

**City of New York
Administration for Children's Services
Division of Youth & Family Justice**

Directive 01/2011

Subject: Guidelines for Promoting a Safe and Respectable Environment for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth and their Families Involved with DYFJ

Related Standards: Civil Rights Law §40-c; Executive Law Article 15

OCFS Regulation: 09-OCFS-INF-06: Promoting a Safe & Respectful Environment for LGBTQ Children & Youth in Out-of-Home Placement

Approved BY: John Mattingly 

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Pages: 11 (2 Attachments)

PURPOSE

The New York City Administration for Children's Services-Division of Youth and Family Justice (DYFJ) is committed to providing all its residents and youth and families served by DYFJ programs with a safe, healthy, affirming and discrimination-free environment. This includes lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth residing in its detention settings or participating in Division Alternative to Detention/Placement (ATD/P) or Persons In Need of Supervision (PINS) programs.

This DYFJ Lesbian, Gay, Bisexual, Transgender and Questioning Youth Policy prohibits discrimination against youth who self-identify as LGBTQ and those who are perceived by others as LGBTQ. The following protocols are operational guidelines for good childcare practices with LGBTQ youth in order to provide services in a respectful and culturally competent manner. DYFJ staff, volunteers and contract providers shall be familiar with and utilize these guidelines.

SCOPE

This Policy is effective immediately, and applies to all DYFJ staff, volunteers and contract providers responsible for providing services to youth and families within DYFJ. The provision of service within DYFJ facilities and programs shall be based on professional standards as found in the New York State Office of Children and Family Services (OCFS) Guidelines for Good Childcare Practices with Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth and shall be free of institutional and personal bias.¹ DYFJ has adopted these LGBTQ Guidelines to assist in providing services in a respectful and culturally competent manner.

POLICY

DYFJ prohibits discrimination on the basis of race, ethnicity, creed, color, age, sex, national origin, religion, marital status or partnership, mental or physical disability, gender identity, gender expression, sexual orientation, veteran status, alienage and citizenship status. No person in the agency shall unlawfully discriminate against other persons in the course of their work. DYFJ is committed to respecting the dignity of all youth, and keeping them safe and secure, regardless of

¹ As indicated in NYS OCFS PPM 3442.00 dated 3/17/08

individual differences. The agency does not tolerate discrimination by staff, volunteers, contracted providers or other youth.

For the purposes of the protections of this policy, LGBTQ youth shall include youth who have self-identified or are perceived by others as LGBTQ.

For an explanation of terms, see the Glossary of Terms Attachment A.

It shall be the policy of DYFJ to maintain and promote a safe environment for LGBTQ youth in DYFJ facilities and programs. DYFJ staff shall recognize and address the individual needs of the youth and shall apply DYFJ policies and practices fairly to all youth in our care. All staff, contract providers and volunteers are prohibited from engaging in any form of discrimination against or harassment of youth on a basis of actual or perceived sexual orientation, gender identity, and/or gender expression. Any discrimination against or harassment of youth, including by other youth, will not be tolerated. Staff, volunteers, and contracted providers' may not impose personal, organizational or religious beliefs on LGBTQ youth and in no way should such beliefs impact the way individual needs of youth and families are met.

Training

DYFJ is committed to providing a safe and healthy setting for all youth in its facilities and programs by training staff and educating youth to respect treating each individual without judgment. All provider agency and DYFJ staff shall be trained during their initial orientation and at least once every two years thereafter regarding the goals and requirements of this policy, including what behavior constitutes discrimination and harassment and procedures for preventing and reporting such behavior. These trainings shall be taught by a person who is qualified and competent to do so as evidenced by knowledge on working with LGBTQ youth and the prior receipt and provision of trainings that align with the goals and requirements of this policy.

All provider agency and DYFJ staff and volunteers shall receive a copy of this policy and guidelines in their initial orientation. Current provider agency and DYFJ staff and volunteers shall receive a copy of this policy and guidelines within two weeks of the effective date.

Reporting

DYFJ staff, contract staff and volunteers have an obligation to report conduct by other staff in violation of the policy pursuant to DJJ Standard of Conduct Sections (J.1.3) Incident Reporting and (L1.10) Discrimination against Juveniles; (See also DJJ Administrative Order # 02/04:Reporting of Incidents and Data Management for GOALS). DYFJ staff, contract staff and volunteers shall not tolerate discriminatory or harassing behavior by youth toward other youth and are to take immediate action to intervene in any such situations.

Dissemination of Policy to Residents

DYFJ will ensure that all residents are provided with a written copy of this policy upon admission to detention and during intake/assessment in non-detention programs. In addition, DYFJ staff will review this policy with each youth/family verbally. The policy will further be displayed in the detention facility and borough offices in a common area. As any updates or changes are made to the policy, all materials will be revised and re-distributed to each youth/family accordingly.

INTERACTING WITH LGBTQ YOUTH

Fluidity of LGBTQ Identities and Language

Language is fluid and is continually being defined and for this reason there are a variety of words and expressions in the English language that refer to LGBTQ people of which some are positive, some are neutral and others are negative. Moreover, like most groups, the language and terminology used by and about LGBTQ people evolve over time. The terms, expressions, and

ways of defining oneself is often tied to cultural understandings of sexuality and gender and is often influenced by popular culture, religion, generational experience, and region of the country. So if you do not know what someone prefers, just ask. And because each individual has their own preferences for how they describe themselves, there is a responsibility to choose language that is respectful and avoids out-dated or inaccurate expressions. Guidelines use lesbian, gay, bisexual, transgender, and questioning simply as a starting basis for language and terminology.

Disclosure

A youth should not be forced by any staff, provider agency and/or volunteer to disclose his/her sexual orientation or gender identity. The only way that anyone knows a youth's sexual orientation or gender identity is if the youth voluntarily discloses it, and even then, such identities can be fluid and may change over time. There are no tools or instruments to assess a person's sexual orientation or gender or identity. Youth will disclose their sexual orientation and/or gender identity to staff when, and if, they feel ready and when, and if, a safe environment and trusting relationship has been created for such a disclosure.

Under most circumstances staff should not directly ask youth if they are LGBTQ. Direct questioning can make it more difficult for a youth to disclose their sexual orientation and/or gender identity. If a youth discloses that they are lesbian, gay, bisexual, transgender, or questioning, it is important to talk about it with them in an open and understanding fashion.

NOTE: There are some circumstances when it may be appropriate for staff provide a space where youth can appropriately identify their needs in terms of medical and community supports. These needs should include the option of LGBTQ specific services or information. If the staff member is not sure if the circumstance is appropriate, the staff member must reach out to their supervisor. Staff should never ask a youth out of curiosity if they identify as LGBTQ.

Some examples of circumstances when it may be appropriate for staff to ask youth to identify particular needs related to being LGBTQ:

1. Secure and Non-Secure Detention(NSD) medical and mental health provider staff may need to ask a youth they are interested in receiving information about a wide range of options and referrals, including medical and mental health services.
2. Case management staff in secure and non-secure detention may need to ask a youth if they are interested in LGBTQ-specific programs as part of a range of program options for reentry planning.
3. DYFJ program provider agencies may need to ask a youth if they are interested in participating in a range of services, including those geared to LGBTQ youth.
4. DYFJ and provider agency staff may need to ask a youth if they identify as LGBTQ to ensure that the youth is given a safe and appropriate placement.

Confidentiality

It is important for all Children's Services and provider agencies staff to respect each youth and family member's right to confidentiality. Staff should keep in mind that when a youth or family member discloses their LGBTQ status, it should be considered sensitive information and kept confidential. If staff is not in a position to keep information that a person discloses confidential, particularly information relating to safety issues or needed for referral and/or provision of services, they should inform the youth or family member that such information may need to be shared. Staff should also inform the youth or family member with whom the information will be shared and why. Staff may not disclose a youth's sexual orientation or gender identity to other individuals or

agencies, without the youth's permission, unless such disclosure is consistent with state or federal law or regulation.

Language and Name

Staff is required to use the words gay, lesbian, bisexual, sexual orientation, gender identity, transgender and gender non-conforming in an appropriate context when talking with youth. Staff should be aware that certain terms are value-laden, outdated, and not commonly accepted, such as "homo", "sexual preference," "alternative lifestyle," or "transvestite". However, some terms may be acceptable and/or preferable to one person and offensive to another. Staff should utilize best practices when working with youth and reflect the language and terminology employed by a particular young person in individual interactions with youth, and when appropriate. It is the responsibility of staff to help all residents use respectful language that will not cause harm in group and shared spaces. Staff should use gender-neutral language, such as "involved with someone" or "partner" as opposed to "boyfriend" or "girlfriend" with all residents regardless of LGBTQ status.

It is the policy of DYFJ to allow residents to request use of a preferred first name rather than their legal name. Consistent with that policy, all youth may designate a preferred first name that they wish to use. All youth should be informed (verbally, in a handout, and in posters in public spaces) about this policy and instructed about their rights, especially if they disclose their sexual or gender identity as LGBTQ. Youth will also be referred to by the pronoun that the youth states reflects the youth's identified gender expression. Staff should understand that the ability to choose a preferred name and/or pronoun that is consistent with the youth's identified gender, rather than the youth's sex at birth, is often important to transgender youth. Preferred names and pronouns are used in addressing youth. All other pertinent documentation (medical, legal) under the control of DYFJ must have both the legal and preferred name of the youth, and clearly indicate which name is preferred and which name is the legal name.

Youth should be clearly informed about who will have access to these documents before they are disseminated. When a young person requests the use of a preferred first name or preferred gender pronoun, the young person will be asked which name (legal name or preferred name) and gender pronouns DYFJ should use to refer to the youth in conversations with the youth's family, and which name (legal or preferred) and gender pronouns DYFJ should use to refer to the youth in conversations with other service providers. It is imperative that DYFJ comply with the youth's requests because the young person may not have disclosed the reason for the preferred name (including gender identity) to family members.

Names affiliated with gangs or that include an inciting word or term will not be permitted.

When discussing name and pronoun preference with young people the following questions can be used to assist the dialogue:

- Which name would you prefer for me to use when I call your family?
- Which gender pronoun should I use for you when I call your family?
- When I call your family, would you feel safer if I used your legal name or your preferred name?

It is also recommended that staff periodically check in with young people to see if it is still safe for staff to refer to that young person with name and/or pronoun of choice when calling parents/guardians.

LGBTQ Literature and Resources

DYFJ staff shall provide written and verbal information to all youth in secure and non-secure detention regarding this policy, including their rights and responsibilities under this policy and the procedures for reporting complaints (*Attachment B –Resident Request for Ombudsman Services Form- Directive # 07/08: Resident Advocacy Program*). DYFJ shall make efforts to provide LGBTQ resources for youth including a booklist, website list of community resources supports, and other appropriate books and materials. DYFJ will also strive to provide these resources in languages other than English, as needed.

Programs should affirm the cultural identity of each youth by creating supportive environments. It is important that educational books and other reading materials for youth interested in learning more about LGBTQ issues are available. Materials should be made available in languages other than English as needed and as funding is available.

LGBTQ literature and visible signage should be available in the common areas, offices and areas where youth frequent which indicates that staff are knowledgeable and open to communication on this topic. Youth should have access to supportive resources with age appropriate LGBTQ information, including a book list, website list of community resource support, legal, medical, and advocacy groups.

Medical

DYFJ medical providers shall receive professional LGBTQ cultural competency training tailored to the medical profession.

LGBTQ appropriate and culturally competent sexual health education and resources will be included and accessible to all residents in DYFJ.

All youth admitted to detention receive an initial health screening, which includes identification of existing medications being taken by the youth. During the course of that initial screening, if the resident reports that they were prescribed hormones by a licensed medical provider in the community, this medication shall be continued while the youth is in detention.² If hormone therapy is discontinued for a youth, the youth should continue to be monitored by medical and behavioral health staff in order to treat any symptoms that may occur as a result.

If a youth requests to begin hormone therapy or any other medical treatment related to gender identity while in DYFJ care, the youth should be referred to clinically and LGBTQ culturally competent medical and mental health providers for an evaluation. Residents receiving non-prescription or street hormones will also be referred to clinically and LGBTQ culturally competent medical and mental health providers for an evaluation. These medical providers in consultation with DYFJ will make a determination regarding the initiation of hormone therapy or other medical treatments related to gender identity based on accepted standards of care (see WPATH Standards of Care for GID) and the youth's best interest. Appropriate consent must first be sought and obtained as required by law.

In situations involving medical recommendations, other than continuity of care hormone therapy, there may be factors that would interfere with appropriate medical monitoring. DYFJ's Executive Deputy Commissioner or his/her designee may review the request and decide whether initiating the recommended treatment while the youth is still in DYFJ custody is feasible. If DYFJ's Executive Deputy Commissioner determines that the medical treatment, cannot be initiated while

² In accordance with DJJ Directive #17.1 Continuity of Care policy and procedures.

the youth is in DYFJ's custody, the youth's medical provider in his/her community or the medical department at OCFS should be informed, **upon the youth's request**, about the determination of medical necessity of the recommended medical treatment related to gender identity for the youth.

Contract medical service providers must provide appropriate medical information and education for all youth inclusive of any related to LGBTQ medical and mental health issues.

All youth will have access to LGBTQ inclusive and culturally competent sexual health education and resources. In addition, youth will be asked about behaviors, not identities, to appropriately screen and treat for medical conditions. For example, all youth should be screened for sexual activity, and asked the sex of sexual partners, rather than whether the young person identifies as LGBTQ.

Mental Health Assessments and Counseling

If a youth discloses that she or he is lesbian, gay, bisexual, transgender or questioning while in care, the youth should be offered the opportunity for appropriate counseling and information to support individual, family and health issues. The supervisory staff in detention is responsible for referring a youth to counseling, mental health, health, or other program services as appropriate. Additionally, all staff has the ability to refer youth services as appropriate. All staff should recognize that many adolescents are still exploring their sexuality, sexual orientation, gender identity, and/or gender expression, testing boundaries, learning and becoming comfortable with terminology associated with LGBTQ identities. Youth may be same sex practicing or gender non conforming with or without claiming an LGBTQ identity, language associated with being LGBTQ varies greatly across communities, and the use of identity categories

(gay/lesbian/queer/transgender/AG) and gender pronouns (she/he) may be fixed or fluid. Clinicians should allow youth to guide the process of choosing language with which they feel most comfortable discussing their sexual orientation and gender identity and/or expression, recognize that this language may change over time, and affirm and support youth in their process of identity formation and expression.

Specifically:

1. All clinicians should never assume pathology because a youth identifies as LGBTQ or is gender nonconforming. All adolescents experience developmental and social challenges during this time. However, LGBTQ youth face additional pressures based on their gender identity or sexual orientation.³
2. All clinicians must be aware that the psychosocial stress associated with explicit and implicit homophobia, heterosexism, and transphobia and the stigma associated with being LGBTQ youth, may contribute to depression and anxiety, increased suicide risk, substance use, and truancy or dropping out of school.
3. All clinicians must be familiar with the unique family dynamics that emerge for LGBTQ youth in general, and systems involved LGBTQ youth in particular, and recognize that many LGBTQ youth involved in the juvenile justice system have child welfare histories that precede or have resulted from recognition of sexual orientation and/or gender identity by self and others. Clinicians should recognize that family responses to youth's sexual orientation and/or gender identity may vary widely and interact with other aspects of youth

³ It should be remembered that nearly every professional organization within the mental health and medical fields, including the National Association of Social Workers and the American Psychiatric Association, strongly condemn any attempt to "correct" or change youth's sexual orientation or gender identity through corrective or reparative therapy.

and families' identities including race, class gender, citizenship, etc. Clinicians should therefore employ an intersectional approach to counseling and facilitate family reconciliation where indicated and possible.

4. All clinicians shall be aware that many systems involved LGBTQ youth have had experiences of trauma (violence, sexual abuse, verbal harassment, etc.) related to their sexual orientation and/or gender identity and should receive ongoing clinical training specific to these unique forms of trauma. Clinicians must also be aware that LGBTQ youth are particularly susceptible to trauma, discrimination and abuse within congregate care facilities and be able to recognize signs of distress and support disclosure where appropriate, and to follow appropriate protocol for reporting.
5. All clinicians must be prepared to help LGBTQ youth explore their feelings about their gender identity or sexual orientation along with related issues and questions in a safe and affirming manner and should be familiar with community resources available to LGBTQ youth for both purposes of both collaboration and referral upon discharge.
6. All clinicians shall be trained and become versed in World Professional Association for Transgender Health's Standards of Care for Gender Identity Disorders (WPATH Standards of Care for GID) and be able to meaningfully integrate counseling and mental health services with medical care that transgender and gender non-conforming youth may be receiving.

Counseling

If a youth discloses that he or she is lesbian, gay, bisexual, transgender or questioning while in care, the youth should be offered the opportunity for appropriate counseling and information to support individual, family and health issues. The supervisory staff in detention is responsible for referring a youth for counseling, mental health, health, or other program services as appropriate. Referrals to community based providers should be made when appropriate. Staff should make every effort to ensure that youth who identify as LGBTQ are referred only to community based providers who have stated that they are culturally competent in working with LGBTQ young people. If a youth who identifies as LGBTQ is referred to a community based provider which DYFJ staff are aware is not culturally competent in working with LGBTQ young people, staff must inform the youth and provide the youth with other LGBT community based resources to which the youth can turn for assistance. If the youth's LGBTQ identity is known to her/his family to whom the youth is returning, the family should be given this information as well.

All staff should recognize that many adolescents are still exploring their sexuality, gender identity, and/or gender expression, testing boundaries, , may not know all relevant terminology and/or may be questioning their own sexuality and/or gender identity. Mental Health Clinicians should facilitate exploration of any gender or sexuality issues with LGBTQ youth by being open, non-judgmental, and empathetic. In accordance with accepted health care practices which recognize that attempting to change a person's sexual orientation or gender identity is harmful, DYFJ staff and Mental Health Clinicians shall not employ or contract with mental health providers who attempt to change a youth's sexual orientation or gender identity.

DYFJ shall make efforts to provide psycho-educational awareness-raising sessions for the entire youth population that engage youth in a meaningful dialogue about the concepts of homophobia, transphobia and the importance of increasing tolerance and respect. These sessions shall be facilitated by a qualified professional with expertise in working with LGBTQ youth.

GENERAL FACILITY OPERATIONS

DFYJ has adopted with minor changes, New York State's Office of Children and Family Services (OCFS) LGBTQ Youth Guidelines to assist DYFJ in providing detention services in a respectful and culturally competent manner. The following guidelines provide guidance and address the expectations of staff in providing services to LGBTQ residents within the DFYJ detention facilities.

1. Safety and security, as well as good childcare practices, remain paramount for all youth in DYFJ care. DYFJ shall establish and maintain a culture where the dignity of every youth is respected and all youth feel safe.
2. All youth, regardless of gender identity, gender expression, and/or sexual orientation, needs to feel safe in their surroundings, in order for positive programming and youth outcomes to occur.
3. Rules must be maintained with dignity and respect for all residents, regardless of their gender identity, gender expression, and/or sexual orientation.
4. DYFJ staff shall promote the positive adolescent development of all youth by demonstrating respect for all youth, reinforcing respect for differences among youth, encouraging the development of healthy self-esteem in youth, and helping youth manage the stigma sometimes associated with difference.
5. Staff should not over-emphasize or focus specifically on gender identity, gender expression, and sexual orientation issues with the youth (i.e., youth are in DYFJ custody because of their behaviors, not their gender identities, gender expression, and/or sexual orientations).
6. Staff should not disclose a youth's LGBTQ status to anyone (including other youth, the youth's family, and/or other staff) if the youth has not disclosed their LGBTQ identity to their peers, staff, parents/family or to anyone in a non-confidential manner, unless youth has specifically consented to the disclosure and/or it is allowed by law (i.e. a DYFJ employee speaking to their supervisor). Staff should set a good example and make residents aware that any anti-LGBTQ threats of violence, and/or disrespectful or suggestive comments or gestures will not be tolerated concerning any youth. Staff must also not engage in these behaviors and follow all DYFJ policies in regards to the treatment of youth in DYFJ care.
7. Staff shall be aware that the psychosocial stress associated with explicit and implicit homophobia, heterosexism, and Tran phobia and the stigma associated with being LGBTQ youth, may contribute to depression and anxiety, increased suicide risk, substance use, and truancy or dropping out of school.
8. Staff must be familiar with the unique family dynamics that emerge for LGBTQ youth in general, and systems involved LGBTQ youth in particular, and recognize that many LGBTQ youth involved in the juvenile justice system have child welfare histories that precede or have resulted from recognition of sexual orientation and/or gender identity by self and others. All staff should recognize that family responses to youth's sexual orientation and/or gender identity may vary widely and interact with other aspects of youth and families' identities including race, class gender, citizenship, etc.

9. All staff must be aware that many systems involved LGBTQ youth have had experiences of trauma (violence, sexual abuse, verbal harassment, etc.) related to their sexual orientation and/or gender identity and should receive ongoing clinical training specific to these unique forms of trauma. Staff must also be aware that LGBTQ youth are particularly susceptible to trauma, discrimination and abuse within congregate care facilities and be able to recognize signs of distress and support disclosure where appropriate, and to follow appropriate protocol for reporting.
10. All youth should be held to the same standards of age-appropriate behavior. Standards regarding romantic and sexual behavior should be applied evenhandedly, regardless of sexual orientation or gender identity. Staff must maintain boundaries for safe and appropriate behavior with all residents. Staff must not respond in a more punitive or more lenient manner to any inappropriate behavior related to dating or sex that is not permitted in facilities. The same consequences shall apply to all youth, including LGBTQ youth, who violate these rules.
11. All residents shall be included in all activities for which they are eligible and show a positive interest. Encouraging or discouraging participation in activities on the basis of the gender identity or gender expression of the resident is prohibited.
12. Staff should remember that male-to-female transgender youth identify as females, not gay males, and that female-to-male transgender youth identify as males, not lesbians. Gender identity is very individual, and some transgender youth may identify as neither male to female nor female to male. Furthermore, sexual orientation and gender identity are two different constructs. If someone identifies as transgender they may also identify as straight, gay, lesbian, or bisexual, because sexual orientation is separate from gender identity (See Glossary of Terms -Attachment A). Youth may also identify differently on different days, as they work through their identities. Staff must be able to accommodate these changes barring any undue facility strain. Any claim of "undue facility strain" must be reasonable and should be discussed with a supervisor.

Incident Reporting Procedures for Youth

The Resident Advocacy Program and Ombudspersons shall be available for youth in detention to express and resolve concerns regarding their care and treatment. If Ombudspersons receive a grievance related to harassment or discrimination on the basis of actual or perceived gender identity, gender expression or sexual orientation the Ombudsperson shall notify the Assistant Commissioner for Secure Detention or the Assistant Commissioner for Non-Secure Detention immediately, so the Assistant Commissioner can ensure the grievance is addressed appropriately. The Resident Advocacy Program and Ombudspersons shall protect confidentiality of youth who make grievances related to harassment or discrimination on the basis of actual or perceived gender identity, gender expression, or sexual orientation and should take appropriate measures to prevent retaliation.

Supervisory and management staff shall treat all incidents of discrimination and harassment as serious, and follow up promptly. In accordance with DYFJ policy and procedures and consistent with current collective bargaining agreements, alleged violations of this policy by staff or youth will be investigated promptly and, if determined to have occurred, will result in the enforcement of corrective or disciplinary action.

Individual Bedrooms

In secure detention all youth are in individual bedrooms. Every effort shall be made to ensure that in non-secure detention, LGBTQ youth shall be housed in a group home that can provide individual sleeping quarters (one-person bedroom) to allow for privacy. Transgender youth shall not automatically be housed according to their birth sex. DYFJ staff shall make housing decisions for transgender youth based on the youth's individualized needs and should prioritize the youth's emotional and physical safety. DYFJ staff should take into account the youth's perception of where he or she will be most secure, as well as any recommendations from the youth's health care provider. Generally, it is most appropriate to house transgender youth based on their gender identity.

Any exceptions must be authorized by the Assistant Commissioner for Non-Secure Detention and documented in the youth's record.

Bathroom Facilities

All youth shall be allowed to use individual stalls, within commonly accepted time limits, and be allowed to shower privately. Transgender youth shall not be required to shower or undress in front of other youth

Clothing

Residents may wear clothing in accordance with their gender identity to court, provided the clothing is appropriate to wear in a courtroom. All residents in secure detention wear uniforms. Clothing for non-secure detention and for court appearances for youth in secure and non-secure detention is generally supplied by the youth's guardian. All residents may select undergarments of their choice among available agency supplies. The agency shall make reasonable efforts to ensure that traditionally "male" and traditionally "female" undergarments are available. Youth will be made aware that they are able to choose the undergarments of their choice and to wear the clothing of their gender choice to court.

Hair and Other Personal Grooming

Grooming rules and restrictions, including rules regarding hair, make-up, and shaving, shall be the same for all youth regardless of LGBTQ status. A resident should not be prevented from using, or disciplined for, a form of personal grooming because it does not match gender norms. Transgender youth shall be permitted to use approved forms of personal grooming consistent with their gender identity.

Examples of grooming rules that may be of interest to LGBTQ youth include:

- Long hair can be tied with approved hair accessories;
- Residents with long hair can receive a basic cut and shape;
- Fingernails must be maintained at a length that supports safety and security; and
- Residents may, but are not required to, shave their faces and bodies as permitted by DYFJ practice, pursuant to *DJJ's Operations Order # 06/03- Resident Personal Property and Grooming Paraphernalia* in keeping with safety and security concerns.

Search Issues

All youth will be searched as provided by (DJJ Directive # 08/08-Searches in DJJ Facilities and Directive # 11.1- Personal Resident Searches) policy and procedure. Per the policy, all employees conducting the search must assure its thoroughness while maintaining the dignity of the resident being searched.

Youth who identify as transgender may request that a male or female staff conduct a strip search. This request will be accommodated whenever possible, considering staffing and safety needs.

Transition/Re-Entry Planning

It is critical to work with the youth's family throughout the detention stay to enhance community re-entry efforts. A large percentage of homeless youth self-identify as LGBTQ. Keep in mind that a youth may not want to tell their family their LGBTQ status. . Any disclosures to a youth's family member or to any other individual shall be made only with the explicit permission of the youth.

Case management, medical and mental health staff working with LGBTQ youth shall identify and become familiar with community resources to support LGBTQ youth and their families. Staff should assist families of LGBTQ youth in identifying supportive resources and professionals in appropriate LGBTQ issues in their area.

For additional information on this policy please contact Lisa Crook at (212) 341-2968

Attachment A

GLOSSARY OF TERMS

Anatomical sex: An individual's sex, male or female, based on the appearance of their sexual organs.

Biological sex: An individual's sex, male or female based on their sex chromosomes.

Birth sex: The sex, male or female, that is noted on an individual's birth certificate issued at birth.

Bisexual: refers to a person who is emotionally, romantically, and sexually attracted to both men and women.

Gay: refers to a person who is emotionally, romantically, and sexually attracted to people of the same gender. Sometimes, it may be used to refer to gay men and boys only, although in some contexts, it is still used as a general term for gay men and lesbians. It is preferred over the term "homosexual."

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

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

Gender Identity Disorder or GID: A diagnosable medical condition where an individual has a strong and persistent cross-gender identification, which is the desire to be, or the insistence that one is, of the opposite sex, as well as a persistent discomfort about one's assigned birth sex or sense of inappropriateness in the gender role of that sex. In addition, the individual must be evidencing clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Gender non-conforming: having or being perceived to have gender characteristics and/or behaviors that do not conform to traditional or societal expectations. Gender non-conforming people may or may not identify as LGBT.

Gender roles: Social and cultural beliefs about appropriate male or female behavior, which children usually internalize between ages 3 and 7.

Genderqueer: A term of self-identification for people who do not identify with the binary terms that have traditionally described gender identity (for instance, male or female only). Also see *gender non-conforming*, *queer*, and *transgender*.

Heterosexism: The assumption that all people are or should be heterosexual. Heterosexism excludes the needs, concerns, and life experiences of lesbian, gay, bisexual, and transgender people, while it gives advantages to heterosexual people. It is often a subtle form of oppression which reinforces realities of silence and invisibility.

Heterosexuality: A sexual orientation in which a person feels physically and emotionally attracted to people of the "opposite" sex.

Homophobia: The irrational hatred and fear of homosexuals or homosexuality. Homophobia

includes prejudice, discrimination, harassment, and acts of violence brought on by fear and hatred. It occurs on personal, institutional, and societal levels.

Internalized homophobia: The fear and self-hate of one's own homosexuality that occurs for many individuals who have learned negative ideas about homosexuality throughout childhood. One form of internalized oppression is the acceptance of the myths and stereotypes applied to the oppressed group.

Lesbian: refers to a woman or girl whose emotional, romantic, and sexual attractions are primarily for other women or girls.

LGBTQ: an acronym commonly used to refer to lesbian, gay, bisexual, transgender, and questioning individuals.

Preferred Gender Pronouns (PGP): are the ways people refer to themselves and how they prefer to be referred in terms of gender. The most commonly used PGPs include:

- She – her – hers
 - Example: “She forgot her wallet. She thinks that she left it in her car.”
- He – him – his
 - Example: “He had a lot more energy, once his fever went away.”

Some people do not identify as either male or female and accordingly prefer gender neutral pronouns:

- Zie or Ze – hir – hers
 - Example: “Zie opened hir door to find a package waiting.”

Some people who do not identify as either male or female may also use their name or “they” as a PGP.

Queer: A historically derogatory term for a gay man, lesbian, or gender non-conforming person. The term has been widely reclaimed, especially by younger LGBTQ people, as a positive social and political identity. It is sometimes used as an inclusive, or umbrella, term for all LGBTQ people; more recently, queer has become common as a term of self-identification for people who do not identify with the restrictive and binary terms that have traditionally described sexual orientation (for instance gay, lesbian, or bisexual only). Some LGBTQ community members still find queer an offensive or problematic term. Also see *Genderqueer*.

Questioning: refers to a person, often an adolescent, who is exploring or questioning issues of sexual orientation or gender identity or expression in his or her life. Some questioning people will ultimately identify as gay, lesbian, bisexual, or transgender; others will self-identify as heterosexual and not transgender.

Sexual orientation: refers to a person's emotional, romantic, and sexual attraction to persons of the same and/or different gender.

Straight: A person (or adjective to describe a person) whose primary sexual and affectional orientation is toward people of the opposite gender.

Transgender: may be used as an umbrella term to include all persons whose gender identity or gender expression do not match society's expectations of how an individual should behave in relation to his or her gender. This term can include transsexuals, genderqueers, cross-dressers, and others whose gender expression varies from traditional gender norms. For purposes of protection from discrimination and harassment, transgender refers to both self-identified transgender individuals and individuals perceived as transgender without regard to whether they qualify for a diagnosis of *Gender Identity Disorder* (see above).

Transgender female-to-male youth: are young people who were assigned the sex of female at birth and who now identify as male. Similarly, the terms *transgender boys* and *trans men* refer to those who now identify as boys or men. Also see *transsexual*.

Transgender male-to-female youth: are young people who were assigned the sex of male at birth and who now identify as female. Similarly, the terms *transgender girls* and *trans women* refer to those who now identify as girls or women. Also see *transsexual*.

Transition: An individualized process by which a transgender person starts living as the gender

she or he identifies as. There are three general aspects to transitioning: social (i.e. selection of a new name, a request that people use the correct pronoun), medical (i.e. possibly hormones, surgery, etc.), and legal (i.e. gender marker and legal name change, etc.). A transgender individual may transition in any combination, or none, of these aspects.

Transphobia: A reaction of fear, loathing, and discriminatory treatment of people whose identity or gender presentation (or perceived gender or gender identity) does not “match,” in the societally accepted way, the sex they were assigned at birth.

Transsexual: A term for someone who transitions from one physical sex to another in order to bring their body more in line with their innate sense of their gender identity. It includes those who were born male but whose gender identity is female, and those who were born female but whose gender identity is male, as well as people who may not clearly identify as either male or female. Transsexual people have the same range of gender identities and gender expression as non-transsexual people. Many transsexual people refer to themselves as transgender.


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

Breaking the Silence, National Center for Lesbian Rights

Hidden Injustice: Lesbian, Gay, Bisexual, and Transgender Youth in Juvenile Courts, The Equity Project

LGBTQIA Glossary, University of California, Davis, Lesbian Gay Bisexual Transgender Resource Center

Trans Action Guide, Gay Lesbian Straight Educational Network

	Attachment B		Page 1 of 1
	Name: Resident Request for Ombudsman Services Form		
	Directive #07/08: Resident Advocacy Program		
New: [] Revised: 12/03/2008 Supercedes: _____			

I need to speak to someone because I am: *PLEASE CHECK ALL THAT APPLY*



SAD ☐



I Feel Sick!

SICK ☐



MAD ☐

About: *PLEASE CHECK ALL THAT APPLY*

Clothing ☐ Personal Supplies ☐ Housekeeping ☐ Staff ☐ Contracted Staff ☐ Telephone ☐ Visiting ☐
 Parental Contact ☐ Peers ☐ Recreation ☐ Room Confinement ☐ School ☐ Other ☐ _____

I AM FROM: BRIDGES ☐ CROSSROADS ☐ HORIZON ☐

MY NAME IS: _____ MY DORM/HALL/ROOM IS: _____

TODAY IS: ____/____/____



Do you want your parent/legal guardian to know about your request?

☐ Yes ☐ No

Sign your name: _____

Date: _____

Time: _____

DO NOT WRITE BELOW THIS LINE

Ombudsman: _____ **Complaint:** ☐ Accepted ☐ Declined **Ombudsman Case #** ____-____-____

Reason for decision:

Date Resident Informed of Response: _____

Parental Contact Made: Yes ____ No ____