

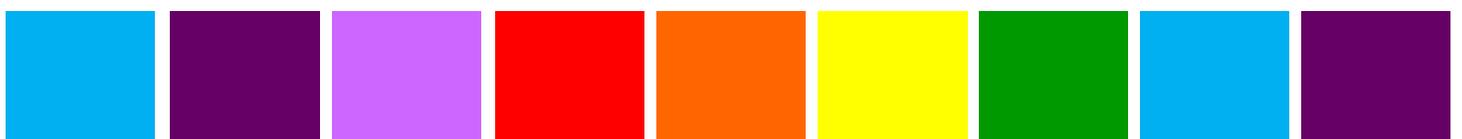


CONNECTING

Sexual Orientation and Gender Identity & Expression (SOGIE): A Guide for Foster Caregivers

A Connecting Workbook Supplement

Connecting is a prevention-focused program
specifically for foster parents and relative
caregivers and teens in foster care.



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Chapter Summary

Chapter Summary

This chapter discusses how to care for and support your teen in their identity. The chapter was created using input and advice from social workers, caregivers, and LGBTQ+ (lesbian, gay, bisexual, transgender, questioning/queer, two-spirit) foster youth, who told us that this is something families want to know and need to focus on.

Here is what you will find inside:

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Tips for using this chapter:

*Before working through this chapter with your teen, **look at the information on your own.** Let your own comfort level guide how much you do with your teen, and how much you do on your own. Extra worksheets are provided should you decide to do some of the activities together.*

*Be sensitive to what your teen's comfort level is, and ask them how they would like to work through this chapter! **We trust you to determine together what's best for your family.***

Overview

Research shows that lesbian, gay, bisexual, transgender, queer/questioning, and two-spirit (LGBTQ+) youth are overrepresented in the foster care system.^{1,2,3,4} This means that the percentage of foster youth who identify as LGBTQ+ is greater than the percentage of LGBTQ+ youth in the general population. Like all teens, LGBTQ+ youth in foster care need support and acceptance from their caregivers to help them thrive and grow into the adults they want to become. In fact, LGBTQ+ foster youth face additional challenges. Not only do they have to face the trauma and realities of foster care, but there are also stressors unique to LGBTQ+ youth. When we spoke to LGBTQ+ teens in care, their caregivers, and social workers, here are a few of the unique challenges that they shared:

See pages 9-10 for definitions for these terms

- Discrimination, stigma, and bullying
- Rejection from their biological family, school, and community
- Feeling unsafe at home, as well as in school and the community
- Not having access to the appropriate health and mental health resources

The good news is that LGBTQ+ teens, caregivers, and social workers also shared a number of things that YOU can do to support these young people in their identity. It starts with having a common language and understanding.

We hope this chapter will help you:

- Learn some fundamental facts and terms about LGBTQ+ youth in foster care
- Have some opportunities to connect with your teen around identity
- Address personal safety
- Learn how to promote the health, safety, and well-being of the teen in your care

Whether your teen identifies as LGBTQ+ or not, we encourage YOU to review this material. It's important that *all* youth feel accepted and supported, *especially* youth whose sexual minority or gender expression is less common, or those who are questioning.

Youth Stories

A Caregiver Activity

Before we plunge into this module, let's take time to understand what LGBTQ+ youth in the foster care system might be experiencing. If you're unfamiliar with this topic altogether, you may want to refer to the "Know, New, Heard" activity on page 7 which includes terms and definitions important to the LGBTQ+ community.

You may recognize some of these struggles in your youth, or they may be completely new to you. In either case, these stories will help give context to the terms we explore in this module, the purpose of the activities, and the LGBTQ+-specific issues that youth in care face.

Please note that if you believe these issues would resonate with the youth in your care, you may want to invite them to watch these videos as well but please be aware that your youth may or may not be ready to "come out" or talk to you about what they are experiencing. Our hope is that these videos, and this module, will offer you some tools to support your youth when and if they are ready to talk.

The videos below can be accessed at the following site: <https://vimeo.com/130559696>.

Video: Darryn's Story — begins at 8:11

Description: This video was created by Darryn. In this video, Darryn talks about his relationship with his foster mother. Darryn also talks about the challenges he faced as he discovered his sexual orientation, and the support he received from his foster mother during his journey.

Here are some questions to consider for both you and your youth (if they watch along with you):

- How did watching this story make you feel?
- How comfortable do you think your youth would be watching this video? How useful would it be?
- (Question for youth) What in Darryn's story were you able to relate to? How was his story similar to or different from your own?
- (Question for youth) Darryn talks about how he didn't understand sexuality or relationships growing up, except for what he saw on TV. In what ways have you learned about sex and sexuality?
- In his story, Darryn shares some ways that his foster mother made him feel supported and accepted. What are some things that you could do to help your teen feel supported and accepted?
- What other thoughts or questions come up for you after seeing this video?

Video: Kevin's Story — begins at 21:30

Description: This video was made by Kevin. In this video, Kevin shares his experiences of being bullied and called names in school. Kevin also talks about his experience in juvenile detention, and talks about how having affirming and normalizing adults in his life helped him discover his true gender identity.

Here are some questions to consider for both you and your youth (if they watch along with you):

- How did watching this story make you feel?
- How comfortable do you think your youth would be watching this video? How useful would it be?
- (Question for youth) What in Kevin's story were you able to relate to? How was his story similar to or different from your own?
- (Question for youth) Kevin talks about some of the bullying and name calling he experienced in school. Has anyone ever mistreated you, or assumed something about you that wasn't true? How did that make you feel? What did you do about it? Was there someone that supported you?
- In his story, Kevin shares some ways that his social worker made him feel normal and accepted. What are some things you could do to help your teen feel affirmed and accepted?
- In Kevin's story, he feels empowered and strengthened by his advocacy work. What are some ways that you/we could be advocates for our community?
- What other thoughts or questions come up for you after seeing this video?

Darryn and Kevin's stories are part of a series called *Breaking the Silence* and were produced at the Center for Digital Storytelling by the Y.O.U.T.H. Training Project, a program of the Bay Area Academy of San Francisco State University in September 2005. This project was funded by The National Center for Lesbian Rights.

Activity: Know, Heard, New

A Caregiver/Possible Teen Activity

Overview

The purpose of this activity is to learn about the world of language that is out there around the lesbian, gay, bisexual, transgender, questioning/queer, and two-spirit (LGBTQ+) community.

Understanding what it means to be a person who identifies as LGBTQ+ takes a lot more than a list of definitions.

Terminology is constantly changing and evolving, and the words we use to describe these identities are often insufficient at including everyone who is a part of these communities. So, as you work through this activity, remember that an individual's experience may be different.

This list is **NOT** meant to provide terms for labeling yourself or others, but rather to help you understand the experience of others.

If your youth feels comfortable, this could be a good activity to do with them. This activity may provide you both with an opportunity to learn together, share insights, and have fun!

Instructions

Write a "K" if you know the term, "H" if you've heard it before, and "N" if it's completely new to you. On the next page, you will find definitions for each of the terms. At the end, there are some blank spaces for you to write in any terms that you may be familiar with.

Key:
Know
Heard
New

<u>Term</u>	<u>Caregiver</u>	<u>Teen</u>
LGBTQ+		
Sexual Orientation		
Asexual		
Bisexual		
Heterosexual		
Gay		
Lesbian		
Pansexual		
Agender		
Biological Sex		
Cisgender		
Gender Expression		
Gender Identity		
Gender Non-Binary		
Gender Non-Conforming		
Intersex		
Two-Spirit		
Transgender		
Ally		
Affinity Group		
Queer		
Questioning		
Pronouns/Preferred Pronouns		
Safe Space		

Common LGBTQ+ Terms

LGBTQ+: An acronym used to describe lesbian, gay, bisexual, transgender, questioning/queer, and two-spirit individuals. This term is often used as an umbrella term to describe the community as a whole.

Sexual Orientation: An emotional, physical, and sexual attraction to others that is formed at an early age to the same or opposite gender. A person's sexual orientation is different from a person's gender identity.

Asexual: Describes individuals who do not experience sexual attraction or do not have an interest in, or desire for, sex.

Bisexual: Describes a person who is attracted to both men and women romantically and sexually.

Heterosexual: Describes a sexual orientation in which a person feels physically and emotionally attracted to individuals of the opposite sex.

Gay: Describes a sexual orientation in which a person feels physically and emotionally attracted to individuals of the same sex.

Lesbian: Describes a woman who is attracted to other women.

Pansexual: Describes a sexual orientation in which a person feels physically and emotionally attracted to people regardless of their sex or gender identity.

Terms Related to Gender:

Agender: Describes a person who identifies as without gender, or sometimes as gender neutral.

Biological Sex: Assigned at birth based on physical attributes such as external genitalia, internal reproductive anatomy, hormones, and chromosomes.

Cisgender: A person who identifies with the sex they were assigned at birth.

Gender Expression: How people outwardly communicate their gender to others. This may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.

Gender Identity: Our internal, personal sense of what our gender is. Everyone has a gender identity, and it may or may not correspond to a person's sex assigned at birth.

Gender Non-Binary: An inclusive way to describe gender that is not exclusively male or female.

Gender Non-Conforming: Refers to people who do not follow other people's ideas or stereotypes about how they should look or act based on the female or

male sex they were assigned at birth.

Intersex: A medical term describing a person whose combination of biological sex indicators (sex chromosomes, reproductive organs, and external genitalia) do not fit the binary notion of male or female bodies.

Two-Spirit: A term used in Native American communities for people who identify with the gender roles of both men and women, and are considered a third gender identity.

Transgender: Describes a person whose gender identity and sex decided at birth do not match.

More Definitions:

Ally: Someone who is supportive and accepting of LGBTQ+ people. Allies can help others understand the importance of fairness and equality, and can also advocate for equal rights and fair treatment.

Affinity Group: A small group of people who support each other and work together based on a shared interest or identity.

Queer: An umbrella term used to describe people who identify as lesbian, gay, bisexual, transgender, questioning, and many others. This term has had a negative connotation in the past, but many LGBTQ people have reclaimed the word and now use it in a positive light. Sometimes people will use the word “queer” when they feel that other terms do not accurately describe them.

Questioning: People who have questions about their sexual orientation, gender identity, and/or gender expression.

Pronouns or Preferred Pronouns: A term used to describe gender pronouns that a person wants others to use when referring to them, such as: he/him/his, she/her/hers, or they/them/theirs. Pronouns may not conform to societal norms.

Safe Space: A term describing a physical area or a spirit in conversation where LGBTQ+ folk can express themselves without fear of being made to feel uncomfortable, unwelcome, or unsafe on account of sex, race/ethnicity, sexual orientation, gender identity, cultural background, religious affiliation, age, or physical or mental health.

This list is not comprehensive and is adapted from the Trevor Project (<http://www.thetrevorproject.org/pages/glossary>), the Sylvia Rivera Law Project (<https://srlp.org/resources/fact-sheet-transgender-gender-nonconforming-youth-school/>), and the Human Rights Campaign (<https://www.hrc.org/resources/sexual-orientation-and-gender-identity-terminology-and-definitions>).

Highlight on Preferred Gender Pronouns

He to She, and Vice Versa

Language is a powerful tool, and while using the correct gender pronoun may seem like a trivial thing, it can actually make a world of difference. When someone is referred to by the wrong pronoun (for example, “he” when the youth is transgender and identifies as “she”), it can make them feel disrespected, invalidated, dismissed, or alienated (or a combination of these). Asking and correctly using someone’s personal gender pronoun is a simple way to show them that you respect their identity.

They/Them/Their

The use of the pronouns they/them/their is also common for those who identify as agender or gender non-binary. These pronouns are *gender-neutral pronouns*. A lot of people can struggle with the use of gender-neutral pronouns because they can feel awkward and grammatically incorrect. In fact, they’re not! (Check out this article here: www.npr.org/2016/01/13/462906419/everyone-uses-singular-they-whether-they-realize-it-or-not.) With practice, these pronouns become second nature. Be aware, though, that the proper linking verb for they/them/their is the third-person plural. For example, this means you would say, “They *are* going to the store.”

Other common gender neutral pronouns include ze/zir/zirs and many more. A full list can be found here: uwm.edu/lgbtrc/support/gender-pronouns.

Don’t Worry!

Of course, it can be hard to make the switch or remember to use a gender-neutral pronoun, and you might make mistakes. That’s ok! The best thing to do is just apologize and let them know you will try harder next time.

“It was hard at first to switch, and I saw how hurtful it was, and just really made a push. Instead of trying to remember “she,” I would use her name – her first name – and then the “she” came naturally, later.”

- a Caregiver

Notes:

Activity: Myths and Realities

A Caregiver/Possible Teen Activity

Lots of times, we hear about different myths and stereotypes surrounding gender roles and the LGBTQ+ community. The purpose of this activity is to learn about the realities. For this activity, read the statements. Circle reality if you think the statement is true, and myth if you think it is not. You will find the answers on the next page, along with a brief explanation. You might choose to do this activity with your youth. If you have other myths/realities you want to discuss, you can write them in on line #14.

Common beliefs about gender roles and the LGBTQ+ community:

1. Women are more talkative than men.	Myth Reality
2. Men are more competitive than women.	Myth Reality
3. Women and men experience the same levels of emotion.	Myth Reality
4. We don't know what causes sexual orientation.	Myth Reality
5. Early sexual experiences are indicative of one's sexual orientation as an adult.	Myth Reality
6. You cannot tell who is LGBTQ+ by their physical characteristics and mannerisms.	Myth Reality
7. In a same-gender relationship, one partner usually plays the masculine role and the other one plays the feminine role.	Myth Reality
8. AIDS (Acquired Immune Deficiency Syndrome) can only be contracted if you are LGBTQ+.	Myth Reality
9. By virtue of their age, youth cannot know they are LGBTQ+.	Myth Reality
10. Being transgender is different from being gay.	Myth Reality
11. Sexual orientation and gender identity are matters of personal choice.	Myth Reality
12. Being gay is a "lifestyle" choice.	Myth Reality
13. Sexual orientation can be changed or "cured."	Myth Reality
14. Other:	Myth Reality

Facts About Gender Roles and the LGBTQ+ Community

The Danger of Putting People Into Boxes

Take a look below and see how you did! What surprises you? It's interesting to note that there is more variation within genders than between genders on a lot of these issues. Looking at people in certain ways or putting labels on them isn't all that helpful. Seeing people as just one or two aspects of their identity, or making assumptions about who they are, takes away their right to be fully themselves.

These myths and realities stem from putting too much weight on the gender binary and on gender roles. The gender binary is the idea that there are only two genders — male and female. Many people in the LGBTQ+ community, however, identify as gender non-binary, gender fluid, agender, and many other terms. These folks live outside our binary division of gender, and may feel that they have traits of either both or neither gender, or in fact are a whole new gender. However, gender roles — and stereotypes — can still negatively impact them.

1. Women and men can be equally talkative, depending on their personalities.

While this stereotype is used pretty frequently, it is actually false. In fact, there's almost no difference between the number of words spoken by men and those spoken by women. A 2007 study at the University of Arizona monitored 396 college students and found that both men and women spoke an average of about sixteen thousand words per day, without any statistically significant differences between the sexes.⁵

2. There is no biological basis for competitive drive.

Many people believe that men are competitive and women are collaborative. This is not necessarily true. Scientists have interpreted research findings that show that there is no biological basis for competitive drive, and that differences between sexes are actually due to how boys and girls are socialized.⁵

3. Women and men experience the same levels of emotion.

Many studies have actually found that there is no difference in the experience of emotion between women and men. One study conducted by Vanderbilt University found that when men and women were observed watching movies, both sexes reported feeling the same levels of emotion, but that females were more comfortable expressing their emotion.⁵

4. No one is sure what causes particular sexual orientations.

It is not known what causes sexual orientation. Many lesbian, gay, and bisexual people know that they are attracted to members of their own sex at an early age. Others learn much later in life, in their 30s, 40s, or even later. No one is sure what causes particular orientations.⁶

5. Early sexual experiences have no indication of one's sexual orientation as an adult.

Many lesbian, gay, and bisexual people have early heterosexual experiences, but are still lesbian, gay, or bisexual. Likewise, many straight individuals have had sexual contact with members of their own sex, but are still heterosexual.

6. You cannot assume who is LGBTQ+ by their physical characteristics and mannerisms.

LGBTQ+ people come in as many different shapes, sizes, and colors as do people who are heterosexual. As noted above, putting people in boxes or giving labels based on physical characteristics or stereotypes isn't helpful.

7. Relationship roles vary based on likes and skills, not based on orientation or gender.

Regardless of orientation, there are all types of relationships. Balanced relationships are those where each person's skills are valued.

8. AIDS is a virus that affects all kinds of people regardless of sexual orientation.

AIDS is caused by a virus — HIV. Viruses infect all kinds of people, regardless of sexual orientation. Heterosexual men, women, children, and even infants have contracted the AIDS virus.⁷ However, AIDS is still a major health problem in the LGBTQ+ community. Gay and bisexual men represent 67% of all diagnosed cases in the United States, with African American men particularly affected.⁸

9. Individuals sometimes become aware of their sexual orientation and gender identity at very young ages.

Individuals sometimes become aware of their sexual orientation and gender identity at very young ages. Children usually have an understanding of their sexual orientation by the age of 10, and most children have an understanding of their gender identity by the age of 3. Today, the average age of "coming out" is close to 16 years, and many people have reported same-sex attractions as early as age 8.⁶

10. Being transgender is different from being gay.

Being transgender is not the same thing as being gay. Being gay is a sexual orientation, whereas transgender describes someone whose gender identity does not match their sex assigned at birth.

11. Sexual orientation and gender identity are aspects of personal identity.

Sexual orientation and gender identity are inherent aspects of personal identity. These identities are felt at an early age and solidify as people age into adolescence.⁸

12. There is no “gay lifestyle,” just as there is no “normal lifestyle.”

There is as much variety in LGBTQ+ lifestyles as there is in heterosexual lifestyles. There is no standard lifestyle choice for anyone. For example, some people think that a “normal” lifestyle is that of the nuclear family—a heterosexual married couple with two children. Research shows that actually less than 7% of the population fits this mold.

13. Sexual orientation cannot be cured.

Homosexuality is not a type of mental illness, and cannot be “cured” by psychotherapy. While it was once thought of differently, the American Psychiatric and Psychological Associations have agreed that sexual orientation and gender identity are inherent aspects of people’s identity. Attempts to change this are both ineffective and extremely harmful.¹⁹ However, sexuality, like most things, is fluid, and while you cannot alter another's sexuality, it is possible that someone's sexuality will change and mold over time.

(Adapted from: Bergen, S., Chiu, L., Curry, T., Gilbert, C., Reyes, C., & Wilbur, S. (2015). Toward equity: A training curriculum for understanding sexual orientation, gender identity, and gender expression, and developing competency to serve lesbian, gay, bisexual, and transgender youth in the juvenile justice system. The Equity Project. Retrieved from www.equityprojects.org/wp-content/uploads/2015/01/Equity_Curriculum_Complete.pdf; and Lesbian, Gay, Bisexual, Transgender Center. (2016). Sexual orientation myths and facts. Case Western Reserve University. Retrieved from [http://case.edu/lgbt/resources/safe-zone-resources/truth.](http://case.edu/lgbt/resources/safe-zone-resources/truth/))

Roadblocks to Acceptance

A Caregiver Activity

Sometimes you may do or say things unconsciously that get in the way of creating a welcoming and supportive home. It is important to be aware of the ways you might accidentally come off as unaccepting when you are trying to be supportive.

Because youth are sometimes feeling shame and isolation it is important to lead with love and convey both verbally and nonverbally that you accept, respect, care about, and are there for them. Show humility and be open to feedback and possibly getting it wrong. The following is a list of possible roadblocks to acceptance that some youth have heard from their parents, as well as some suggestions for strategies you could try that will convey love, respect, and commitment to your youth.

Instructions: Take a look at these roadblocks and see if you have ever said these or heard them said by another caregiver. Are there any that sound familiar to you? If there are, write it down in the “my roadblock” section, and think about how you might approach things differently.

Roadblock: Invalidating their experience

- Example: *“It’s just a phase” “You’ll grow out of it” “You just haven’t met the right guy/gal” “I knew it!”*
- How this can block acceptance: You might accidentally assert your own perspective that this is a passing phase in your teen’s development, or assert your need to be right, both of which may invalidate their experience of their identity.
- Instead try... Listen to how they are describing their experience finding their identity and reflect back to them what you hear them saying. To convey your love, respect, and support for them and their feelings you can try: *“So you’re feeling _____.”* What is important to focus on is that this disclosure is not a game, it is about your teen and their experience of their emerging identity. It’s always important to remember not to speak for your youth.

Roadblock: Questioning

- Example: *“But are you sure you’re (_____)?” “You don’t look (____).”*
- How this can block acceptance: Questioning someone’s experience can belittle what they are experiencing and feeling.
- Instead try... Ask more questions to better understand the experience of the teen in your care. Lead with love and ask questions that start with words like *how, what, tell me about, or help me understand.*

Roadblock: Providing solutions

- Example: *“Here’s what you should do...” “This is why I want you to play sports.”*
- How this can block acceptance: When you provide solutions, you’re not giving the teen in your care an opportunity to become involved.
- Instead try... Ask them what they think they should do. *“What options have you considered?” “How can I be helpful in solving this problem with you?”*

Roadblock: Judging

- Example: *“So who’s the man in the relationship?” “You’ve never had real sex.” “Why didn’t you tell me?”*
- How this can block acceptance: The teen in your care might be feeling like there is something wrong with them, that they have to prove them self, or that they did something wrong.
- Instead try... Use this opportunity to remind them that you accept them for who they are. *“I know that things might feel confusing right now, but I want you to know I’m here for you.”*

Roadblock: Using the wrong terminology

- Example: *“I know you want me to call you Brandon instead of Bailey, but I just can’t keep it all straight.”*
- How this can block acceptance: Using the wrong terminology could convey that you don’t accept or support your teen for who they are.
- Instead try... Ask the teen in your care what they would like to be called, and use it! *“What would you like to be called?” “I will do my very best to use the language that makes you feel most accepted.”*

My Roadblock: _____

Instead I’ll try: _____

Three important takeaways from Roadblocks to Acceptance:

- Listen before you respond
- Show acceptance, understanding, and love
- Support your teen wherever they are

Conversations About Discrimination

A Caregiver Activity

Here are some ideas for having a conversation with your teen about LGBTQ discrimination and personal safety.

- **Be informed** about the reality of discrimination and personal safety for LGBTQ+ individuals
 - LGBT people are targeted for violent hate crimes at even higher rates than Muslims, African Americans, Jews, and Latinos.¹⁰ Youth who experience multiple minority identities, such as being both LGBTQ+ and being a person of color, are at even higher risk of experiencing hate crimes and discrimination.¹³
 - 42% of LGBT youth say the community they live in is not accepting of LGBTQ people.¹¹
 - LGBT youth are twice as likely as their peers to say they have been physically assaulted, kicked, or shoved.¹¹
 - There is no federal law banning employment discrimination for LGBT individuals. As of July 2015, 28 states still allow LGBT individuals to be fired solely based on their sexual orientation or gender identity.¹²
- **Build your teen's awareness** by making sure they know about discrimination and personal safety issues that LGBTQ individuals often have to face. **Make sure to emphasize that this is not their fault, nor is it a reason to hide who they are**, but it is an unjust and all too common reality that they should be aware of and be as ready as possible to protect themselves if and when it happens.
 - Again, this is especially true and important for LGBTQ+ youth of color.
- **Ask** what their experiences have been like related to discrimination and personal safety
 - What you hear may be very painful—be prepared to respond in a respectful, empathetic way. It may be helpful to review the trauma-informed principles discussed in the “Trauma-Informed Parenting” section of the workbook on page 8 to help prepare for this.
 - A refresher of the Roadblocks to Communication (pages 123-124) and Active Listening (pages 133-135) sections in the “Family Communication” chapter of the workbook may be helpful here as well.

- **Discuss** some ways of responding to discrimination that work with how the teen is feeling about their experiences using your best communication skills. These could include things like...
 - Filing a complaint and/or finding a new health care provider if the teen's provider isn't respecting their identity
 - Talking to school staff if the teen is being bullied at school
 - Joining a gay-straight alliance or similar school club or organization to connect with others who have had similar experiences

- **Make a plan** for what to do if they ever find themselves in an uncomfortable or potentially dangerous situation. Include ways that you will be a part of this plan. Some ideas for parts of the plan could include:
 - Make sure the teen has quick and easy access to phone numbers to call in case of emergency; these may include your cell phone number and their case worker's cell phone number, among others
 - Encourage them to call 911 if they feel they are in immediate physical danger
 - Identify adults that the teen can turn to if they need help in places they spend a lot of time, such as school, work, an afterschool program, etc.
 - Some additional specific activities regarding making a plan are outlined on the following pages

Trauma-Informed Parenting

Many teens in foster care have had traumatic experiences in the past, such as abuse, neglect, or witnessing violent situations. These experiences may have been so upsetting that they continue to have an impact on teens' thoughts and behavior, even though they may have happened long ago. It can be very helpful to gain an understanding of how traumatic experiences may be impacting your foster teen's thoughts and behavior, so that you can more effectively parent, coach, and support them.

Some challenges that teens may have resulting from past trauma include difficulty trusting others, coping with everyday stress, paying attention, controlling their behavior, and expressing emotions. Trust can be especially hard, as some of the adults in teens' pasts have not been trustworthy or reliable, and have not kept their best interests in mind. Being aware of this may help you better understand why a teen may have difficulty trusting you, and the importance of building trust over time.

There are six trauma-informed strategies that you can keep in mind as you connect with your foster teen:

1. **Safety**—Create an environment where your teen feels physically and psychologically safe.
2. **Trustworthiness**—Understand the importance of building and maintaining trust with the teen in your care.
3. **Peer support**—If possible, you and your teen should connect with others who have experienced trauma to help promote understanding and healing.
4. **Collaboration**—Work together in family decision making so the teen in your care does not feel powerless.
5. **Empowerment**—Acknowledge and build on your teen's strengths. Create opportunities for them to put these strengths to use.
6. **Cultural and other needs**—Avoid stereotyping your teen based on their cultural background, gender, sexual orientation, etc. Help your teen connect with people and organizations representing their cultural heritage and other identities that are important to them.²⁰

Roadblocks to Good Communication

While you may have had some training or guidelines to become a foster parent/relative caregiver, you probably weren't given an instruction manual for how to be a caregiver from day to day. Effective caregiving involves learning and using a set of tools that become more effective with practice. Think of yourself as having a caregiver toolbox from which you can choose the appropriate tool for specific situations. As with other tools, the more times you use them, the more comfortable and skilled you become in their use.

Good communication skills can help you build understanding, acceptance, and respect between you and the teen in your care. When you talk with the teen in your care, you want them to hear you and to understand what you're saying. It's important to be aware of some ways you might unconsciously cut off communication. If communication gets cut off, it can weaken the bonds between you and your teen. Do any of the roadblocks below sound familiar?

- **Roadblock 1: Giving orders; commanding**
Example: *"Wash those dishes, and wash them now!"* When you give orders, you're not allowing any input from the teen in your care. You're indicating that you don't want two-way communication at all.
- **Roadblock 2: Preaching**
Example: *"Kids today don't know how good they've got it."* When you preach, you're indicating that you're not interested in seeing things from another point of view. Rather, you've prejudged the situation.
- **Roadblock 3: Providing solutions**
Example: *"Here's what you should do..."* When you provide solutions, you're not giving the teen in your care an opportunity to become involved. Instead, you're discounting your teen's ideas.
- **Roadblock 4: Blaming**
Example: *"If you hadn't worn it there, you wouldn't have left it there!"* When you blame, you give more importance to finding fault than to solving a problem.
- **Roadblock 5: Assuming you know the other person's feelings**
Example: *"You must be really angry at him for doing that to you."* When you assume you know the other person's feelings, you cancel out any opportunity your teen has to communicate with you about them.

- **Roadblock 6: Making the behavior into a character trait**

Example: *"You're just lazy, and that's all there is to it!"* When you make your teen's behavior into a character trait, you're essentially saying, "Don't try to change; it's already determined that that's the way you are." This doesn't help your teen to grow.

Additional roadblocks to be aware of:

- Making threats
- Praising with criticism
- Ridiculing; name calling

Active Listening

Active Listening is another part of your caregiver toolbox. There are 4 steps to Active Listening:

1. Listen.
2. Ask questions.
3. Use "I" statements.
4. Paraphrase.

Steps 1 and 2: Listening and Asking Questions

The first two things are simple. You can be a better listener by maintaining good eye contact, by not interrupting, and by withholding judgment until you get all the information. Asking questions is important so that you can get the information you need to make an informed judgment. Use open-ended questions that encourage the teen in your care to give a descriptive answer rather than saying "yes" or "no."

Step 3: "I" Statements

"I" statements are a little more complex. "I" statements are statements about what you think, feel, or want. They're statements you say about yourself, and they give information about yourself that no one can argue with. They reduce the need for the other person to defend himself from what you're saying. One effective way to communicate is to make an "I" statement and then follow it with a question. For example, "I'm really feeling frustrated that you haven't cleaned up your room. What do you think we can do about it?"

Step 4: Paraphrasing

Paraphrasing is merely restating what you hear to make sure that you are understanding what the other person is trying to say. Often you can begin to paraphrase by asking a question such as "Is this what you mean?" or "Let me see if I'm hearing you right, OK?"

Misinterpreting how the teen in your care feels can hamper communication as much as misunderstanding what he says. You can paraphrase to check on feelings as well as information. For example, "It sounds to me as if you're feeling really sad about this" or "I'm hearing a lot of anger."

Active Listening: "I" Statements

A Caregiver Activity

Remember, if you make "You" statements to the teen in your care, she might deny them or try to defend herself. Instead, say your ideas as "I" statements to help improve your communication. For example, here are four "You" statements, followed by the corresponding "I" statements.

"You" statement: *"You do great work."*

"I" statement: *"I'm really pleased with your effort."*

"You" statement: *"You really messed up on this report."*

"I" statement: *"I found a few mistakes on this report. Let's see if you can find them and then, if you'd like, I'll help you with them."*

"You" statement: *"You're late."*

"I" statement: *"I've been worrying about you because you were late. I wish you would have called me and told me you were going to be late."*

"You" statement: *"You're not listening to me."*

"I" statement: *"I'd appreciate it if you wouldn't interrupt me."*

Now think of some "You" statements that you've made to the teen in your care, and come up with the corresponding "I" statement that would improve communication:

1. "You" Statement _____

"I" Statement _____

2. "You" Statement _____

"I" Statement _____

3. "You" Statement _____

"I" Statement _____

4. "You" Statement _____

"I" Statement _____

Notes:

Make a Plan

A Caregiver/Possible Teen Activity

Sometimes, we may find ourselves in situations that make us uncomfortable, or in situations that are potentially dangerous. The following activity is designed to help the teen in your care make a plan in case these situations ever happen. This can be a good activity to complete together if your youth is comfortable talking about this. Encourage the teen in your care to save any numbers and contacts in their phone, so that the contacts are accessible if they ever need them.

Caregiver tip!

Now might be a good opportunity to discuss with the teen in your care how you will respond in an emergency. If the teen in your care knows what to expect, they will be more likely to trust you in an emergency, and to ask for help. Here are some ideas of what other caregivers have established for their families:

Have youth memorize your cell phone number: This is a simple step that can be key in case of an emergency.

Uber or Lyft: Some caregivers have downloaded Uber or Lyft onto their teen's cell phone. The teen is only allowed to use this service in case of emergency, but is guaranteed to have a means of transportation to get home if they are in an unsafe situation. Uber or Lyft will likely be closer to your teen's location than you are, which means your teen can get home safer. Caregivers can also call Uber or Lyft and send the driver to the teen's location if they do not feel comfortable with the teen using the app.

Wait until morning: When your teen is in a risky or unsafe situation, emotions are bound to run high. Some caregivers establish a policy that they will not discuss the event or any punishments until the next morning. This way, the teen can focus on getting safe and making the right choice in the moment, without worrying about how the caregiver will react.

"Text an X": Make a plan with your teen to text you an X if they are in trouble and you will come pick them up, with no questions asked until the next day.

Of course, these are just a few ideas of what other families have done. What strategy would your family use in an emergency? What can the teen in your care expect from you?

Our Strategy:

My teen can expect that I will:

My caregiver can expect that I will:

We also recommend that your teen keeps an emergency contact card on his/her/their body so that safe and trustworthy adults are only a phone call away!

Emergency Contact Card

Instructions:

Fill out, cut out, fold in half, and keep somewhere accessible.

If I am in immediate danger..... CALL 911!!

In case of emergency, I should contact:

My Caregiver

Cell: _____

Work Phone: _____

My Social Worker

Cell: _____

Work Phone: _____

If I feel unsafe, I can go to:

School (teacher's office, counselor's office, etc.):

Name of place:

Address:

Who do I know there?

Work (my caregiver's work, my social worker's office):

Name of place:

Address:

Who do I know there?

Friend or relative's house:

Name of friend or relative:

Address:

Their number:

Additional resource: _____

Address:

Phone number:

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Sensitive Conversation Strategies

A Caregiver Activity

Most youth in foster care have experienced one or more traumatic events in their life.¹⁴ Because of this, it is very important to use a trauma-informed approach when talking with youth about sensitive topics. Please refer back to the “Trauma-Informed Parenting” section of the workbook on page 8 for a refresher on trauma-informed parenting strategies: Safety, Trustworthiness, Peer Support, Collaboration, Empowerment, and Cultural and Other Needs.

After experiencing a traumatic event, people may go through a wide range of normal responses. These responses can be physical and emotional. It is important to remember that these reactions are normal responses to abnormal events. In order to deal with these reactions, such as anxiety, stress, or depression, many people develop coping strategies.

Here are some of the more common not-so-healthy ways of coping that youth who have experienced trauma may develop, especially LGBTQ+ youth and youth who have experienced sexual abuse or assault:

- Excessive use of drugs or alcohol to deaden the pain
- Early initiation of sexual activity
- Seeking attention, validation, and approval through sex
- Sex with much older partners
- Avoidance
- Multiple sexual partners and casual encounters including anonymous sex with strangers
- Unprotected sex
- Exchanging sex for money, shelter, or protection

Luckily, there are also healthy coping strategies. These include:

- Exercise
- Talking to friends or a health professional
- Humor
- Writing / journaling
- Art
- Spending time in nature
- Meditation / other forms of spiritual connection (if in line with the youth’s belief system)

As caregivers, one of the best ways you can support the teen in your care is by helping them develop these positive, healthy ways of coping and to encourage them to avoid using not-so-healthy coping strategies.

Once you know what some of the common unhealthy coping strategies are, you will be better equipped to talk to the teen in your care about these risks, and brainstorm healthy alternatives. Here are some tips for talking with the teen in your care about these sensitive topics:

- Be aware of your own biases and prejudices before talking with the teen in your care
- Use gender neutral language when talking to your teen about relationships. For example, instead of asking them if they have a boyfriend/girlfriend, ask if there is someone special in their life
- Remind the teen in your care that you are willing to listen to and talk about anything
- If your teen wants to discuss a topic that you don't know much about, take the time to look up some information about it from reputable sources
- Recognize when your teen might benefit from talking to someone who shares their identity, such as an LGBTQ+ adult role model or peer

Are You In Crisis?

A Caregiver/Possible Teen Activity

Suicide is the second leading cause of death among young people ages 15-24, and the third leading cause of death among young people ages 10-14.¹⁵ Foster youth are nearly four times more likely to commit suicide than youth in the general population,¹⁶ and the rate of suicide attempts among LGBTQ youth is nearly four times greater than among straight youth.¹⁷ Moreover, research shows that exposure to adverse childhood experiences, or experiencing childhood abuse or trauma greatly increases the risk of attempting suicide.¹⁸ However, there are warning signs that a young person might be struggling, and there are a number of resources out there, including caregivers, who can be a support in times of crisis.

Teens: Below are a few resources for you if you or someone you know is feeling depressed or suicidal. Please take a look at these resources, and write them down or save them in your phone or computer.

Caregivers: Look at the information on the next pages for ways that you can support someone you think might be feeling suicidal.

Teens

Lots of people think about suicide at some point in their lives. Often it's because they are facing problems that feel overwhelming, and they feel trapped, hopeless, and helpless. If you or any of your friends are feeling this way, the most important thing you can do is talk to someone. If they feel like a safe person, you can talk to your caregiver, a social worker, a counselor, or a teacher. Sometimes though, it can feel embarrassing, or you might feel like these people don't understand. That doesn't mean you don't have someone to talk to. There are many online resources you can turn to if you are feeling depressed and suicidal. Some of them are phone numbers you can call, others have online chat or text options. Either way, these professionals are anonymous, and trained to help! Here are just a few places you can turn, to get the help you need right now.

- www.thetrevorproject.org/pages/get-help-now: A suicide prevention service specifically for LGBTQ teens. They have a crisis line (1-866-488-7386), an online chat, a text message option, and a peer support community.
- www.translifeline.org : Trans* centered suicide services
- National Suicide Prevention Lifeline: 1-800-273-8255
- www.crisischat.org
- www.crisistextline.org, or text GO to 741-741

**Remember – you deserve immediate help,
you deserve to be heard, and you are not alone.**

For Caregivers

If you are worried about your teen, or anyone else, or spot any of the following warning signs of suicide or depression, you should speak up. It might feel uncomfortable or scary, but talking to your teen about their mental health is a way to show that you care. Remember, suicide is preventable, and you can help. The following suicide prevention steps (L.E.A.R.N.) can help you in talking to someone about suicide.

Look for warning signs

- Are they in pain, and feeling desperate, hopeless, helpless, or trapped? Some things you might hear them say are: *“It will never get better,” “I just feel like giving up completely,”* or *“There is no way out.”*
- Have there been changes in behavior? These might include isolating, giving away belongings, losing interest in activities, using alcohol or drugs, or acting impulsively.
- Have they made any threats of death, self-harm, or escaping pain? Some things you might hear are: *“I won’t be needing these anymore”* or *“Everyone will be better off without me.”*
- Have they experienced a difficult situation recently, such as a recent loss, rejection, or a major life change?

Empathize and listen

- If you think someone might be at risk for suicide, **talk to them**. Really listen to what they are saying. Don’t interrupt them, minimize the situation, or try to convince them that everything will get better. Here are some ideas on how to start the conversation:
 - *“I wanted to check in with you because you haven’t seemed yourself lately.”*
 - *“Recently, I have noticed some differences in you and wondered how you are doing.”*
 - *“You seem upset; do you want to talk about it?”*
- **Remember to use empathy to help them feel understood.** Use phrases like *“That sounds like a difficult situation”* or *“I can understand why you are feeling this way.”*
- Don’t: Judge them, tell them that they have so much to live for, or promise that things will get better.

Ask directly about suicide

- **Asking someone directly about suicide does NOT increase the risk.** It actually lowers it.
- Ask sincerely, and with compassion. For example, you might say something like *“I care. Sometimes when people feel awful, they think about suicide. Are you thinking about suicide?”*
- **If they say yes, it is important to stay calm** and not panic. Say: *“That took a lot of courage to tell me. Thank you.”* Ask if they have plans (where, when, how) and means (a gun, a rope, pills, etc.).

Remove the danger

- In the Ask step, you inquired about a suicide plan. Now, you need to work to remove or restrict access to these items, including: excess medication, belts, ropes, knives, chemicals, and firearms.

Next level of care

- Let your teen know that you are concerned, and that you would like to help them. Help connect them with someone who has more expertise, such as their social worker, a counselor who has experience working supportively with LGBTQ+ youth, or other professional.

(Adapted from LEARN Intervention Steps, created by Forefront: Innovations in Suicide Prevention, www.intheforefront.org, University of Washington)

Seeking Appropriate Healthcare

A Caregiver/Possible Teen Activity

Finding appropriate healthcare for the teen in your care can sometimes be worrisome, especially if they are LGBTQ+. Are they getting the care they need? Is the healthcare provider being sensitive to their gender identity issues? Should you be in the room? All of these are important questions. Make sure to have a conversation with the teen's social worker. Also, make sure to take advantage of the ever-growing resources available for teens. One important resource to check out is the Q card.

What is a Q card? A Q Card is a simple and easy-to-use communication tool designed to empower LGBTQ+ youth and educate healthcare providers. It helps the youth start an open and honest conversation with their health care provider about their confidentiality and healthcare needs. The Q Card is a tri-fold business card that allows youth to fill in their sexual orientation, gender identity, preferred gender pronouns, and any specific concerns. It also offers tips on how to provide more sensitive care to LGBTQ+ youth, and lists a number of documented health disparities in the LGBTQ+ community. Youth use the Q card by handing it to a provider in the exam room, by reading through it with a provider, or simply by having a blank Q Card and talking about their answers to the different questions printed inside. This can begin an important conversation about their unique healthcare needs. Q cards are available for online for purchase or at local LGBTQ+ centers around King County. Find out more at www.qcardproject.com.



Local Resources

- Seattle Counseling Service
www.seattlecounseling.org
- Rainbow Center - Tacoma
www.rainbowcntr.org
- Seattle Young People's Project
sypp.org
- B-GLAD (Youth Eastside Services)
www.youtheastideservices.org/services/counseling
- Seattle Public Schools LGBTQ Department
- Lambert House Drop-in Center
www.lamberthouse.org
- The NW Network of Bisexual, Trans, Lesbian and Gay Survivors of Abuse
www.nwnetwork.org
- Proud, Out, and Wonderful
www.navos.org/get-help/children-youth-families/youth-young-adults/pow-lgbtq-youth-group
- Stonewall Youth
stonewallyouth.org
- Health Education and Youth Outreach
www.lifelong.org/heyo/
- 45th Street Homeless Youth Clinic
www.neighborcare.org/programs/homeless-youth-clinic
- Camp Ten Trees
camptentrees.org
- Queer Teen Ensemble Theater
- Real Queer Youth
www.threedollarbillcinema.org/programs/RQY
- Queer Youth Space

National Resources

- Gay, Lesbian, Straight Education Network
www.glsen.org
- Safe Schools Coalition
www.safeschoolscoalition.org
- The Trevor Project
www.thetrevorproject.org
- True Colors Fund
truecolorsfund.org
- It Gets Better Project
www.itgetsbetter.org
- Born This Way Foundation
bornthisway.foundation
- Trans Lifeline
www.translifeline.org
- How to be an LGBT Ally
<https://www.hrc.org/blog/how-to-be-an-gbt-ally>

Some final thoughts:

Caregiving can be challenging. There are several things to keep in mind as young people begin to explore and develop their own sexual identity and gender identification:

Children and youth naturally question and explore their sexual orientation and gender identity

Acceptance and openness are critical to helping youth feel safe

Resources and support are available, you don't have to do this alone

Everyone wants to feel like they belong and are loved

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