (i.e., youth-serving professionals and biological, foster and adoptive parents); since its inception, the conference has included a special track for parents of LGBTQ youths.

**Association for Family and Community Integrity, Inc.  
Houston, TX**

<http://www.glbthomeless.org>

The Association for Family and Community Integrity, Inc. (AFCI), a 3-year-old nonprofit organization dedicated to serving homeless LGBTQ youths and youths at risk of family breakdown, is leading a new initiative to promote systems change. AFCI is comprised of professional educators, mental health clinicians, businesspeople, attorneys, social workers, and parents who are involved in community education, program development and advocacy on behalf of at risk LGBTQ youths. AFCI Board members have provided extensive training to professionals within the child welfare, juvenile justice, family court, and homeless services systems. AFCI is partnering with Kinder Emergency Shelter to provide shelter services to LGBTQ youths, and with Montrose Counseling Center, an LGBTQ-focused behavioral health and prevention agency, to provide individual and family counseling. AFCI is developing two training curricula, one for parents of LGBTQ youths and one for young people, both of which will be delivered by volunteers. Montrose Counseling Center convenes a quarterly LGBT Homeless Youth Summit to identify service gaps and coordinate service provision to homeless LGBTQ youths and youths at risk of homelessness. A longer-term goal is to establish a residential program for LGBTQ youths.

**RESOURCES FOR FURTHER INFORMATION**

(Note: Additional resources can be found in the reference list)

***Books, Fact Sheets, Newsletters, Practice Briefs and Research Reports***

American Psychological Association Task Force on Gender Identity, Gender Variance, and Intersex Conditions. (2006). Answers to your questions about transgender individuals and gender identity. Available from <http://www.apa.org/topics/sexuality/transgender.pdf>

Brill, S., & Pepper, R. (2008). *The transgender child: A handbook for families and professionals*. San Francisco, CA: Cleis Press.

Hooper, V. (2004, Nov/Dec). Child Study Center Letter: Gay, lesbian, and bisexual youth: Facing challenges, building resilience. New York, NY: New York University Child Study Center. Available from [http://www.aboutourkids.org/files/articles/nov\\_dec\\_0.pdf](http://www.aboutourkids.org/files/articles/nov_dec_0.pdf)

Lambda Legal Defense & Education Fund & Child Welfare

League of America. (2006). *Getting down to basics: Tools to support LGBTQ youth in care*. New York: Authors. Available from <http://www.lambdalegal.org/take-action/tool-kits/getting-down-to-basics/>

Minter, S., & Krehely, J. (2009). Families matter: New research calls for a revolution in public policy for LGBT children and youth. Available from Center for American Progress, [http://www.americanprogress.org/issues/2011/02/pdf/families\\_matter.pdf](http://www.americanprogress.org/issues/2011/02/pdf/families_matter.pdf)

New York City Commission on Lesbian, Gay, Bisexual, Transgender and Questioning Runaway and Homeless Youth. (June 2010). All our children: Strategies to prevent homelessness, strengthen services and build support for LGBTQ youth. New York: Author. Available from [http://www.nyc.gov/html/om/pdf/2010/pr267\\_10\\_report.pdf](http://www.nyc.gov/html/om/pdf/2010/pr267_10_report.pdf)

Pardo, S.T. (2008, March). Growing up transgender: Research and theory. Ithaca, NY: ACT for Youth Center of Excellence, Cornell University Family Life Development Center. Available from [http://www.actforyouth.net/resources/rf/rf\\_trans-identity\\_0308.pdf](http://www.actforyouth.net/resources/rf/rf_trans-identity_0308.pdf)

Pardo, S.T., & Schantz, K. (2008, September). Growing up transgender: Safety and resilience. Ithaca, NY: ACT for Youth Center of Excellence, Cornell University Family Life Development Center. Available from [http://www.actforyouth.net/resources/rf/rf\\_trans-resilience\\_0908.pdf](http://www.actforyouth.net/resources/rf/rf_trans-resilience_0908.pdf)

Ryan, C. (2009). Supportive families, healthy children: Helping families with lesbian, gay, bisexual & transgender children. San Francisco, CA: Marian Wright Edelman Institute, San Francisco State University. Available from <http://familyproject.sfsu.edu>.

Tuerk, C., Menvielle, E., & de Jesus, J. (2003). If you are concerned about your child's gender behaviors: A guide for parents. Washington, DC: Children's National Medical Center, Outreach Program for Children with Gender-Variant Behaviors and Their Families. Available from <http://www.childrensnational.org/files/PDF/Department-sAndPrograms/Neuroscience/Psychiatry/GenderVariantOutreachProgram/GVParentBrochure.pdf>

World Professional Association for Transgender Health's Standards of Care for the Treatment of Gender Identity Disorders.(2001).(6<sup>th</sup> version). Available from <http://www.wpath.org/documents2/soc6.pdf>

These standards articulate the professional consensus of the World Professional Association for Transgender Health, an international organization of health care professionals specializing in the medical, mental health, and surgical management of gender identity disorders among adults and adolescents.

### **Model Policies and Practice Guidelines**

Human Rights Campaign Fund Foundation. (2009). *Promising practices in adoption and foster care: A comprehensive guide to policies and practices that welcome, affirm and support lesbian, gay, bisexual and transgender foster and adoptive parents*. Available from [http://www.hrc.org/documents/HRC-Foundation\\_Promising\\_Practices\\_Guide\\_3rd\\_Edition\\_Printer\\_Friendly.pdf](http://www.hrc.org/documents/HRC-Foundation_Promising_Practices_Guide_3rd_Edition_Printer_Friendly.pdf)

Marksamer, J. (2011). *A place of respect: A guide for group care facilities serving transgender and gender non-conforming youth*. San Francisco & New York City: National Center for Lesbian Rights and the Sylvia Rivera Law Project. Available from [http://www.nclrights.org/site/DocServer/A\\_Place\\_of\\_Respect.pdf?docID=8301](http://www.nclrights.org/site/DocServer/A_Place_of_Respect.pdf?docID=8301).

National Alliance to End Homelessness, Lambda Legal Defense and Education Fund, National Center for Lesbian Rights, and National Network for Youth (2009). National recommended best practices for serving LGBT homeless youth. New York: Authors. Available from <http://www.endhomelessness.org/content/article/detail/2239>

National Center for Lesbian Rights. (2006). *Model anti-harassment and non-discrimination policy for child welfare or juvenile justice agencies*. Available from National Center for Lesbian Rights, <http://www.nclrights.org>.

### **Training Curricula**

Jackson, R.A., McCloskey, K.A., & McHaelen, R.P. (2011). *A sexuality & gender diversity training program: Increasing the competency of mental health professionals: Manual & CD-ROM*. Sarasota, FL: Professional Resource Exchange. Available from <http://www.prrpress.com>

McHaelen, R., & Elze, D. (2009). *Moving the margins: Curriculum for child welfare services with LGBTQ youth in out-of-home care*. National Association of Social Workers and Lambda Legal Defense and Education Fund. Available from Lambda Legal Defense & Education Fund, <http://www.lambdalegal.org>

### **CWLA/Lambda Legal National LGBTQ Advisory Network**

The Child Welfare League of America//Lambda Legal National LGBTQ Advisory Network is comprised of educators, researchers, social services professionals, and advocates committed to improving service delivery for LGBTQ youth across multiple systems of care, particularly in the child welfare and juvenile justice systems. Through the network, members share research reports and other resources, programmatic and policy updates, legislative alerts on matters affecting LGBTQ youth, and hold periodic conference

calls. To join the network, email [cwla.lambda.network@lambdalegal.org](mailto:cwla.lambda.network@lambdalegal.org)

### **DVD Resources**

**“Breaking the Silence: LGBTQ Foster Youth Tell Their Stories: A Tool for Training Care Providers on Working Effectively with LGBTQ Youth,”** DVD and Resource CD. This DVD features ten LGBTQ youths, who were formerly in foster care, who tell their stories of success and disappointments in the foster care system and generously provide viewers with recommendations for improving service delivery. Each DVD comes with a CD containing additional training tools and resources. Available free from the National Center for Lesbian Rights, <http://www.nclrights.org>

**“LEAD with Love,”** a free online 35-minute documentary film, written and produced by Dr. David Huebner, a clinical psychologist and professor at the University of Utah, and directed by Dr. Jenny Mackenzie, an award-winning documentary filmmaker, aims to strengthen families through their child’s coming out process by providing information, practical guidance, and comfort. and assist families that are struggling with their child’s sexual orientation. The film features four families that are struggling with their child’s sexual orientation, sharing parental and child reactions, and incorporates interviews with clergy, educators and psychologists. Viewers can download a guide for parents and a directory of additional resources. LEAD stands for Let your affection show; Express your pain away from your child; Avoid rejecting behaviors; and Do good before you feel good. The film can be viewed at <http://leadwithlove-film.com/> A guide for parents is available from <http://www.leadwithlovefilm.com/pdf/summary.pdf>

**“We Are....GLBTQ”** is an online 40-minute training video available from the Washington State Department of Social and Health Services that features LGBTQ adolescents in out-of-home care sharing their stories about their coming out experiences, the reactions of their biological and foster families, and their identity development processes. Professionals present basic information on terminology and the developmental needs of LGBTQ youth, and foster and adoptive parents present their perspectives. The film can be viewed and the discussion downloaded at <http://www.dshs.wa.gov/ca/partners/trainingVid.asp>

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**nrcinhome**

National Resource Center  
for In-Home Services

A service of the Children's Bureau, a member  
of the T/TA Network

# IN PRACTICE

## In-Home Services With LGBT Youth and Their Families

### SELF-EDUCATION AND SELF-AWARENESS

- Recognize that family, school and community stigmatization of a youth's actual or perceived sexual orientation or gender identity diversity may underlie youths' truancy, runaway behavior, substance use, other acting out behavior, abuse and neglect and familial disruption.
- Explore your own biases, feelings, beliefs and attitudes toward diversity in sexual orientation, gender identity, and gender expression.
- Educate yourself about the differences between sexual orientation and gender identity, the diversity and complexity of sexual and gender identities, the psychosocial strengths and needs of LGBTQ youth and potential foci of interventions.
- Identify mental and physical health care professionals who specialize in serving transgender children and adolescents.

### WITH FAMILY MEMBERS

- Explore with family members their reactions to the LGBTQ child's sexual orientation and/or gender identity.
- Do not assume that family preservation efforts or reconnection with family members are destined to fail if family members react negatively to their children's sexual orientation and/or gender iden-

tity. Family members can increase their acceptance with supportive interventions.

- Educate family members about the deleterious effects of rejecting behaviors on the health and well-being of LGBTQ youth. Share and review with them the free booklet from the Family Acceptance Project™ (see Resources for Further Information at the end of this brief).
- Correct myths and stereotypes and provide psychoeducational support and information.
- Help family members decrease highly rejecting behaviors and increase accepting behaviors. Provide family members with empathic support for feelings of grief, loss, anger, fear, shame, and guilt.
- Refer family members to knowledgeable community professionals and LGBTQ-affirmative spiritual/religious leaders.
- Normalize diversity in sexual orientation, gender expression, and gender identity. Help family members accept their child's complexity and not pathologize their child.
- Discourage family members from seeking aversive treatments that claim to change sexual orientation and gender variant expression. Educate family members on the harmful effects of these approaches.

## WITH YOUTH

- Use inclusive language with youth when exploring their romantic and sexual desires, behaviors, concerns, and identities (e.g., “partner,” “special person,” or “girlfriend or boyfriend”; “Have you been dating anyone? A girl? A boy? Girls and boys?” “Have you been feeling attracted to girls or boys, or to both?”) When discussing sexual behaviors, ask all youth, “Have you been/are you sexually active with males, females, or with both males and females?”
- Affirm, validate, and accept youths’ expressions of gender variance; same-gender attractions, desires, and behaviors; and self-identification and confusion.
- With transgender youth, respect their wishes by using their preferred names and pronouns, and do not demand or enforce stereotypical gender behavior.
- Ask LGBTQ youth about their relationships with their family members, the extent to which they are “out” to family members, and their family members’ reactions to their disclosure.
- Treat youths’ sexual orientation and gender identity the way you handle any other confidential information. If disclosure is necessary to protect or secure a benefit for the youth, disclosure should not occur without actively engaging the youth in a discussion about risks and benefits and securing the youth’s permission.
- Correct myths and stereotypes and provide psychoeducational support and information.
- Help youth find social support, build social connections, and find allies.
- Help youth build adaptive coping strategies to manage stigmatization.

- Help youth envision and plan for a positive and productive future.

## ASSESS FAMILY-RELATED PSYCHOSOCIAL STRENGTHS AND NEEDS

- Explore cultural values, beliefs and meanings related to sexuality, gender roles, marriage, childrearing, and familial expectations of children, adolescents and adults.
- Explore familial awareness of the youth’s sexual orientation or gender identity (e.g., Do family members know? Were they told? By whom? Did they find out another way? How long have they known? Reactions?)
  - Assess for actual or anticipated risks (e.g., violence, being thrown out of the house) and benefits (e.g., better relationships) in disclosing.
  - Explore family members’ actual or anticipated attitudes.
- Ask about the presence of other LGBTQ people in the lives of family members.
  - Assess for other family stressors (e.g., substance use, mental illness, family violence, financial stress, divorce).
  - Explore youths’ histories of physical, sexual, and/or emotional abuse and/or neglect.
  - Assess family members’ coping responses to crises and other challenges.

(DeCrescenzo & Mallon, 2002; Elze, 2006; Hershberger & D’Augelli, 2000; Lev, 2004; Mallon & DeCrescenzo, 2009; Ryan, 2009, 2010; Ryan & Futterman, 1998; Wilber, Ryan, & Marksamer, 2006).