

16 Social Work Practice with Trans and Gender Expansive Youth in Child Welfare Systems

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Introduction

Child welfare professionals have repeatedly documented their observations of disproportional overrepresentation of transgender and gender expansive (TGE) youth in the U.S. public child welfare systems (Mallon, 1999, 2008; Paul, 2018). The few methodologically rigorous studies conducted provide empirical evidence of this phenomenon suggest that TGE youth may be overrepresented in public child welfare systems at nearly three times the rate of their non-TGE peers (Fish, Baams, Wojciak, & Russell, 2019). Information about a youth's gender identity is not typically collected at the time of their initial entry into the child welfare system (in fact, the majority of states never track this information at all), contributing to lack of understanding regarding the underlying causes of this overrepresentation.

The first part of this chapter provides an overview of the unique experiences of marginalization that TGE youth face within the child welfare system. Transgender youth are particularly vulnerable to caregiver rejection; a lack of permanency and social challenges related to frequent placement changes; identity-based legal barriers; accessing appropriate healthcare; and other forms of disparate treatment. For transgender youth in U.S. child welfare systems, disparities are particularly evident in disparately higher rates of mental illness and/or engagement in risky behaviors.

The second part of this chapter discusses best practices and guidance on how social workers and in particular how child welfare professionals can help provide appropriate care for TGE youth in the child welfare system. Based on recommendations from national organizations and research groups, and scholars, these best practices highlight the importance of safety in living arrangements and outline how to provide gender-affirming care and social service delivery in a child welfare setting. The best practices discussed here include directly asking all child welfare system-involved youth about their gender identity (or from a caregiver or parent only if necessary). This section also prepares child welfare social workers to identify the individual needs of each child welfare system involved TGE youth and to advocate for the youth across service settings. Additionally, readers will be given tips on how to

identify and connect with local organizations and community-based child welfare resources in their area that may have support groups or other services tailored to meet the needs of TGE youth in care.

The third section of this chapter presents a case study that demonstrates some of the needs, challenges, and sources of support for child welfare system-involved TGE youth. The case study offers alternate scenarios that challenge the reader to consider how these experiences may vary for youth at different stages of development. Following the case study, questions are presented that allow a reader to reflect on how different placement settings, permanency plans, and other factors may impact a TGE youth's experience in the child welfare system. The chapter concludes with the identification of additional resources for social workers in both direct clinical practice and academic or other professional settings to strengthen their knowledge of existing sources of information on TGE youth in child welfare systems.

Background

The child welfare system is a distinct area of practice for social workers and is governed by both state and federal laws, which are enforced through local, state-level, and tribal governments. Governmental child welfare systems frequently partner with non-governmental family service organizations, many of which are affiliated with religious or other community-based organizations. All children and youth who enter the child welfare system have unique social, emotional, educational, and familial circumstances which must be considered when doing case planning. Transgender and gender expansive youth have been noted to be overrepresented in child welfare systems at rates 1.5–2 times higher than expected based on overall population proportion (Fish et al., 2019). For this reason, it is particularly important that social workers who work with transgender and gender expansive (TGE) youth develop a foundational understanding of issues effecting TGE in public child welfare systems (Mallon, 2021).

Most TGE young people are not placed in child welfare systems. In fact, the majority of TGE youth live with their families and never rely on a foster home, a group home, a shelter, or a child welfare setting at all. Those TGE youth who do come to the attention of the child welfare system are young people who have experienced difficulties within their family system to such a degree that they cannot or should not continue to live at home.

Although some TGE youth are thrown out of their homes when they disclose their gender orientation or gender identity expression or when they are “found out” by their families, not all of them enter child welfare systems because of issues directly related to their gender identity. Like their lesbian, gay, bisexual, or cisgender counterparts, the majority of TGE young people were placed in these systems before or during the onset of adolescence (DeCrescenzo & Mallon, 2000). Some were placed for the same reasons that other young people are placed: Family disintegration; divorce, death, or

physical or mental illness of a parent; parental substance abuse or alcoholism; physical abuse or neglect.

Child welfare systems (foster homes, group homes, congregate care settings, and shelters) have long been and continue to be an integral part of youth services systems (see Bullard, Owens, Richmond, & Alwon, 2010). The structure of the different types of out-of-home programs varies widely and can take many forms. They range from family-based foster homes to small community-based group homes and short-term respite care or shelter facilities to large congregate care institutions that provide short-term therapeutic or longer-term custodial care. Some facilities have a juvenile justice component to them (Irvine, 2010; Irvine & Canfield, 2015; Mallon & Perez, 2020) some are family foster care programs (Clements & Rosenwald, 2007), and others still are programs designed for runaway and homeless youth (Maccio & Ferguson, 2016; Shelton, 2015, 2016). All of these different types of services share one common feature, however: They provide care for youth on a 24-hour-a-day basis, which is very different from other youth services that are not residential in nature.

Generally, most group homes, juvenile justice facilities, and shelters are staffed by individual youth care workers or counselors who are employed by an agency to work in shifts to cover the facility and provide care for a youth 24 hours a day. The youth care workers who work in group care settings play a very important role in the lives of the TGE young people in their care. Nevertheless, they are generally the lowest paid – and in many cases, have obtained the least education and training – in the youth services system. The daily stress of working with youth in these settings, combined with the poor pay, can make it difficult for some staff to be empathetic and compassionate in their dealings with the young people, and these factors also account for a high staff turnover.

Most child welfare care settings for adolescents focus on preparing these young people for the transition to adulthood – on or before their 18th birthday, or 21st birthday in some states. Some foster homes, group homes, and congregate care settings are warm, loving, and accepting of diversity and others are cold, poorly maintained, and rigid. TGE young people live in and speak about both.

In 2011, the U.S. Administration for Children, Youth, and Families Commissioner, Bryan Samuels, issued a memorandum encouraging protection and support of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth in foster care. These recommended practices elaborate on the provision of services to LGBTQ youth in the areas of foster care, child protection, family preservation, adoption, and youth development. They aimed to assist state child welfare agencies to meet the needs of this particularly vulnerable and underserved population by promoting safe, competent and supportive settings for LGBTQ youth and were significant in that the Administration for Children Youth and Families (ACYF) had never before issued a written policy or offered guidance to supports states in working with

LGBTQ youth. Despite some changes in policies from the subsequent more conservative administration, this memorandum stands as the official guidance from the U.S. Department of Health and Human Services (United States Department of Health and Human Services, 2011).

Key areas of understanding for social work practitioners who serve child welfare system-involved youth include an overview of contemporary research and legal policy related to this population, best practices for serving this population, and resources offering additional support and information. For TGE child welfare system-involved youth, it is imperative that families of origin, foster parents, and/or relative caregivers provide gender-affirming interactions, homes, and access to healthcare and social supports.

A child welfare social worker may find themselves in a position where it is necessary to act as an advocate for these needs to be met. In this case, social workers should ask themselves the following questions:

- Has this youth entered the child welfare system due to experiences of maltreatment, discrimination, or marginalization based on their identity?
- How has the system worked with the family to preserve their connection to this young person?
- What/who are the natural supports within this youth's community that can provide a gender-affirming space (living environment, social environment, medical center, school, faith community)
- Which of these supports may be able to offer guidance to parents, caregivers, or other individuals who may need additional assistance in creating a safe and affirming environment for a child welfare system-involved TGE youth?
- What can be done within the present and future living environments to create a safe and supportive living environment with respect to gender identity?
- Are there particular individuals or environments that introduce specific risks or supports to a TGE youth? How can these risks be mitigated or resolved?

Risks and Opportunities

Social workers should be aware of the risks and opportunities to which the child welfare system can expose TGE youth. In child welfare settings, TGE youth face specific risks of maltreatment, discrimination, and marginalization based on actual or perceived gender identity (Mallon, Paul, & López López, 2021; Paul & Monahan, 2019). These risk factors can occur prior to entry into the child welfare system in a youth's family of origin, during child welfare system placement, or post-child welfare system exposure. Areas of risk include identity-based abuse or maltreatment within a family of origin or by relatives or caregivers in an "out of home" placement. Bullying by other youth in the home, school, or community, and social isolation or an absence of social

support from gender-affirming peers or adults also pose risks to the health and safety of child welfare system involved youth. There are also increased rates of mental health issues and risky behaviors associated with youth in these populations (Russell & Fish, 2016).

On a positive note, TGE youth may also cultivate and develop additional sources of strength and resilience through supportive interactions with the child welfare system. For TGE youth, supportive interactions with child welfare social workers and appropriate placements and gender-affirming care facilitated through the child welfare system may provide transgender and gender expansive youth with protection from abuse or maltreatment, a safe and supportive living environment, and gender-affirming parenting. Finally, in states with anti-discrimination laws that include such protections, child welfare system involvement can mandate equitable access to gender-affirming healthcare, educational support services, and other culturally oriented supports to preserve peer relationships and community ties (Mallon, 2021).

Transgender and Gender Expansive Youth in Child Welfare Systems, Past and Present

Current understanding of the issues faced by TGE youth have been informed by firsthand accounts of social workers and researchers of these youth and their experiences (DeCrescenzo & Mallon, 2000; Mallon & DeCrescenzo, 2006; Mallon, 1999; Paul, 2018, 2019) These historical accounts provide insight into the discriminatory attitudes and beliefs of social workers who saw transgender youth as “deviant.” The needs of TGE youth in child welfare systems were often not addressed, or worse, were invisible to those who were charged with caring for them. Caregivers who did provide gender-affirming living environments for these youth were often deemed to be enabling of this “deviance,” and children and youth were removed from their homes. These stigmatizing beliefs and the subsequent administrative actions punished caregivers for being open about their identities and beliefs. Such practices led to marginalization of this population based on exclusionary placement practices.

Current Issues in the Field

There have always been TGE young people in child welfare systems but it has often been difficult for professionals to recognize their existence for three reasons: (1) Many of these youth are invisible to untrained workers; (2) for safety reasons, TGE young people are socialized to hide; and (3) many residential youth services professionals are contemptuous of a TGE orientation (Mallon, 1999; Paul, 2018). In addition, most professionals are completely lacking in knowledge about normative TGE adolescent development. Additionally, some administrators of child welfare service agencies are fearful

that acknowledging a self-identified TGE young person in their program might be seen as “encouraging” or “promoting” a TGE identity.

The end result is that TGE youth often remain hidden and invisible in residential systems, and if they do come out, they are often not provided with the same quality of care that is extended to their cisgender counterparts (Gallegos et al., 2011).

TGE youth, whose circumstances and needs are particularly misunderstood, often suffer especially poor treatment in child welfare systems. They are regularly targeted for harassment and assault, denied necessary medical treatment for their gender dysphoria, given sex-segregated rooming assignments inconsistent with their gender identities, called by their names and personal gender pronoun or names and forced to dress in ways that allow no room for their gender expression (Mallon & Perez, 2020). TGE young people in child welfare systems interviewed for this publication reported both positive and negative responses to their gender identity expression, though the negative stories outnumber the positive. Several themes emerge from the above vignette and from data collected from narratives provided by other TGE youth. These themes, discussed below, are useful in understanding the experiences of TGE youth in residential settings.

Invisibility and Hiding

TGE young people in child welfare systems are frequently an invisible population. This allows administrators and staff to convince themselves that there are no TGE young people in their care. The majority of TGE young people are silent and hidden witnesses to the negative attitudes of staff, administrators, and peers toward those who workers believe to be TGE identified. Most TGE young people in child welfare systems receive – from multiple sources – the message: “Stay in the closet! We do not want to deal with this!”

Stress and Isolation

Living in silence, as so many TGE young people in foster care are forced to do, is the source of a high level of stress and isolation in their lives. The comments of Sawyer exemplify this:

I tried to hide it ‘cause I saw how they treated those kids who they thought were trans. I mean, they were treated terribly – just because the others thought they were trans. I knew that I was trans, so imagine how they would treat me if they ever found out. I felt so alone, so isolated, like no one ever knew the real me. I couldn’t talk to anybody about who I was. It was a horrible experience. Trying to hide who you really are is very difficult and exhausting. Sometimes I felt so bad I just wanted to kill myself. (Mallon, 2021, p. 129).

Multiple Placements

Moving from one's family to a child welfare setting is, in and of itself, a stressful and traumatic experience. Subsequent moves from one placement to another have been identified as a major difficulty for youth in residential settings. The constant challenge of adapting to a new environment is unsettling, provokes anxiety, and undermines one's sense of permanence. Unlike other cisgender adolescents in residential settings who move from setting to setting because of individual behavioral problems, TGE youth report that their gender identity expression itself led to multiple and unstable placements, not their behavior.

Young people report experiencing unstable placements for four reasons: (1) They are not accepted because staff has difficulties dealing with their gender identity expression; (2) they felt unsafe due to their gender identity expression and either "AWOL" (run away) from the placement for their own safety or requested new placements; (3) they were perceived as a management problem by staff because they were open about their gender identity expression; or (4) they were not accepted by peers due to their gender identity expression.

Tracy provided this narrative which captured their experience of living in a child welfare system:

I left home at 16 when it was clear that I was TGE and my family just couldn't support me. They said you can be trans, but you can't live here. They had their own problems with drugs, abuse, and all that mess but somehow, I became the punching bag for everyone's issues when I came out as trans. I went to one foster home and that was terrible, because they were worse than my family about my identity; I then went to another foster home and stayed there for a year – it wasn't so bad, because the foster mother just didn't even pay attention to us (there were four other foster kids in that home) and then the agency winded up closing her home and we had to move again. I then went to a group home and that place was just disgusting – the place was filthy; the staff were plain ignorant about TGE people and almost everything else. I asked to leave there and I went to another group home – it wasn't so bad and I stayed there for about two years until I aged out. Now, I am on my own – in five years I was in four different places and I guess I was lucky, lots of TGE kids that I know were in like ten or fifteen different places.

These case examples exemplify the ways in which TGE young people are continuously faced with having to negotiate new environments, many of which are inhospitable and lacking in the conditions necessary for healthy psychological development.

Many agencies simply get rid of TGE youth because staff cannot deal with the youths' gender identity expression. Many of these youth have been in

multiple placements or re-placements by agencies at all levels of care. One young person provides this account:

I have had so many different placements, I can't even remember. Too many to remember ... a lot of places. I was 15 when I went to my first one, I've been to lots of them, but I kept running away because I just couldn't live there – the staff just couldn't seem to deal with me they never called me by my chosen name and they never used the pronoun I asked them to use. They just kept saying – “you're gay right?” and I tried to explain that I was TGE and not gay, but they just couldn't understand or didn't want to.

These case examples exemplify the ways in which TGE young people are continuously faced with having to negotiate new environments, many of which are inhospitable and lacking in the conditions necessary for healthy psychological development.

Replacement and Feelings of Rejection

The majority of TGE young people sense that they are not welcome in many of the residential settings where they have been placed. They perceive that they are reluctantly accepted into some placements and consequently feel isolated and have negative reactions to their placement. Many young people are impassioned about their maltreatment in these settings, as this quotation from Carter illustrates:

How was I treated? Oh, God, it was terrible, and it started as soon as I walked into the group home. This staff member, I think she was the supervisor, just pulled me aside and said – I heard you are gay or TGE or whatever, and I just want to tell you that you are not gonna go any of that stuff here in this group home. I mean I wasn't even in the door and they were giving me shit.

When young people were met with acceptance and provided with care that suggested staff were competent in dealing with TGE youth, they remained in the setting, as Dane noted in this narrative:

Many things fade from my memory as I get older, but the lessons that I learned at GC and the kindness the staff there showed me, the care that they imparted in the most professional way, while still showing that they were human, will never fade. When we lacked a father and a mother our staff were our parents. I can say now that I love myself, I know my self-worth, I value myself and that I can have a healthy relationship despite all I went through because the staff in that agency guided me through this time of my life. Thanks to them I learned to not

be afraid of social workers and while there are good and bad ones, having now seen some good ones, I know there are many more out there that are good than there are bad ones. Thanks to their goodness I was able to feel like a whole person. Today, I am a whole person, if a little cracked in some spots.

Conversely, however, other young people reported that they left their placement once they realized that they were not welcomed. Tracy recalls this experience vividly:

I tried to be what they wanted me to be, but I just couldn't. I was who I was and after six months in that place I thought if I have to stay here I will kill myself. One day, I had just had enough and I thought, living in the streets would be better than living in that hell-hole and I just took my stuff and left. No one even tried to convince me to stay and no one ever came to look for me. I lived with friends, I sofa surfed and then I found this shelter programs that was pretty good and accepted me as I was.

Frequently, young people who leave placements become lost in the system, and their multiple placements create a sense of impermanence and drift.

Verbal Harassment and Physical Violence

Many young people enter foster care because, at its best, it offers sanctuary from abusive family relationships and violence in their homes. However, with the constant threat of harassment and violence within the system, TGE youth report being unable to feel completely secure or confident (see Mottet & Ohle, 2006). Although violence and harassment may be an unfortunate component of residential care from time to time for all youth, TGE young people, unlike their cisgender counterparts, are targeted for attack specifically because of their gender identity expression. Petra recalled the nightmare of verbal harassment and physical violence:

I was coming home to the shelter one night from my job and I was just minding my own business when these three boys from the shelter started to yell at me – “Hey, you she-male, what are you anyway, a guy or a girl?” I tried to ignore them and walked a bit faster to get to the shelter, but they kept following me – taunting me, embarrassing me in front of all of these people on the street. I felt so humiliated, so bad, so low. Finally, one of them jumped me from behind, pulled up my skirt and tried to sexually assault me with his fingers. That’s when someone stopped their car and yelled from them to stop. They ran, and this guy got out of his car and asked if I was all right – I said I was because I was embarrassed and humiliated – but I was hurt, inside more than outside.

I didn't go back to the shelter that night or any other night. I had some money so I rented a cheap room for the night and then I went to stay with friends. It was a terrible experience, but I never reported it – I figured no one would do anything about it.

The Importance of Policy

Child welfare policies provide an administrative backbone for how a child welfare system involved youth should be treated by their caregivers. While all youth should be affirmed in their gender identity, TGE youth in the child welfare system may have identity-specific needs related to safe and equitable living environments, access to gender-affirming healthcare, appropriate educational environments, and social supports. Thus, it is important that the needs of these youth are ratified in handbooks, policies, and guides used by organizations that serve this population. In the absence of written policies prohibiting discrimination and protecting equitable care for transgender and gender expansive youth, caseworkers, administrators, and caregivers with a limited understanding of the necessity of gender-affirming care may approach their interactions with the youth in ways that are consciously or unconsciously discriminatory or marginalizing.

Gender-affirming policies and practices on organizational and individual provider levels are particularly important in a child welfare setting. For example, denying the importance of gender identity, denying healthcare until 18 years, youth will systemically be maltreated, resulting in abuse. In addition to defending youth from harm through discrimination, explicitly naming TGE youth within the policies mandates training opportunities for case managers. Social Workers should be aware of what policies (if any) exist within their organization regarding TGE youth and critically examine the impact that translating these policies into praxis would have.

A handful of states have passed gender-based or LGBTQ-specific protections for youth in child welfare systems (downloaded 11/25/2020, <https://www.lambdalegal.org/child-welfare-analysis>). In several states, policy makers have passed religious-based exemptions to intentionally discriminate against TGE youth in their care. Due to the inconsistent and evolving climate of policy discrimination protections on a state level without a current federal mandate regarding the issue, service providers should take the steps to prohibit TGE discrimination within their organization, regardless of federal or statewide climate.

Supporting TGE Youth in Child Welfare Systems

In order to competently serve and safeguard TGE youth, child welfare staff should understand what it means for a youth to be TGE and should be familiar with and use appropriate terminology. In addition:

- Child welfare staff should receive mandatory cultural humility training on gender identity and expression, including education regarding social and medical transition issues for TGE youth.
- Child welfare staff have a legal duty to protect the physical and emotional safety of TGE youth. Child welfare staff should take immediate action to end any form of harassment or bullying against TGE youth, whether perpetrated by staff, foster parents, or peers.
- Child welfare staff should maintain confidentiality regarding the gender identity of TGE youth in their care and be aware of legal obligations to treat such information confidentially. Staff should not disclose information about a youth's gender identity without first obtaining the youth's permission.
- Child welfare staff should respect a TGE youth's name and personal gender pronouns that best affirm the young person's gender identity.
- Child welfare staff should allow TGE youth to express their gender identity through chosen attire, grooming and mannerisms without punishment or ridicule.
- Child welfare staff should not assume that TGE youth are "acting out" inappropriately when expressing their gender identity.
- Child welfare staff should not consider or classify youth as sexually aggressive simply because they are TGE. These youth are no more likely than any others to be sexually aggressive.
- Child welfare staff should avoid making assumptions about the sexual orientation of TGE. TGE and gender-diverse youth may identify as gay, lesbian, bisexual, questioning, queer, non-binary, asexual, or cisgender.
- Child welfare staff should be aware of health care protocols for medical treatment for TGE individuals and should ensure that TGE youth have access to competent and trans-affirming mental and medical health services, including access to competent mental health and medical care to support their identity. Mental health treatment should be focused on providing support, not changing a person's gender identity, and may include services such as individual and family counseling, and, with a physician's care, hormone therapy and surgery to align the physical body with the gender identity of the youth. Staff should ensure that existing social and medical transition-related treatment is provided after a youth arrives at an agency or facility.

In sex-segregated facilities, TGE youth should not be designated to the girls' or boys' units strictly based on the sex designated to them at birth. Instead, child welfare staff should make individualized decisions based on the physical and emotional well-being of the youth, considering the young person's wishes, the level of comfort and safety, the degree of privacy afforded, the types of housing available and the recommendations of mental health and medical professionals. The safety of TGE and gender-diverse youth should be protected without resorting to isolating or segregating the youth from the general

population. However, single occupancy rooms, if available in units that correspond with the young person's gender identity, are often appropriate for TGE youth in sex-segregated facilities.

TGE youth should be permitted use of bathrooms that correspond to their gender identity. The facility should counsel others that the youth is entitled to use the bathroom corresponding to the youth's gender identity, and can make available private single-person bathrooms as an option. TGE youth should not be singled out as the only people allowed to use or routed to private single-person bathrooms.

Child welfare staff should support the academic achievements of TGE and gender-diverse youth and ensure that they are safe in schools. The gender expressions of TGE youth can make them more visible, and therefore more vulnerable, to harassment and violence at school. Some school dress policies make it more difficult for youth to dress consistently with their gender identities.

Child welfare staff should take immediate action to protect TGE youth facing harassment or discrimination at school, either on-site or off-site, including protection from being disciplined for expressing their gender identity or being denied access to locker rooms, showers, and bathrooms that match their gender identity.

Child welfare staff should locate and develop resources to help TGE youth with their legal issues. TGE youth may need assistance and advocacy to obtain proper legal identity documents reflecting gender identification and chosen names, such as birth certificates, state identification cards, driver's licenses, health insurance cards, Social Security cards, passports, and school identification cards.

Best Practices

Educate Yourself and Commit to Addressing Your Biases

There is a lot of harmful misinformation about gender identity and expression. This information is conveyed through both explicit messaging (e.g., laws criminalizing TGE youth from using public bathrooms) and implicit (e.g., misbeliefs that being transgender is "just a phase"). Take the time to evaluate your own biases and understandings of TGE youth and make meaningful connections with TGE adults in your life.

Assume There Are TGE Youth in Your Care

Given the overrepresentation of TGE youth within child welfare systems, in all likelihood, child welfare social workers have already or will eventually have a TGE youth within their care. While some of these youth identify their gender identity, many choose not to due to fear of retaliation, hostility, or affirming environments, associated with a poorer mental health and quality of life. Rather than waiting for youth to come out and subsequently adopting TGE affirming

practices, embrace proactive planning to implement affirmative, evidence-based policies and practices to support and mandate competency trainings led by TGE adults to educate about TGE youth.

Guiding Principles

No two TGE youths' experiences with gender are identical. Approaches should be custom tailored to each youth's preferences. TGE youth are experts in their own experiences and can best speak to their own needs. Listen to these youth, their stories, preferences, and strengths to better understand how to support them.

Names and Pronouns

Child Welfare social workers should use TGE youths' chosen names and pronouns with the consent of the youth within chosen contexts. Research has shown that more contexts or settings (e.g., schools, medical institutions, homes) where youth are able to use their chosen name, the stronger their mental health will be (Pollitt, Ioverno, Russell, Li, & Grossman, 2021). In private, ask the youth if you may document their name and pronouns and in which contexts you may refer to them accordingly, including with other caseworkers. Some youth may decline to use their name and pronoun within some or all contexts such as with their family of origin or schools out of fear of harassment or discrimination. Work with the youth to identify areas in their lives in which they feel safe and comfortable using the correct name and pronouns.

Consider Gender Identity When Determining Placement

Ask all youth coming into the system about gender identity as it pertains to a child/youth's overall culture with respect to your work in a child welfare setting, e.g., placement suitability or connection/referral to other services. Make it a regular part of the intake process to ask all youth how they identifies with respect to their gender and sexual orientation.

Seek Support as Needed

Seek support around mandated reporting as needed, seeking supervision/consultation with agencies that specialize in working with and caring for TGE youth.

Develop Gender-Affirming Policies

Non-Discrimination Policies

Advocate for non-discrimination policies that explicitly protect sex, gender identity, gender expression, intersex traits, and genetic makeup

(i.e., inclusive of intersex individuals). Due to evolving social understandings of the transgender community, it is necessary for policy to address all aspects of potential grounds for discrimination. For example, in lieu of the previously named protections, some may view TGE as protected as under sex discrimination, while others may view TGE youth as not protected as all.

Mandate TGE Competency Training

While TGE youth are should be treated with the same respect as all other youth in care, the TGE population can face additional barriers by uninformed cisgender case managers who are unaware of their shortfalls in understanding TGE youth and their treatment is not in the best interest of the youth/constitutes unintentional disrespect. Mandating that caseworkers understand this community, their needs, and addressing their own biases and combats the systemic issues that these youth face.

Consult TGE Alumni When Developing New Practices

No one understands what TGE youth need better than those who were once in their same position. Alumni of child welfare systems or those who have utilized their services have unparalleled expertise in TGE youth needs. When constructing and reviewing proposed practices and policies, it is recommended to hire a TGE child welfare system alumni to collaborate.

“Show and Tell” Your Status as an Advocate or Ally

As a professional, introduce yourself with your pronouns. Clearly convey allyship (pride flags, know your rights posters, create a trans-affirming environment). Show that you are knowledgeable about social support/support groups/competent medical providers/resources, maintain up to date list of referrals. Demonstrate that you know how TGE youth get information in other ways (i.e., word of mouth, community info).

Case Study 2

Kassidy (she/her/hers) is a 12 year old who identifies as a demigirl (a gender identity describing someone who partially, but not wholly, identifies as a woman, girl or otherwise feminine, whatever their assigned gender at birth; they may or may not identify as another gender in addition to feeling partially a girl or woman). Kassidy is currently in a relative guardianship with her grandparents, who do not respect her pronouns in her home environment.

Her grandmother called a local LGBTQ+ youth center and spoke with the center's executive director, a heterosexual, cisgender woman, earlier in the day to seek advice. During the phone call, Cassidy's grandmother expressed that her grandchild, who wanted to be called Cassidy, expressed suicidal ideations at home. Cassidy's grandmother noted that she had kept her out of school that day due to the severity of her suicidal ideations and agreed to potentially bring Cassidy to the center that night.

Andrea (she/her/hers) is a 25-year-old transgender woman who is working as social worker at the LGBTQ+ youth center. As she came in to facilitate a group of LGBTQ+ youth ages 12 to 18 years old that afternoon, Andrea was informed about Cassidy's grandmother's call and that she may be joining the group. Thirty minutes into the group that night, Andrea noticed a car pull up outside the center; she went to the door and greeted an older man and a young person. The elderly man did not introduce himself and stated that he was dropping this youth off for the group. In front of the older man, the child identified themselves as Max and expressed their pronouns as he/him/his. Once they entered the center and the older man left, the child corrected themselves and told Andrea that their name is Cassidy and that she would like to use she/her/hers pronouns if that was okay.

Reflection Questions

1. How might Andrea "show and tell" her status as an advocate to Cassidy?
2. If you were a state social worker working with Cassidy, what additional information would be helpful for you to know to best support her? What recommendations and resources would you offer her?
3. If you were an in-school social worker working with Cassidy at her new school, what additional information would be helpful for you to know to best support her? What recommendations and resources would you offer her?
4. Identify the risk factors and areas for opportunities in Cassidy's current situation. How might the risks be addressed? How might the opportunities be acted on?
5. In addition to the support group at the LGBTQ+ youth center, what resources would you recommend to Cassidy if you were working with her? What resources would you recommend to Cassidy's grandparents?

Case Studies

You are a social worker at Child Protective Services and have been assigned Dom's case. Dom (they/them/theirs) is a Black 8-year-old child who was assigned female at birth and identifies as non-binary. Dom has recently been placed into a relative guardianship with their paternal aunt and uncle, living also with their two older twin cousins, Malik and Terrance. Previously, Dom had been living with their mother, Jada, who could not provide stable housing or a safe living environment because of her drug and alcohol addiction. Dom's father has been incarcerated for drug possession since Dom was 4. Jada encouraged Dom's gender expression and had recently started to refer to Dom by they/them pronouns consistently. After their placement with their aunt and uncle, Dom transferred schools to begin 4th grade at the same majority-white school with Malik and Terrance.

At their new school, Dom is struggling to make friends and is getting bullied about their pronouns, clothes, and family history. Malik and Terrance are both in 6th grade and rarely see Dom at school; when they do, they share that Dom is "shy and quiet." At home, Dom is having conflict with their aunt and uncle about their insistence that they should "try fitting in." Dom's aunt and uncle were frequently involved in Dom's early childhood, and they report having been worried about Dom's "rejection of things for normal girls ever since it started." Dom has also been arguing with their aunt and uncle about having access to the internet; Dom had unsupervised access to the internet while living with their mom and thinks that their aunt and uncle are deliberately keeping them from their online friends. Dom's aunt and uncle think that Dom is too young to be using the Internet as much as they had while living with Jada.

Reflection Questions

1. What additional information would be helpful for you to know in order to best support Dom?
2. What safety risks can you identify that are unique to Dom's case? How would you work to address these risks?
3. As Dom's social worker, what are the first questions you would ask when meeting Dom and their family? What are the recommendations you would make?
4. While working with Dom and their family, how can you remain strength-based while building and maintaining rapport?
5. What are some supports in the community that you would recommend to Dom and their family?

Conclusion

The issues encountered by TGE adolescents and their families are frequently ignored and largely unrecognized by the majority of child welfare professionals – analogous to the ways in which the child welfare system has been deficient in addressing the specific needs of diverse ethnic and racial minorities. An understanding of the impact of societal stigmatization of TGE individuals and their families is crucial to the recognition of, and response to, the needs of this population.

In addition, child welfare professionals and the systems they work in should consider moving away from residential-type programs and focusing more energy on keeping young people at home, preserving connections with their families of origin, when it is safe to do that, and creating kinship or family-based foster homes for TGE youth who cannot reside with their families of origin (McCormick, Scheyd, & Terrazas, 2017; Salazar et al., 2018).

Effecting changes in attitudes and beliefs in pursuit of competent practice with TGE adolescents and their families requires education, training, and self-exploration on both the individual and institutional level (see Mallon, 2009). The development of competence in this area holds promise for preserving and supporting families and for the establishment of appropriate trans-affirmative child welfare services for these young people and their families.

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