



# SAFE & RESPECTED

POLICY, BEST PRACTICES, & GUIDANCE FOR SERVING  
**TRANSGENDER, GENDER EXPANSIVE, & NON-BINARY**  
CHILDREN AND YOUTH INVOLVED IN THE CHILD WELFARE,  
DETENTION, AND JUVENILE JUSTICE SYSTEMS

# NYC ADMINISTRATION FOR CHILDREN'S SERVICES THANKS THE FOLLOWING PEOPLE AND GROUPS FOR THEIR CONTRIBUTIONS TO THIS GUIDE

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# SECTION I: OVERVIEW

# FORWARD

## 1. FORWARD

Visibility. Progress. A cultural tipping point. These are some of the words and phrases used to describe the rapid understanding of who transgender and non-binary (TNB) people are, and some of the many obstacles these communities have overcome. Much of this cultural awareness derives from an increased number of TNB public figures, scholars, celebrities, athletes, and everyday people coming out, and offering infinite models of possibility for so many TNB children and young adults.

No doubt these times are historic, exciting, and ever changing. Special emphasis is placed on the latter phrase. It is because these times continue to rapidly evolve that this resource guide is going back to the printer; only three years after its first publication. Not only has the TNB cannon of terminology evolved, but so too has our understanding of the concepts of gender identity and gender expression. Thanks to a growing body of research, we now have more evidence based and trauma informed practices available in our toolkit to better respect, affirm, and meet the specific needs of TNB children and youth.

While the arc of the moral universe continues to bend towards justice for TNB people, this rapid change can sometimes obscure the harsh realities of bias, discrimination, rejection, and violence far too many TNB children and youth in child welfare and juvenile justice settings endure every day, especially for youth who are of color, poor, feminine-identified, gender non-binary, differently abled, and those living at the multiple intersections of these identities.

Like the 2014 guide, this most recent edition exists to improve New York City's child welfare and juvenile justice services for TNB children and youth. After reviewing the guide, practitioners will gain awareness of each youth's gender journey, increase knowledge as to why TNB children and youth continue to remain overrepresented in these systems, and receive guidance on how to fulfill professional responsibilities as outlined in New York City's Human Rights Act and in the relevant workplace policies outlined by the Administration for Children's Services.

## A BRIEF NOTE ON TERMINOLOGY

The authors of this guide use the terms *transgender*, *gender expansive*, and *non-binary* to serve as umbrella terms describing *gender identities* (i.e., a person's innate sense of being male, female, or a different gender) and *gender expressions* (i.e., the way a person communicates their gender through hairstyles, dress, speech patterns, and mannerisms) other than those of *cisgender* and *gender-conforming* identities.

- **Cisgender.** An adjective that describes any person whose *gender identity* matches the sex they were assigned or presumed to be at birth.
- **Transgender.** An adjective that describes any person whose *gender identity differs* from the sex they were assigned or presumed to be at birth – to include youth who identify at all points along the gender spectrum, including youth who identify as *non-binary* or *gender fluid*.
- **Gender Binary.** A system that constructs gender as two discrete categories: boy/man and girl/woman. It is important to recognize that both cisgender and transgender people can have a gender identity that is binary, or *gender conforming*.
- **Non-Binary.** An adjective referring to aspects of person's gender expression, gender identity, and interests that go beyond cultural binary prescriptions of behaviors and interests associated primarily with boys/men or girls/women. Other terms include *genderqueer*, *agender*, *bigender*, and more. None of these terms mean the same thing, but all speak to an experience that is not simply male or female.
- **Gender Expansive.** Gender-expansive is a term primarily used to describe children who do not identify with the sex they were assigned or presumed at birth as well as those who do, but may nonetheless find themselves barraged with questions based on their dress, appearance, or interests, such as, "Are you a boy or a girl?" or "Why do you play with that? It's a boy/girl toy!" Other words with similar meanings include *gender non-binary*, *gender diverse*, *gender creative*, *gender independent*, *gender non-conforming*, and *gender wonderful*.<sup>1</sup>

The authors use the abbreviation **TNB** as an umbrella term to reflect the changing terminology of transgender and non-binary communities. When working with children and youth, it is ACS policy and a general best practice to reflect the most affirming terminology each young person uses to describe their individual gender identity and gender expression. When you follow the lead of each young person and mirror their language, you are sure to build trust and a positive rapport.

\* See Section 35 for a glossary of terms commonly used when discussing TNB communities and people.



The purpose of this guide is to support child welfare and juvenile justice practitioners better respect, affirm, and meet the individual needs of transgender and non-binary (TNB) children and youth. It serves as a manual offering valuable information and guidance as it relates to better serving TNB youth.

The electronic version of this guide is easily searchable by clicking on specific sections of the table of contents, which may help enhance your practice. When reviewing both the electronic and print versions of this guide, note that it is organized by the key areas of need for TNB children and youth. The sections include:

- **Overview.** A brief overview of the barriers that TNB children and youth currently endure while in ACS care, the resiliency they gain from these experiences, a summary of childhood & adolescent development, and six strategies to successfully work with TNB children and young people;
- **Terminology.** Section 35 includes a glossary of terms commonly used when discussing TNB communities and people;
- **ACS Policy & Common Challenges.** An overview of the ACS commitment to provide culturally responsive care for TNB children and youth. Cultural responsiveness refers to one's ability to learn from and relate respectfully with people from one's own culture as well as those from other cultures.<sup>2</sup> This concept differs from "cultural competency" because it focuses on self-education, empathy, and execution rather than striving to achieve a state of expertise on a culture that is not your own;



- An issue-by-issue guide to providing inclusive care, including:
  - Excerpts of the ACS policies related to serving TNB children and youth,
  - Best practices for service provision that are consistent with these policies,
  - Strategies for implementing these policies with fidelity, and
  - Common missteps to avoid when working with TNB children and youth.

At the end of this guide, you will find appendixes with resources and referrals that will be of use in supporting the transgender and non-binary children and youth with whom you presently work, or will work with in the future. For further guidance on supporting TNB youth in Children's Services' care, please contact the LGBTQ point person for your site, or the Children's Services' Office of LGBTQ Policy and Practice.

## PROVIDING CULTURALLY RESPONSIVE CARE\*

Terms like cultural competency, cultural responsiveness, and cultural responsiveness are often used interchangeably. It is important to remember that each of these terms carries a different meaning, and are defined below to emphasize the importance of providing culturally responsive care.

- **Cultural Responsiveness.** Refers to the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the person.<sup>3</sup> This concept is different from the concept of "cultural competency" because it focuses on self-responsiveness and empathy rather than striving to achieve a state of expertise on a culture that is not your own. A cultural responsive practitioner is one that can effectively interact and work with people of different cultures, socio-economic experiences, and backgrounds than our own.
- **Cultural Responsiveness.** Cultural responsiveness is the ability to learn from and relate respectfully with people of your own culture as well as those from other cultures. Culturally responsive providers understand that their own cultures are likely to differ from many they serve, work hard to educate themselves on what those differences are, and strive to create environments that affirm those from different cultural backgrounds to respectfully receive services that meet their individual and cultural needs.<sup>4</sup>
- **Cultural Competence.** Refers to an ability to interact effectively with people of different cultures, socio-economic backgrounds, and experiences, particularly in the context of government and nonprofit agencies whose employees work with persons from different social/cultural/ethnic backgrounds. Cultural competence is comprised of four components: 1) awareness of one's own cultural worldview; 2) attitude towards cultural differences; 3) knowledge of different cultural practices and worldviews; and, 4) cross-cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures.<sup>5</sup>

The authors of this guide use the term *cultural responsiveness* instead of *cultural competence* to underscore the importance of self-education and empathy rather than striving to achieve a state of expertise on a culture that is not one's own. A culturally responsive practitioner is one who actively self-educates on cultures that differ from their own, creates inclusive environments for people that come from different cultural backgrounds, and actively works to provide services and referrals that are culturally appropriate. By reading this guide, you are actively taking steps to providing TNB culturally responsive care.

\* See Section 35 for a glossary of terms commonly used when discussing TNB communities and people.

# RESILIENT

### 3. TRANSGENDER & NON-BINARY CHILDREN & YOUTH: A VULNERABLE & RESILIENT POPULATION

There are increasing numbers of children and youth who are coming out as transgender and non-binary (TNB), and youth are coming out at earlier ages than ever before.<sup>6</sup> Logistical factors and research constraints make it difficult to provide a complete picture on the universe of TNB children and youth in foster care and juvenile justice settings; however, multiple studies have indicated that TNB children and youth are disproportionately represented.<sup>7</sup>

While less than one percent of people in the United States identify as TNB, one study found that 5.6 percent of youth in Los Angeles foster care settings identify as transgender and 11.1 percent identify as non-binary.<sup>8</sup> Another study found that TNB youth are more likely to be pipelined into the foster care and juvenile justice systems due to family rejection, homelessness, biased school discipline policies, and other failed safety nets.<sup>9</sup> These studies have also indicated that TNB youth face significant prejudice and discrimination related to their TNB identity while in the foster care and juvenile justice systems, and that this increases the negative outcomes for these youth.<sup>10</sup>

TNB people and TNB children and youth are an especially vulnerable and resilient group.<sup>11</sup> TNB youth have been identified as an especially vulnerable population within the already high-risk population of youth in foster care and juvenile justice settings, and these youth develop sophisticated resiliency and survival strategies to overcome these challenges.<sup>13</sup> The body of research on the specific experiences of TNB children and youth in foster care and juvenile justice settings is limited; however, the overall vulnerabilities and resiliencies of TNB people are well documented:

- TNB young people may experience rejection from their families of origin and be kicked out of their homes.<sup>14</sup> 50% of TNB people who were out to their families reported experiencing family rejection.<sup>15</sup>
- Verbal harassment was very common, and 87% of TNB children and children and young people report facing it often or frequently.<sup>16</sup>
- Over 53% of TNB people had been verbally harassed or disrespected, and 44% had been denied service because they were TNB.<sup>17</sup> 76.6% of TNB people reported feeling physically unsafe in public on a regular basis.<sup>18</sup>
- A total of 42% of the TNB young people reported that they had been physically harassed in their school by peers because of their gender identity. 44% of those reported that they had been punched, kicked, or attacked with a weapon, and 17% reported that they were physically harassed often or frequently. Of the youth who reported being harassed by peers, only a third indicated that there had been an effective response by teachers or the administration.<sup>19</sup>
- TNB young people reported being subject to vicious rumors, cyber bullying, destruction of their personal property, and being generally ostracized and excluded by their peers.<sup>20</sup>
- TNB people face high rates of physical attack (16%) and sexual assault (15%) while incarcerated.<sup>21</sup>

TNB people of color consistently face higher levels of discrimination and prejudice. Incidents of negative outcomes due to widespread prejudice and discrimination against TNB people are also well documented:

- TNB youth, 24 years of age and under, are at particularly high risk for homelessness, with reports indicating that 20% of the homeless youth identify as transgender.<sup>22</sup>
- TNB people who were rejected by their families of origin, partners, or children are more likely to have greater negative outcomes.<sup>23</sup> Rates of suicidality doubled, as did sex work, and homelessness tripled.
- TNB people who are physically assaulted by a family member because of coming out (19%), have double the rate of HIV infection and suicide attempts, and four times the amount of sex work and homelessness.<sup>24</sup>



- TNB youth who reported high levels of harassment averaged a 2.2 grade point average (GPA), while TNB youth who faced less harassment had an average GPA of 3.0.<sup>25</sup>
- As a result of going to school in an unsafe environment, 47% of the TNB youth reported skipping at least one class in the last month, and 46% reported missing a full day of school at least once in the past month because of the harassment that they faced.<sup>26</sup>
- Pervasive negative experiences can have a significant impact on TNB young people's mental health and emotional well-being.<sup>27</sup>

Thankfully TNB children and youth experience a variety of narratives beyond the hardships outlined above. An emerging body of research aims to amplify the strengths, resilience, and resourcefulness TNB people develop to overcome these harsh realities.<sup>28</sup> Such strengths based research has found that TNB people develop skills including:

- Self-advocacy, manifesting visions of brighter futures, and stepping into community leadership positions to speak up in support for the dignity and fair treatment of TNB communities.<sup>29</sup>
- Embracing cultural differences, using social transition as an educational tool to build awareness, identifying as activists, embracing personal self-expression, and actively questioning stereotypes around gender identity and gender expression.<sup>30</sup>
- Cultivating empathy from shared experiences, giving support to others, connecting online, and investing in community knowledge and alternative economies to support fellow TNB people.<sup>31</sup>
- Having a higher self-esteem, a positive sense of personal mastery, and positive mental health outcomes when perceiving family members, peers, and other forms of social support to be accepting of a TNB young person's gender identity or gender expression.<sup>32</sup>

Children's Services commits to supporting the physical and emotional health and well-being of all children and youth, including TNB young people, who are in ACS care. Children's Services requires that all TNB young people be placed in safe housing, receive TNB affirming medical and mental health services, and have equal opportunity and access to care. All ACS staff, providers, foster parents, and other stakeholders are required to treat TNB young people in an affirming manner and to proactively work to create a respectful space. All ACS staff, providers, foster parents, and stakeholders are expected to be culturally responsive when assessing and meeting the individual needs of TNB young people, including understanding the challenges that TNB children and youth face in the foster care and juvenile justice systems.

It is important to note that we do not always know which youth are TNB; therefore, it is critical that we model respect and value for all youth regardless of their gender identity or gender expression. Additionally, staff in emergency facilities must be especially sensitive to the needs of, and be culturally aware in serving TNB children and youth. This degree of professionalism is critical given that emergency facilities are an important entry point for children and youth in the foster care and juvenile justice systems.

To this end, Children's Services enforces three policies that address and protect the specific needs of TNB youth in New York City:

- Promoting a Safe and Respectful Environment for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System (2012).
- Non-Discrimination - Youth & Families Policy (2008)
- Non-Medicaid Reimbursable (NMR) Treatment and Services for Children in the Custody of the Administration for Children's Services Policy (2014).

**Copies of these policies and related resources are available online at:**  
<http://www1.nyc.gov/site/acs/about/lgbtq-policies.page>.

# JOURNEY

## 4. THE GENDER JOURNEY BEGINS WITH CHILDHOOD & ADOLESCENT DEVELOPMENT

Childhood and adolescent development is observed by looking at physical, cognitive, social, and emotional milestones met at different age periods in a young person's life. During these stages of development, the gender journey begins for every person. More specifically, the development of one's gender identity and gender expression starts to take root. All people have a gender identity and a gender expression, and the exploration and understanding of gender is a lifelong process.

*Gender identity* is a person's innate sense of being male, female, or a different gender entirely. *Gender expression* on the other hand is the way a person communicates their gender through hairstyles, dress, speech patterns, and mannerisms. It is important to note that gender is not inherently nor solely connected to one's sex (i.e., a person's physical anatomy, chromosomes, and genitalia).<sup>33</sup> In fact, it is estimated that 1.4 million people in the United States identify as transgender, or as a gender identity that is different from the sex assigned at birth.<sup>34</sup>

The main theories of the development of gender identity and gender expression are rooted in the Cognitive Development Theory<sup>35</sup>, Gender Schema Theory<sup>36</sup>, and Social Learning Theory<sup>37</sup>. The information included below offers a condensed overview of the basics of childhood and adolescent development, and includes the stages where gender identity and gender expression first emerge.

### EARLY CHILDHOOD (2 YEARS - 6 YEARS)

#### *Physical Development*

- Ability to use body
- Motor skills improve
- Brain grows to 90% of its weight

#### *Cognitive Development*

- Increased memory
- Basic vocabulary and grammar
- Increased knowledge about physical laws and properties of objects

#### *Social/Emotional Milestones*

- Increased abilities to regulate thoughts and action
- Emergence of gender and ethnic identities
- Concepts of gender role behaviors

#### *Gender Journey Foundations*

- Children label their own gender between ages 2-3.5 ("I feel like a boy," "I am a girl," etc.)
- Gender-segregated play emerges in pre-school
- Children learn "gender-role stability" ("girls grow up to be women," "boys grow up to be men") between ages 3.5-4.5

**Best Practice:** When working with transgender and non-binary (TNB) children who express their gender in a manner that does not match their birth sex, always use age appropriate language reflecting how they self-label (i.e. as a boy, as a girl, as gender wonderful, etc.). By adopting this practice, it will help TNB children feel safe and respected. Work with your team to promote gender expansive play, which will empower each child to self-determine the type of activities they wish to explore without limitations based on their assigned or presumed birth sex.

**Practice to Avoid:** Children that are insistent, consistent, and persistent in expressing their gender in a manner that differs from their assigned birth sex are likely to experience some level of gender dysphoria. Attempts to change or correct a child's gender identity or gender expression are considered conversion therapy practices, and they are prohibited under New York State,<sup>38</sup> ACS policy, and by every major medical and mental health professional association.<sup>39</sup> Refrain from segregating children based on their assigned or presumed birth sex when it comes to playtime activities.

## MIDDLE CHILDHOOD (6 YEARS - 12 YEARS)

### *Physical Development*

- Body strength increases
- Sex differences in motor skills occur
- Mid-growth spurts begin

### *Cognitive Development*

- Emergence of mental operations of sorting and classification occur
- Increased memory and attention
- Efficiency in storing and retrieving information

### *Social/Emotional Milestones*

- Emergence of peer social structure & social comparison
- Moral behavior regulated by social relationships
- Better at making friends

### *Gender Journey Foundations*

- Gender-typed behaviors increase
- Youth begin identifying gender based on self-identification and feel pressure to conform
- Puberty & the emergence of secondary sex characteristics begin, and can create an extremely traumatic experience for TNB youth
- Gender specific activities in school are more prominent

**Best Practice:** When working with transgender and non-binary (TNB) children who express their gender in a manner that does not match their birth sex, consider the negative impacts that social comparisons, the pressure to conform, and the increased risk of bullying and harassment could have on their safety and well-being. Always meet a TNB young person where they are at, respecting how they identify, and always validate their internal sense of feeling like a boy, or a girl, and recognize that some young people do not identify as either gender. That is okay. Just support them with who they say they are.



**Practice to Avoid:** Young people feel the pressure to conform to binary gender roles at greater intensity during this developmental period. Be sure to understand that every person is on a gender journey, and young people during these ages may begin finding language to question what they have been taught about gender stereotypes. Refrain from pressuring a TNB young person further “to make a choice” with regards to their gender identity or gender expression. They already experience this pressure from their family, peers, and social circles.

## ADOLESCENCE (12 YEARS - 24 YEARS)

### *Physical Development*

- Rapid height and weight increase
- Hormone influx stimulates functioning of reproductive organs
- Change in brain regions associated with impulse control and decision-making

### *Cognitive Development*

- Local reasoning
- Ability to think abstractly, higher-level problem-solving skills
- Can use reasoning to make moral judgments

### *Social/Emotional Milestones*

- Thinking more about “right,” and “wrong”
- More self-conscious, especially regarding physical appearance
- Influenced more by friends

### *Gender Journey Foundations*

- Gender-typed behaviors increase
- Puberty & the emergence of secondary sex characteristics continue, and can create an extremely traumatic experience for TNB youth
- Physical appearance assumes paramount importance, to fit in the “norm” of the “in” group

**Best Practice:** When working with transgender and non-binary (TNB) youth who express their gender in a manner that does not match their birth sex, puberty and the emergence of secondary sex characteristics are extremely traumatic. This process can be delayed or reversed through trans-related health treatment and services that TNB youth in care are eligible to receive. Do your best to validate a TNB young person during this development period, and connect them with TNB knowledgeable & affirming professionals that can offer support that will respect, affirm, and meet their individual needs.

**Practice to Avoid:** Understand that all TNB young people will socially transition to some degree by sharing that they use a name, pronoun, or gender that differs from what they were assigned at birth. However, remember that not all TNB young people will pursue legal transition (changing their name and/or gender on identity documents), or medical transition. Provide every young TNB person with the options they have, and do not attempt to dissuade or withhold options related to a TNB young person’s legal or medical transition should they wish to pursue either.

## 5. PROVIDING TRANSGENDER-INCLUSIVE CARE: SIX STRATEGIES FOR SUCCESS

The following section offers six basic strategies to empower you to provide the most affirming and inclusive care for transgender and non-binary (TNB) children and youth. The information included below will offer the simple steps to begin conversations in your organization to help encourage your peers to learn more about ways to respect, affirm, and meet the individual needs of the TNB children and young people you work with, or with whom you will work with in the future.

### ✓ **BE AWARE**

There are an increasing number of people who are coming out as transgender and non-binary (TNB), and many are coming out at earlier ages, some as young as 2. Additionally, a disproportionate number of TNB children and youth are in foster care and juvenile justice systems due to family rejection, homelessness, and unfair school disciplinary policies. Many of these young people do not feel that they will be safe or supported if they disclose their gender identity or gender expression. It is likely that you are already working with TNB children and youth, as well as youth with TNB family members, and it is certain you will work with more in the future.

### ✓ **BE KNOWLEDGEABLE**

It is essential that all ACS staff working directly with children, youth, and families have general knowledge about TNB people, a strong understanding of the specific needs of TNB children and youth in foster care/ juvenile justice systems, and the professional skills to provide TNB-inclusive care. All such staff are encouraged to seek out professional development trainings and coaching to help increase their level of cultural responsiveness for working with TNB children, youth, and families.

### ✓ **BE EMPATHETIC**

Gender influences nearly every part of a person's life, and those who are TNB are often acutely aware of this. Any time TNB people meet or interact with someone, they may be confronted with at times inaccurate assumptions about their gender, expectations to conform to gender norms, and bias/prejudice toward people who are TNB. As a result, TNB young people may be less likely to trust or be open with new people, and are more likely to have increased mental health challenges, such as depression, anxiety, and suicide ideation.

### ✓ **BE PREPARED**

With a little advanced preparation and effort, you can have a big impact on the success of TNB young people's care. Know who your LGBTQ point person is, and utilize that person's expertise (see Sections 31 & 35 for a detailed description of this role). When considering referrals for other services, call ahead and ask questions to determine if or which providers are culturally competent in working with TNB children and youth. Keep a list of the individual providers at these sites who are inclusive and make sure that the youth see the inclusive providers. Remember, not all LGBTQ providers or all individual providers at a site are inclusive of, or prepared to work with TNB children and youth.

### ✓ **BE PROACTIVE**

TNB children and youth face distinct challenges. It is essential that staff at ACS and provider agencies understand these challenges, and proactively create policies, procedures, and practices to support TNB

young people. These actions will help equip all staff with the knowledge, skills, and confidence to work with TNB young people, and that all TNB children and youth entering care will have their needs met as soon as they enter care. The content of the information and best practices enshrined in these policies should be made clear to every child, young person, staff member, and other essential stakeholders working directly with young people through youth palm cards, staff and foster parent trainings, and other professional development opportunities.

### ✓ **BE AN ALLY & ADVOCATE**

TNB children and youth face a significant amount of prejudice and discrimination. Every time you see other staff or youth making negative remarks, bias statements, verbal or physical remarks, or not respecting the names and pronouns of TNB young people, it is your responsibility to intervene to ensure safety and respect, and then to report the incident. By paying extra attention and speaking up, you can dramatically increase TNB young people's safety, self-esteem, sense of support, and overall wellbeing. By reporting incidents, you can help reduce the likelihood of future incidents, sustain the momentum of systemic change, and improve the overall health and well-being for TNB stakeholders.



## **SECTION II: COMMON CHALLENGES TO MEETING THE STANDARDS IN ACS POLICY**

# POLICIES

## 6. ACS NON-DISCRIMINATION POLICIES & COMMITMENT TO RESPECTFUL CARE

### THE CHALLENGE

Transgender and non-binary (TNB) children and youth are disproportionately represented in the foster care and juvenile justice systems, and are especially vulnerable to widespread bias, prejudice and transphobia.<sup>40</sup> These young people are at high risk for associated negative outcomes, including dropping out of school, being homeless, engaging in *survival economies*, increased substance use, sexually transmitted infections including HIV, depression, and suicidal ideation.<sup>41</sup>

As the Agency responsible for promoting the emotional, psychological, and physical well-being of children and youth in foster care, detention, and juvenile justice placement, ACS is committed to treating TNB children and youth with dignity, respect and equity in a way that affirms their gender identities and expressions, builds resiliencies, and leads to positive outcomes as these young people transition and thrive into adulthood.



## THE NYC HUMAN RIGHTS LAW

The following is an excerpt from *Guidelines Regarding Gender Identity/Gender Expression: Legal Enforcement Guidance* (NYC Commission on Human Rights, *Law Enforcement Guidance on Discrimination on the Basis of Gender Identity or Expression*, Local Law No. 3 (2002), available at <https://www1.nyc.gov/site/cchr/law/legal-guidances-gender-identity-expression.page>).

- The New York City Human Rights Law (“NYCHRL”) prohibits unlawful discrimination in public accommodations, housing and employment based on gender. Gender is defined as one’s “actual or perceived sex and shall also include a person’s gender identity, self-image, appearance, behavior or expression, whether or not that gender identity, self-image, appearance, behavior or expression is different from that traditionally associated with the legal sex assigned to that person at birth.” This document serves as the Commission’s legal enforcement guidance of the NYCHRL’s protections as they apply to discrimination based on gender, and gender identity, and gender expression, which constitute gender discrimination under the NYCHRL. ” <sup>42</sup>

## THE NYC ACS LGBTQ POLICY

The following are restatements of standards described in “Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System”, pages 6-8 and 27. (See Sections II.A. *Applicability of General Requirements and Guidelines*, II.B. *Non-Discrimination*, II.C. *Coercion and Imposition of Beliefs*, II.D. *Staff Conduct*, and III.M. *Advocacy and Incident Reporting Procedures For Youth in Children’s Services Custodial Care*.):

- *It is ACS policy that all transgender and non-binary children and youth shall be in homes and congregate facilities that are affirming of their gender identities and gender expressions. This applies to all Children’s Services and contracted provider agency staff involved in any way with custodial or community-based services provided by Children’s Services or in contract with Children’s Services.*
- *Children’s Services is committed to being respectful of the dignity of all youth and families, and to keeping children and youth safe while meeting their specific needs, regardless of their sexual orientation, gender identity or gender expression. No Children’s Services or provider agency staff shall unlawfully discriminate against other persons in the course of their work. Discrimination based on sex, gender identity, and gender expression is prohibited.*
- *Under no circumstances is any staff member of Children’s Services or its provider agencies to attempt to convince a transgender or non-binary child or youth to reject or modify their gender identity or gender expression.*
- *Children’s Services and provider agency staff must model appropriate and affirming behavior at all times. This means that bias, discrimination, bullying or harassment by staff or by youth towards youth and/or families is not tolerated, and immediate action to intervene in any such situation must be taken by staff. Violations of these policies are to be reported to the ACS LGBTQ Office for Policy and Practice by filling out Form FSS-009, the LGBTQ Incident and Inquiry Report.*

## THE BEST PRACTICES & STRATEGIES

- Respect, validate, and support the needs of TNB young people, in the same manner that you would respect, validate, and support any young person’s needs. Basic ways to respect TNB young people include-but are not limited to-referring to them by the name and pronoun they share with you (i.e., not their assigned birth name or assumed pronoun), and supporting their expression of their gender identity through clothing, hairstyles, and mannerisms.

- Appropriately respond to discrimination, harassment, and disrespectful treatment by role modeling the best practices included in this guide, and reporting any violation of ACS policy to the Office of LGBTQ Policy and Practice and/or to your designated LGBTQ point person (see Section 31: Reporting TNB Policy & Practice Challenges for further guidance). Taking such actions help create a supportive and respectful environment for TNB youth.
- Attend TNB professional development trainings designed for staff, youth, foster parents, and volunteers to understand and incorporate the best practices offered in this guide. Trainings should be offered multiple times each year to welcome new staff, volunteers, and foster parents, and they should also be offered as continuing education and professional development to seasoned staff, youth, foster parents, and volunteers.

## PRACTICES TO AVOID

- Do not use personal, organizational, and/or religious beliefs to justify discrimination, harassment, or disrespectful treatment of a TNB person's gender identity or gender expression. TNB people have the right, under NYC's Human Rights Law and the ACS LGBTQ Policy, to a safe and affirming environment. Furthermore, the ACS LGBTQ Policy prohibits staff, providers, youth, foster parents, and volunteers from using these beliefs to negatively impact TNB children, youth, and adults. It is important to seek out training and coaching to better understand what words and actions negatively impact TNB young people.
- Do not bargain with TNB young people to reject or modify their self-determined gender identity or gender expression as a means to limit or reduce discrimination, harassment, and/or disrespectful treatment. Trying to alter one's core gender identity or gender expression causes significant trauma and harm to a TNB young person's mental health and emotional well-being.<sup>43</sup>
- Do not engage in, encourage, or ignore discrimination, harassment, or disrespectful treatment of TNB young people. Such harmful treatment includes intentional use of an incorrect name or pronoun, and other verbal abuse, and has a demoralizing and traumatizing impact on TNB young people, as well as on other young people who may be observing, no matter if they identify as TNB (see *Section 31: Reporting TNB Policy & Practice Challenges for further guidance*).

# BULLYING

## 7. ADDRESSING VERBAL HARASSMENT, MICROAGGRESSIONS, & BULLYING

### THE CHALLENGE

Verbal harassment is one of the most common manifestations of prejudice, and 87% of TNB individuals are verbally harassed often or frequently.<sup>44</sup> For transgender and non-binary (TNB) youth, this can include facing vicious rumors, cyber bullying, destruction of their personal property, and being generally ostracized and excluded because of their gender identity or gender expression.<sup>45</sup> TNB youth also face consistent microaggressions<sup>46</sup> (e.g., derogatory language, hostile tone, negative facial expressions, social exclusion, etc).<sup>47</sup> Cumulatively, these pervasive negative interactions create an unsafe and hostile environment, and have a significant impact on TNB young people's emotional well-being.<sup>48</sup> It is essential that Children's Services providers and staff are aware of, and diligently working to address, verbal harassment, microaggressions, and bullying.

### THE NYC ACS POLICY

The following are restatements of standards described in "Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System", pages 2, 6-8 (See Summary, and Sections II.A. *Applicability of General Requirements and Guidelines*, II.D. *Staff Conduct*, II.F.1. *Guidelines for Staff Interactions with Youth*):

- *Children's Services is committed to providing all youth and families served by Children's Services and our contracted provider agencies a safe, healthy, inclusive, affirming and discrimination-free environment.*
- *It is ACS policy that all transgender and non-binary youth shall be in homes and congregate facilities that are affirming of their gender identities and gender expressions.*
- *Staff must set a good example and make youth and families aware that any threats of violence, disrespectful and/or suggestive comments, or gestures toward any youth will not be tolerated. Staff also shall not engage in these behaviors.*





- *Children’s Services and provider agency staff must model appropriate and affirming behavior at all times. This means that bias, discrimination, bullying, or harassment by staff or by youth towards youth and/or families is not tolerated, and immediate action to intervene in any such situation must be taken by staff*
- *Staff must be aware that TNB children and youth are particularly susceptible to trauma, discrimination, and abuse while in congregate care facilities. Staff must be able to recognize the signs of distress, support disclosure when appropriate, and follow appropriate protocols for reporting.*

## THE BEST PRACTICES & STRATEGIES

- Staff should be aware that TNB children and youth are particularly targeted for verbal harassment and have increased vulnerability for related trauma. It is essential that staff regularly check in with TNB young people to make sure that they feel safe, supported, and affirmed in their placement.
- Staff should be aware of and be able to recognize the different ways that prejudice and bias impact TNB children and youth. It is all staff members’ obligation to consistently and proactively intervene in all instances of verbal harassment, microaggressions, and bullying. If a negative comment is expressed, ask the person “what do you mean by that?” and try to turn the conversation into a learning moment underscoring that these attitudes and beliefs have harmful impacts on TNB young people. Many are not aware that their negative attitudes and comments cause harm.
- Staff should be aware that TNB children and youth may pay particular attention to how they are treated by staff members as an indicator of whether or not the staff member is trustworthy and supportive.
- Staff should role model respectful behavior at all times and hold each other accountable so that they are acting in an affirming and supportive manner. If staff are engaging in behavior that is not affirming, any staff person who witnesses the incident is responsible for reporting it to the LGBTQ point person and/or the LGBTQ Office of Policy and Practice. (See Section # 31 for further guidance on reporting requirements.)

## PRACTICES TO AVOID

- It is essential that staff do not ignore instances of verbal harassment, microaggressions, or bullying. Doing so indicates to TNB young people that a space is not safe and affirming, and indicates to cisgender and gender-conforming youth that aggression towards TNB is condoned. All incidents must be addressed.

# VIOLENCE

## 8. REDUCING PHYSICAL AGGRESSION & VIOLENCE



### THE CHALLENGE

Transgender and non-binary (TNB) children and youth are particularly vulnerable to physical threats and violence, including sexual assault. Research has shown that of TNB young People who are “out” in schools, 35% experience physical assault, and 12% experience sexual assault, and 76% of TNB young people report feeling physically unsafe in public.<sup>49</sup> Peer on peer violence is intense, and 42% of TNB young people are physically harassed by their peers; 44% of TNB youth reported that they had been punched, kicked, or attacked with a weapon, and 17% reported that they were physically harassed often or frequently.<sup>50</sup> It is reasonable to assume that TNB young people in ACS care face the same level of risk from their peers. Bathrooms, locker rooms, showers, and other gender segregated spaces are places where TNB young people are especially vulnerable to physical threats, attacks and sexual assault.<sup>51</sup> ACS staff and providers must make efforts to protect the physical safety of all TNB children and youth at all times.

## THE NYC ACS POLICY

The following are restatements of standards described in “Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System”, pages 2, 8 (See Summary, and Section II.F.1. *Guidelines for Staff Interactions with Youth.*):

- *Children’s Services is committed to providing all youth and families served by Children’s Services and our contracted provider agencies a safe, healthy, inclusive, affirming and discrimination-free environment.*
- *Staff must set a good example and make youth and families aware that any threats of violence, disrespectful and/or suggestive comments or gestures toward any youth will not be tolerated. Staff also shall not engage in these behaviors.*
- *Staff must be familiar with the unique family dynamics that emerge for TNB children and youth in general, and for TNB young people involved in the child welfare system specifically. All staff must be aware that many TNB youth, particularly those involved in the child welfare or juvenile justice systems, have had experiences of trauma (e.g., violence, sexual abuse, verbal harassment, etc.) related to their gender identity/expression.*
- *Staff must be aware that TNB youth are particularly susceptible to trauma, discrimination and abuse while in congregate care facilities. Staff must be able to recognize the signs of distress, support disclosure when appropriate, and follow appropriate protocols for reporting.*

## THE BEST PRACTICES & STRATEGIES

- Staff should respond to any instance of violence following standard ACS and provider protocol. Enforcing uniform standards will ensure that all parties involved receive fair and equitable treatment, and that staff are maintaining a safe and affirming environment.
- Every threat or instance of violence should be taken seriously and immediately addressed by staff. All situations involving physical violence should be reported to the LGBTQ point person and/or the ACS LGBTQ Office of Policy and Practice. (See Section #31: Reporting TNB Policy & Practice Challenges for further guidance).
- Staff should role model how to effectively and safely intervene when acts of violence or physical aggression escalate. To diffuse an escalating situation, ask one of the individuals involved if they want to go for a walk to try to get them out of the situation. Always seek additional support to ensure your own safety, and work as a team to diffuse the situation as quickly and safely as possible.

## PRACTICES TO AVOID

- Under no circumstances should physical violence, sexual assault, or threats of either be ignored, tolerated, or condoned by staff. Furthermore, if young people are aggressive no matter their gender identity or gender expression, precautions need to be taken globally, and not to unjustly target TNB young people because of their gender identities or gender expressions.
- Do not ignore threats of violence, dismiss TNB young people’s fear for safety, or diminish the severity of situations involving physical or sexual violence. It is essential that TNB children and youth are confident that staff will take all necessary steps to support their safety—including changing placements when TNB young people’s emotional and physical safety are at risk.
- TNB children and youth should not automatically be penalized or punished for protecting themselves from physical or sexual violence. In instances where TNB young people are involved in physical altercations, staff should be diligent in assessing whether or not any actions on the part of TNB young people are in self-defense. Staff should follow appropriate protocol on when to contact law enforcement.<sup>52</sup> In some

cases, TNB young people will need to “fight back” in self-defense due to being targeted because of their gender identity and gender expression.<sup>53</sup>

- In instances that call for the involvement of law enforcement, law enforcement must be contacted, and staff should make a report to the Vulnerable Person Central Register (See 15 OCFS ADM 08, Required Notifications for Abuse and Neglect Reports from the Justice Center) and/or the Statewide Central Register of Child Abuse and Maltreatment, as appropriate. When involving police, staff should be aware that TNB people, and young people of color in particular, are more likely to be targeted and/or treated disrespectfully by police office.<sup>54</sup>

# AFFIRMING

## 9. ACCESS TO SAFE & AFFIRMING PLACEMENTS

### THE CHALLENGE

Transgender and non-binary (TNB) children and youth are often placed in housing situations where their gender identities and gender expressions are not respected. In some cases, this happens because staff are unaware about the specific needs of TNB children and youth. In other cases, it is because there is active hostility and prejudice towards young people who are, or are perceived to be TNB. In either situation, this creates an emotionally and physically unsafe living space, compromises wellbeing, and directly increases the negative outcomes for TNB young people.

### THE NYC ACS POLICY

The following are restatements of standards described in “*Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System*”, pages 6 & 21 (See Sections II.A. *General Requirements and Guidelines*, and III.D. *General Responsibilities for LGBTQ Youth in Foster Care, Congregate Care, Detention and Juvenile Justice Placement Settings*.):

- All LGBTQ youth shall be in LGBTQ-affirming homes and LGBTQ-affirming congregate care facilities.
- An LGBTQ-affirming home or congregate care setting is one with foster parents and/or staff who welcome LGBTQ youth, treat them with respect and dignity, and diligently work to meet their individual needs.
- When a youth who identifies as LGBTQ enters foster care, congregate care, detention and/or juvenile justice placements, staff must make diligent efforts to place the youth in an LGBTQ affirming home or facility, and shall ensure that other needs of the youth are recognized and met.
- Staff shall ensure that the families and facilities are providing an LGBTQ affirming home/environment for children and youth and are given the support needed to provide optimal care for LGBTQ children and youth.

### THE BEST PRACTICES & STRATEGIES

- During the intake and placement process, all young people are asked privately about their gender identity, name, and pronouns (see Section #18: *Name, Pronouns, & Identity Language* for specific guidance when asking these questions).
- Due to the increased risks and potential for negative outcomes, TNB young people are given additional attention and support so that they are placed in a space that is safe, inclusive, and affirming of every young person’s gender identity and gender expression.
- All TNB children and young people should be consulted during the placement process, so that everyone can work together to find the best placement to achieve permanency and positive outcomes. Children and young people are best able to identify what placement settings will be most comfortable and supportive for them. Actively listen to what they request.
- After placement, the young person should be connected to care and resources that are culturally responsive when providing supportive and inclusive care for TNB youth. [See Section #25: *Referrals to Transgender-Inclusive Services* for guidance].
- Designated staff should conduct ongoing check-ins with the young person to confirm that the placement continues to be one that is supportive of their gender identity and gender expression. Pay close attention to determine if the placement is meeting the young person’s needs. Staff should take appropriate steps to report and address any mistreatment that the young person is receiving in relation to being transgender or non-binary.

## PRACTICES TO AVOID

- Do not question young people about their gender identity or gender expression in a public space. A private space will help keep the conversations confidential, help you build trust and rapport with the young person, and increase the likelihood of young people feeling safe in disclosing important information related to their gender identity, gender expression, and other helpful background to assist in making the best possible placement.
- Do not question children and young people about their gender identity in front of their family. A young person may not be ready to come out to family members, and if the family does know, they may not be supportive of the young person's gender identity and gender expression, or may not want the young person to share the information.
- Do not assume that a site or service is TNB inclusive without doing research that the site has inclusive policies, culturally responsive staff, and private beds, bathrooms, and showers. Do not assume that all sites that serve LGBTQ young people are TNB inclusive – the needs of TNB young people are different than that of lesbian, gay and bisexual youth who are cisgender and gender conforming, and not all places are able to work effectively with TNB children and youth. (See Section #10, *Affirming and Appropriate Gender Segregated Placements* for additional guidance on selecting placements that are TNB culturally responsive and inclusive).





# PLACEMENTS

## 10. AFFIRMING & APPROPRIATE GENDER SEGREGATED PLACEMENTS

### THE CHALLENGE

When being placed in gender segregated housing, staff may make placement decisions without considering the gender identity, gender expression, or individual needs of the young person. For transgender and non-binary (TNB) children and youth, this frequently results in young people being placed according to their sex assigned at birth, or the sex that was listed on their birth certificate or other identity documents. This can cause intense psychological and emotional discomfort, and may place a young person's physical and emotional safety at risk.

### THE NYC ACS POLICY

The following are restatements of standards described in "Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System", page 24-25 (See Section III.I. Bedrooms.):

- *Generally, it is most appropriate to house transgender and non-binary children and youth in Children's Services custodial care based on their gender identity. Transgender and non-binary children and youth must not automatically be housed according to their sex assigned at birth.*
- *In considering the appropriate placement for a known transgender or non-binary young person, individual sleeping quarters must be considered if available.*
- *Decisions on bedrooms for transgender and non-binary children and youth in foster boarding homes must be based on the youth's individual needs, and must prioritize the youth's emotional and physical safety.*
- *It is critical to include transgender and non-binary children and youth in the decision-making process.*

### THE BEST PRACTICES & STRATEGIES

- Whenever possible, TNB young people are placed in a facility that is in accordance with their gender identity, or the placement that feels the safest and most comfortable for the TNB young person. All conversations about preferred placements should be held in a private space for confidentiality, and staff should clearly communicate their respect for the TNB young person's gender identity, gender expression, and placement requests.
- To increase the safety and comfort of TNB young people, whenever possible, individual sleeping space should be made available. When shared accommodations are required, extensive consideration must be given to ensuring that assigned roommates are not a risk to the TNB young person's emotional and psychological well-being, or physical safety.
- When determining the most appropriate and affirming placement, the young person's individual needs, emotional, psychological, and physical safety must take precedence over convenience.
- Staff should actively engage young people in the placement process. To help inform the decision-making process, staff should give young people specific options so that they can help identify the situations that will work best for their individual needs and emotional, psychological, and physical safety.

## PRACTICES TO AVOID

- Do not automatically place young people based on the sex/gender listed on their paperwork (i.e., birth certificates or other identity documents), as this action may not accurately reflect their gender identity and the placement may become unstable for this very reason. Likewise, do not assume that a young person whose gender expression does not conform to gender norms identifies as transgender or non-binary. Actively listen to how a young person identifies, and consider their specific placement requests.
- Do not isolate TNB young people without cause. According to the American Psychiatric Association, placing TNB young people in situations where they are isolated from their peers for extended periods of time is a form of punishment that is likely to produce negative outcomes on their mental health, and violates their legal rights.<sup>55</sup> It is important to balance the needs of a TNB young person's physical and emotional safety with the need to have social contact with other young people.
- Do not assume that TNB young people pose a physical threat or sexual risk for other youth in their placement setting. TNB youth are often incorrectly assumed to be sexually or physically aggressive, despite a growing body of research that TNB young people are more likely to be physically or sexually harmed by their peers.<sup>56</sup> Staff should be aware of these negative stereotypes, and closely pay attention to making sure that TNB young people are physically and emotionally safe (see Section 7: *Addressing Verbal Harassment, Microaggressions, & Bullying* for guidance).
- Do not expect or request that TNB young people "conform" or modify their gender identity and/or gender expression as a means of promoting safety, or for convenience. The psychological risks associated with being forced to live as their assigned sex are significant, and can be just as damaging as physical violence.<sup>57</sup>
- Do not place TNB young people in placement settings based upon expedience or bed availability; it is essential for young people's emotional and psychological well-being and physical safety to have a space where their gender identity, gender expression, and privacy are respected. Dedicated efforts to promoting the safety of a TNB young person during an initial placement can reduce the need for management of ongoing concerns, and will have a direct impact on that young person's well-being and success to thrive into adulthood.
- Do not assume that all TNB young people prefer placement in accordance with their gender identity. For some TNB youth, particularly transgender boys/men, placing them with other men may place them at significant risk for physical or sexual assault, and they may feel safer being placed in a facility that is consistent with the sex they were assigned at birth. The young person's choice should always be respected, unless there is a legitimate and demonstrated risk to the TNB young person's physical and emotional safety. Not accommodating a TNB young person's request should only be done after consulting the agency's and/or division's LGBTQ designated point person and appropriate staff from the ACS Office of LGBTQ Policy and Practice, where practicable. Staff should never impose their personal, cultural, and/or religious values to pressure TNB young people to "change" their gender identity and gender expression, citing safety concerns.
- Do not ignore the emotional and psychological needs of TNB children and youth. Young people who have been placed according to the sex that they were assigned at birth are likely to need additional support and indicators that their gender identity and gender expression is being respected.

# BATHROOMS

## 11. GENDER SEGREGATED SPACES: BATHROOMS, LOCKER ROOMS, & SHOWERS

### THE CHALLENGE

Transgender and non-binary (TNB) children and youth are likely to experience intense discomfort when being required to disrobe, particularly around others and in gender segregated spaces. This can make bathroom and shower use particularly challenging. Requiring TNB young people to use non-private bathrooms or showers can be detrimental for their emotional and psychological well-being, and greatly increases their risk for physical attack and/or sexual assault.<sup>58</sup>

### NEW YORK STATE POLICY

The following is an excerpt from<sup>9</sup> New York Code of Rules and Regulations (NYCRR) Section 466.13, addressing discrimination on the basis of gender identity:

- *Refusal to provide reasonable accommodation for persons with gender dysphoria...where requested and necessary, and in accordance with the Divisions of regulations on reasonable accommodation found at 9 NYCRR Section 466.11, is disability discrimination.*

### NEW YORK CITY POLICY

The following is an excerpt from Executive Order No. 16, *Access to Single-Sex City Facilities Consistent with Gender Identity and Gender Expression*:

- *It is the policy of the City of New York to ensure that transgender and gender [expansive] people of the City live with dignity, free from violence and discrimination, and be treated with equity.*
- *It is necessary that transgender and gender [expansive] people be able to access single-sex facilities consistent with their gender identity and gender expression.*
- *It is the policy of the City of New York that transgender and gender [expansive] people be assured their right to access to single-sex facilities controlled by the City so that they enjoy equal treatment in the terms and conditions of City employment and the ability to access City services*

### THE NYC ACS POLICY

The following are restatements of standards described in “Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System”, pages 8 & 25 (See Sections II.F. *Guidelines for Staff Interaction with Youth* and III.J. *Bathroom Facilities*.):

- *Policies must be established and enforced to promote dignity and respect.*
- *Bathroom facilities shall take into account the safety and privacy needs of transgender and non-binary children and youth.*
- *All youth shall be allowed to use individual stalls, within commonly accepted time limits, and be allowed to shower privately.*
- *Transgender and non-binary children and youth shall not be required to shower or undress in front of other youth.*

## THE BEST PRACTICES & STRATEGIES

- When conducting placement procedures, make sure that the placement site for TNB young people can accommodate a private bathroom and shower space. Forced nudity in front of other young people may cause significant discomfort/emotional harm.
- TNB young people must be asked what bathroom and shower options feel the most comfortable, and their decisions must be respected and accommodated.
- If there is a TNB young person in care, make sure that the bathroom space is physically safe, and can be used without fear of harassment or violence from other people using the space. Shared bathrooms and showers are a known place of violence for TNB people, and it is essential that the young person is safe from physical and emotional harm.
- Resist false stereotypes that TNB people's presence in gender segregated facilities like bathrooms and locker rooms pose a risk to the physical, emotional or sexual safety of the other people using the space.<sup>59</sup> Research shows that TNB people are often the target of physical attacks, sexual assault and bullying in bathrooms, showers, and locker rooms.<sup>60</sup> TNB young people are at a higher risk of physical violence and sexual assault, which is why it is critical that ACS and provider staff focus efforts on protecting TNB young people's safety.<sup>61</sup>
- Proactively create policies and procedures that outline how TNB young people are able to access private space in the shower and bathroom. Think in advance about how bathrooms and showers can be handled in your specific environment, and have the guidelines written out for the staff and any TNB young person to review upon placement. This will help to reduce challenges for TNB youth who are in care, and will prevent the need to figure out solutions in the moment.

## PRACTICES TO AVOID

- Do not require a TNB young person to use a gender-segregated bathroom, locker room or shower based on the sex assigned at birth. Bathrooms, locker rooms and showers are known to be spaces where violence and harassment are likely to occur, and the young person should be afforded a space that is free of verbal and physical harassment.
- Do not require a TNB young person to use multi-use showers during times that other youth are using the showers. TNB youth often experience intense emotional discomfort about revealing their bodies (in a way that is more intense and significant than normal adolescent discomfort). Placing TNB young people in situations where they are forced to reveal their bodies to others is inappropriate, potentially physically unsafe, and is a violation of ACS policy.
- Do not wait until there is a TNB young person in a facility to determine how bathroom and shower access will be handled. Bathroom and shower access are a primary need, and TNB young people should be able to access the bathroom that is most comfortable for them from the time that they first enter the facility. It is unfair to ask young people to use a bathroom or shower based on the sex they were assigned at birth or to wait for policies to be created.

# FAMILY

## 12. SHIFTING FAMILY REJECTION BEHAVIORS TO FAMILY ACCEPTING BEHAVIORS

### THE CHALLENGE

For many families, moving towards accepting and affirming the gender identity and gender expression of their transgender and non-binary (TNB) children is a journey. According to Dr. Caitlin Ryan, the Project Director of the Family Acceptance Project, parents have a variety of responses once they learn that they have a TNB child. This can be a challenging time for many parents coupled with feelings of anxiety, confusion, or even anger. Other parents are likely to welcome the news that their child identifies as transgender or non-binary and view this disclosure as a sign of trust. The important takeaway here is to understand the enormous influence a parent's response has on the healthy development of the TNB child, and on the quality of the parent/child relationship.<sup>62</sup>

Family acceptance has a powerful impact on reducing negative health and mental health outcomes for TNB children. When TNB children are accepted by their families, they are more likely to be employed, have access to safe and affirming housing, and are less likely to experience serious psychological distress or attempt suicide. Supportive family behaviors include being told by family members that they are respected, always addressed by their correct name and pronouns, experience family members advocating on their behalf, given resources to access medical transition, and receive support to change their name and gender on legal documents.<sup>63</sup>

Tragically, TNB young people experience disproportionate levels of family rejecting behaviors from their families, including immediate family, extended family, and resource parents because of their gender identity and gender expression.<sup>64</sup> A survey on the topic found that TNB people with histories of family rejection are more likely to have experienced family violence (10%), more likely to have been kicked out of their home (20%), more likely to have been sent to a professional "to stop them from being transgender or non-binary," prohibited from wearing clothing that aligns with their gender (27%), and more likely to run away from home (32%).<sup>65</sup> They are also twice as likely to have experienced homelessness (40%), twice as likely to engage in sex work (16%), and they are more likely to have attempted suicide (49%) than those who did not experience family rejection.

### THE NYC ACS POLICY

The following are restatements of standards described in "Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System", page 20 (See Section III.C. *Preventive Services*.):

- *Staff involved with preventive services shall help stabilize and create safety for LGBTQ youth in their homes to prevent out-of-home placement for LGBTQ youth whenever possible. This work shall include providing LGBTQ specific community resources to youth and families for support (e.g., a link to the ACS Office of LGBTQ Policy & Practices community resources: [www.nyc.gov/acs/lgbtq](http://www.nyc.gov/acs/lgbtq)).*
- *Staff shall carefully consider the parent/caretaker's attitude towards the child's actual or perceived sexual orientation, gender identity, gender expression, and other related behaviors throughout the life of the case when identifying possible safety factors in a family receiving, or being recommended for, preventive services. This shall be done on an ongoing basis by engaging parents/caretakers and informing them that family rejection is a strong predictor of negative health outcomes (e.g., mental health, substance abuse, and sexual risk). It is also essential to emphasize that a continued relationship with some level of*

*acceptance and understanding is critical to the health of the child.*

- *As in all preventive cases, when eliciting information from a child's parent or other caretaker, a worker must take the necessary steps and actions to verify that a child is not left in neglectful circumstances. Once the conversation has occurred, the preventive staff shall make strong efforts to interview the youth, apart from the parents/caretakers, because youth are in the best position to determine whether they feel comfortable in their home. If a preventive worker has reasonable cause to suspect that a child is an abused or maltreated child, the worker must make a report to the Statewide Central Register of Child Abuse and Maltreatment, consistent with their mandated reporting responsibility.*

## THE BEST PRACTICES & STRATEGIES

- When working with a parent/caretaker with a child who is, or is perceived to be, transgender or non-binary, assess how the parent or caretaker talks about their child's gender identity or gender expression. Do they encourage their child to speak openly and honestly about these aspects of their identity? If not, explore with the parent/caretaker, separate from the child, about their attitudes, beliefs, and feelings with respect to their child's gender identity and gender expression.
- Refrain from judgment and condemnation when initially engaging with parents/caretakers in order to assess their understanding, concerns, and level of support for these aspects of their child's identity. Parents/caregivers are often unprepared and unsure of how to react when a child or youth "comes out" to them. They may have concerns about their child's current safety and future happiness. They may have never envisioned what the healthy life of a TNB child or youth could look like and may be fearful and ashamed of how others will react. Many parents/caretakers experience loss of the vision of the future they had in mind for their child. It is very important to understand what parents/caretakers may be experiencing, and to initially "meet them where they are at," with the knowledge that they too are on a gender journey to understand and meet their child's needs.
- Clearly delineate what rejecting behaviors look like and models respectful, supportive, and affirming behaviors as you build your relationship with parents/caretakers. Parents/caretakers need to understand that rejecting behaviors are harmful to their child's health and mental health. Limiting and ultimately eliminating rejecting behaviors is the first and most important support parents/caretakers can show for their TNB child, other than showing their love for them. For parents/caretakers who feel conflicted or are struggling with their TNB child's identity, there are clinical and paraprofessional support programs who can help them on their gender journey. Parents who are openly hostile and rejecting may mistakenly believe that they can change their child's identity in order to protect them from harm. These parents/caretakers require the intervention of trained TNB programs. Some of these highly rejecting parents may come to understand the harm of rejection and change their behaviors. From anecdotal experience, a parent/caretaker's love of their child often overcomes personal, cultural or religious justifications for rejecting behaviors.
- After determining the parent/caretaker's level of acceptance or rejection of their TNB child, assess how other members within the child's family - including siblings, extended family members, and close family friends - experience their gender identity and gender expression. Assess if the TNB child experiences similar or different treatment from other children in the home. Explore with the parent/caretaker how they are working to educate and advocate on behalf of their child with these members within the family unit, and determine if they need additional support, coaching, or resources to move other family members to more accepting attitudes and behaviors.
- If you need additional support, coaching, or resources to move the parent/caretaker to more accepting behaviors reach out to your designated LGBTQ point person and/or the ACS Office of LGBTQ Policy and Practice (see Section 31: *Reporting TNB Policy & Practice Challenges*, for guidance). These supports will likely connect you with programs including The Center's LGBTQ Institute for Family Therapy (LIFT), the Ackerman Institute, and Camba's Project ALY (Accepting LGBTQ Youth) (See Appendix 3: *Educational Resources for ACS & Provider Staff* for additional resources).



## PRACTICES TO AVOID

- Do not ignore safety, risk, abuse, or neglect concerns related to a child's gender identity and/or gender expression. Failure to explore a parent/caretaker's attitudes and beliefs related to these aspects of a child's actual or perceived identity can lead to many of the negative health and well-being outcomes including risk of running away from home, homelessness, suicide attempt, and engaging in survival economies.
- Do not mistake a parent/caretaker's refusal to allow a child to express their gender in accordance with their gender identity by wearing gender appropriate clothing, hairstyles, grooming, etc. as a positive aspect to protecting the child's safety when it comes to interfacing with other members within a family unit including extended family members and close family friends. These actions present safety and risk concerns.
- Do not condone a parent/caretaker's bargaining with their child in exchange for the young person to repress or deny their gender identity or expression. Bargaining includes offering rewards, such as material goods, permissions, or future gifts and supports, and reducing rejection when a young person conforms to the parent/caretaker's wishes.
- Pay close attention to the possibility of verbal and physical threats associated with the young person's gender identity or expression. TNB young people may deny or suppress that this harmful behavior is occurring in an effort to please their relatives. If a TNB young person has previously disclosed threats and suddenly recants or dismisses them, do not lose sight of the possibility that this is due to coercion.
- When parents/caretakers use cultural or religious belief to justify their rejecting behavior, these actions can be extremely emotionally and psychically harmful. Statements referring to young people as "the devil" or as likely to end up "going to hell" are extremely rejecting. Do not condone these rejecting behaviors as a parent's prerogative, or a parent's view of the best interest of their child. This type of rejections presents safety and risk issues which must be carefully explored with the young person and the adults around them.

# COERCION

## 13. PROHIBITING STAFF COERCION, IMPOSITION OF BELIEFS, AND CONVERSION THERAPY PRACTICE

### THE CHALLENGE

Transgender and non-binary (TNB) children and youth sometimes encounter child welfare and juvenile justice professionals who justify the denial of public services because of their personal, cultural, or religious beliefs. Other TNB young people encounter civil servants who encourage them to meet with faith or community leaders to stop them from being transgender and/or non-binary, and others are asked by civil servants to stop attending community services, or discouraged from maintaining their connection with faith communities because of their gender identities and gender expressions.<sup>66</sup>

The NYC ACS Policy: The following are restatements of standards described in “Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System”, page 6-7 (See Section II.C. *Coercion and Imposition of Belief*.):

- *Children’s Services and provider agency staff are prohibited from imposing their personal, cultural, and/or religious beliefs on any young person or family involved with the agency, including LGBTQ children, youth, and families. Personal, cultural, or religious beliefs shall not under any circumstance impact the way individual needs of children, youth, or families are met.*
- *Under no circumstance is any staff member of Children’s Services or its provider agencies to attempt to convince an LGBTQ youth to reject or modify their sexual orientation, gender identity, or gender expression. Medical and mental health professional organizations...strongly condemn any attempt to “correct” or change a youths’ sexual orientation, gender identity, or gender expression through conversion therapy practices.*
- *Children’s Services and provider agency staff are prohibited from employing, contracting with, or making referrals to mental health providers, services providers, community, and/or faith leaders who attempt to change a young person’s sexual orientation, gender identity, or gender expression.*

### THE BEST PRACTICES & STRATEGIES

- Remember that your professional responsibilities to comply with State and City laws and policies requires you to meet the best interests of each child, youth, and family you support. If you are unsure of what your professional responsibilities are as they relate to serving TNB young people, seek the guidance of your agency’s designated LGBTQ point person/or the ACS Office of LGBTQ Policy and Practice (see Section 31: Reporting TNB Policy & Practice Challenges for guidance).
- When working with TNB young people, remember that you are working to meet their individual needs regardless of your personal, cultural, or religious beliefs. Listen to what each young person needs, regardless of their gender identity and gender expression, and work diligently to meet those needs.
- If you encounter a TNB young person who you believe to be currently or formerly enrolled in a program or under guidance from a community leader administering conversion therapy practices (i.e., attempts to stop young people from being transgender or non-binary), immediately seek guidance from your agency’s designated LGBTQ point person and/or the ACS Office of LGBTQ Policy and Practice.

## PRACTICES TO AVOID

- Do not impose your personal, cultural, or religious beliefs onto any young person or family within your care. Remember that you will work with many different communities of people in your work within the child welfare and juvenile justice systems. Each child and family has individual needs, and it is your role to deliver services that meet their best interests.
- Refrain from any attempts to coerce or encourage a young person from being transgender or non-binary. Even if you believe you are helping a young person from experiencing bias, harassment, and discrimination.

**SECTION III:  
PRACTICE GUIDANCE FOR SOCIAL,  
LEGAL, AND MEDICAL TRANSITION**

# COMING OUT

## 14. SOCIAL TRANSITION: THE COMING OUT PROCESS

### THE CHALLENGE

As children and young people question their gender identity, and explore different ways to express it, they may also start disclosing to others that they are transgender or non-binary (TNB). As they begin “coming out,” or sharing their gender identity with others, they may need additional support for their emotional and physical wellbeing. Staff need to work with children and young people to determine their specific needs and what they will experience as safe and affirming in a placement setting or location.

### THE NYC ACS POLICY

The following are restatements of standards described in “Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System”, page 6; 14 (See Sections II.A. *Applicability of General Requirement and Guidelines*, II.B. *Non-Discrimination*, and II.N. *Service Referrals*.):

- *It is ACS policy that all transgender and non-binary youth shall be in homes and congregate facilities that are affirming of their gender identities and gender expressions.*
- *ACS is committed to being respectful of the dignity of all youth and families, and to keeping children and youth safe while meeting their specific needs, regardless of their gender identity or gender expression.*
- *When making these referrals, staff must recognize that many youth are exploring their sexual orientation, gender identity, and/or gender expression, and that youth may not know all relevant terminology, or may be questioning their own sexual orientation and/or gender identity.*

### THE BEST PRACTICES & STRATEGIES

- Children’s Services and provider staff should be familiar with affirming resources and referrals for TNB youth, and should make them available for youth when they are ready or request them. It is important that staff let young people take the lead on communicating what support they need, and that they can do so at their own pace.
- After a TNB person discloses their gender identity or gender expression, it is essential that case planning be reviewed, that appropriate policies and procedures are being followed, and that affirming supports are being offered.
- After coming out or disclosing their identity, TNB young people should be offered a current list of referrals to programs and agencies providing TNB inclusive and culturally responsive care.

### PRACTICES TO AVOID

- Do not assume that young people who are questioning their gender identity, expressing their gender in different ways, or disclosing that they are transgender or gender expression are doing so as a means of “acting out” or “getting attention.” Coming out and determining what is most comfortable and affirming can be a long-term process and may change over time. This is developmentally appropriate for TNB youth and should be supported.
- Do not assume that a TNB young person who discloses their gender identity, or begins expressing their gender in a different way will be on a path similar to other TNB young people you work with. Remember that every child and youth has their own gender journey, and you will need to actively listen to each about how they would like to be respected and affirmed, and what their specific needs are with respect to their social transition.

## A BRIEF NOTE ON THE CONCEPT OF COMING OUT & “TRANSITION”

The concept of transitioning is complex. Some common missteps when thinking about the gender journey of transgender and non-binary (TNB) children and youth is that ALL TNB young people follow the same path when it comes to “transitioning.” The reality is that all TNB people will socially transition in some capacity, and that the majority of TNB young people you will encounter will be going through a *social transition*; however, fewer will legally and medically transition. Below are some important distinctions to help better understand these transition nuances:

- **Social Transition.** The social process of disclosing to oneself and others that one is transgender and/or non-binary. This often includes asking others to use a name, pronoun, or gender that is more congruent with one’s gender identity and/or gender expression, and different from one’s birth sex, name, and assumed pronouns. This process also may include changing one’s gender expression, which may or may not correspond to traditional gender roles. While this process is the most accessible to TNB people, it may also present some of the greatest challenges as there is a risk of negative reactions ranging from intentional microaggressions to serious violence. Due to these risks, TNB people may choose to socially transition in different social groups at different periods of time (i.e., coming out to close friends, and refraining from disclosing to others).
- **Legal Transition.** The administrative process of legally changing one’s name and gender on identity documents. For many TNB people, legally transitioning is an important aspect to obtaining accurate identity documents such as a passport, driver’s license, birth certificate, and social security card to help secure gainful employment, housing, and obtain credit. Accurate identity documents limit challenges to a TNB person’s self-determined gender identity and gender expression without having to reveal their gender histories. For non-binary people, the process of legally transitioning can be complex as some do not identify with being male or female. Note that in certain countries (i.e., India) and states (i.e., Oregon), a third gender is now being recognized. For TNB people living in NYC, there are a number of pre-requisites required before a legal name and gender change can be recognized (see Section 20: *Legal Transition: Name/Gender Changes & Identity Documents* for guidance).
- **Medical Transition.** The process of undergoing treatments including pubertal suppression, hormone therapy, and surgical procedures, or receiving services like voice therapy and hair removal to align the body and secondary sex characteristics with one’s gender identity. While nearly all TNB people undergo some form of social transition, not everyone will pursue legal transition, and even fewer will pursue medical transition for a variety of reasons. For example, some TNB people have no desire to medically transition, some cannot medically transition for health reasons, and many have difficulty accessing it because of financial barriers. In New York, state Medicaid coverage for trans-related healthcare now covers certain gender confirming procedures, and for young people involved with ACS, other gender conforming procedures not covered by Medicaid can be reimbursed. For more details see Sections 21-24.



# GROOMING

## 15. SOCIAL TRANSITION: HAIR & PERSONAL GROOMING

### THE CHALLENGE

In order to express a gender that is consistent with their gender identity, transgender and non-binary (TNB) children and youth often need to utilize additional grooming techniques to modify their public appearance. These techniques (e.g., removal of facial or body hair, make-up, jewelry, etc.) and modifications of hairstyles (e.g., weaves/extensions, buzz cuts, etc.) may require additional time or materials. Site policies or ACS staff may inadvertently or purposefully prohibit TNB young people from using hair and grooming methods that are consistent with their gender. Lack of access can deny TNB young people their protected rights to express their gender, and can endanger their physical and emotional well-being.<sup>67</sup>



## THE NYC ACS POLICY

The following are restatements of standards described in “Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System”, page 25 (See Section III.I. *Hair and Other Personal Grooming.*):

- *Transgender and non-binary youth shall be permitted to use approved forms of personal grooming consistent with their gender identity and gender expression.*
- *Transgender and non-binary youth in detention and juvenile justice placement facilities may, but are not required to, shave their faces and bodies as permitted by Children’s Services Procedures.*
- *A youth shall not be prevented from using, or disciplined for using, a form of personal grooming because it does not match gender norms.*

## THE BEST PRACTICES & STRATEGIES

- Supply staff with gender appropriate clothing and grooming materials that correspond with a TNB young person’s gender identity, including wigs, weaves, braids, hair/shower supplies, makeup, and clothing. Access to gender appropriate supplies will enable staff to consistently validate and respect a TNB young person’s gender identity and gender expression.
- In instances that a TNB young person requests/requires a grooming material that is considered restricted, staff should evaluate all possible accommodations (within the reasonable ability of staff to provide) to support the young person’s request. These solutions must prioritize the specific safety and emotional/psychological needs of TNB children and youth to express a gender that is consistent with their gender identity and gender expression while mitigating potential risks for safety and security.
- TNB young people are provided with the necessary time and approved grooming materials that are appropriate and consistent with their gender identity. This includes being permitted to shave facial or body hair, as permitted by ACS procedures.
- Grooming rules must be consistent for all youth in ACS care, and at no time should materials or methods of personal grooming for TNB youth be restricted as a punishment or because the methods might be considered inconsistent with gender norms.

## PRACTICES TO AVOID

- Do not assume that a TNB young person who requests specific grooming items is using their gender identity or gender expression to receive extra privileges. It is important to remember that TNB children and youth have different grooming needs than their cisgender peers. Provision or denial of requested materials can have a significant negative impact on a TNB young person’s emotional/psychological well-being.<sup>68</sup>
- Do not provide undergarments, hair/shower supplies, and clothing inconsistent with a TNB young person’s gender identity and gender expression. Rather, staff are responsible for delivering these essential supplies to the TNB young person that will validate and respect a TNB young person’s gender identity and gender expression.

# CLOTHING

## 16. SOCIAL TRANSITION: CLOTHING & DRESS



### THE CHALLENGE

Transgender and non-binary (TNB) children and youth generally desire to wear clothing that is consistent with their gender identity. Due to circumstances or lack of availability, TNB young people may lack clothing that is consistent with their gender identity, or staff may inadvertently or purposefully restrict or deny these youth access to clothing that is appropriate for their gender identity. Clothing is an essential component of healthy gender expression, and being forced to wear clothing that is inconsistent with their gender identity is often intolerable for young people.<sup>69</sup>

### THE NYC ACS POLICY

The following are restatements of standards described in “Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System”, page 26 (See Section III.J. *Clothing*.):

- *Youth in Children’s Services custodial care shall be permitted to wear clothing consistent with their gender identity.*

- Youth will be made aware that they are always able to wear undergarments and/or clothing of their identified gender. Reasonable efforts must be made to ensure these garments are available to the children and young people.
- As with all youth, outer attire should be congruent with the occasion.

## THE BEST PRACTICES & STRATEGIES

- Supply staff with gender appropriate clothing and undergarments that correspond with a TNB young person's gender identity. Undergarments include but are not limited to bras, panties, boxers, binders, packers, breast forms, etc. Access to gender appropriate supplies will enable staff to consistently validate and respect a TNB young person's gender identity and gender expression.
- TNB young people should be afforded the opportunity to wear approved clothing that is consistent with their gender identity. Considerations of situational appropriateness should not be based on conformity to gender norms. For example, when dressing for a Family Court appearance, a transgender young man should not be advised or required to wear feminine attire, a transgender young woman should not be recommended to wear masculine attire, and a non-binary young person should not be recommended to wear gender-specific attire.
- TNB young people should be offered undergarments that are consistent with their gender identity. Young people should be asked privately which undergarments they prefer; their decisions should be respected, and the desired undergarments should be provided without comment or repercussion.
- Respect that TNB young people may have specific needs for dressing in a way that is consistent with their gender identity. For example, transgender girls and women may require a scarf, wig, or other headpiece to cover a hairstyle that may otherwise be seen as masculine, transgender boys and men may prefer wearing baggy clothing to limit unwanted attention to parts of their bodies, and non-binary young people may desire a blend of masculine and feminine clothing.
- It is essential to remember that many TNB young people have complex relationships with families of origin, and in some cases, may not be "out" due to physical and emotional safety concerns. In such situations, it may be necessary for young people to alter their gender presentation when interacting with family so that they are presenting their gender in a way that is consistent with their assigned sex. Staff and providers should support this as needed, make such clothes available, and help navigate the circumstances in a way that that young people identify as safe and supportive. Additional planning to help young people change clothes immediately prior and after visits with family may be helpful and reduce distress.

## PRACTICES TO AVOID

- Do not make remarks about TNB young people's clothing choices or offer "constructive" feedback about their appearance as it relates to their gender identity. Clothing is one of the most significant components of gender expression, and wearing clothing that is consistent with a person's gender identity can be a source of relief, pride, and increased self-esteem. Even well intentioned remarks can be hurtful. Offer positive feedback and compliments instead.
- Do not make assumptions about young people's identity based on their current clothing choices. Young people may have reason to shift their gender presentation in different situations, and doing so is developmentally normal and appropriate for TNB youth. This should not be used as a reason to invalidate the young person's preferred pronouns or name, or to deny access to care related to medical transition.
- Do not bargain with a TNB young person with respect to accessing clothing or undergarments that align with their gender identity. For example, if a TNB young person needs to perform better in school, do not make a conditional threat that only if a young person improves their grades, then they can access the clothing and undergarments that allow them to best express their gender.

# PRIVACY

## 17. SOCIAL TRANSITION: RESPECTING PRIVACY & PURPOSEFUL DISCLOSURE

### THE CHALLENGE

Disclosure of a TNB young person's gender identity without that person's explicit permission—whether the disclosure is accidental or purposeful—places that TNB young person at a higher risk for abuse from peers, family members, and other staff. Disclosure before a transgender or non-binary (TNB) young person is ready, or without their consent, can have a negative impact on the young person's relationships and increases their personal distress.

### THE NYC ACS POLICY

The following are restatements of standards described in *"Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System"*, pages 6 & 10 (See Sections II.C. Coercion and Imposition of Beliefs, II.H. Confidentiality and II.I. Disclosure by Youth and/or Family Members.):

- All staff are required to protect and/or maintain the confidentiality of the families they serve.
- Staff are prohibited from disclosing a youth's gender identity to other individuals or agencies, without the youth's permission, unless such disclosure is consistent with state or federal law or regulation.
- A person may disclose their gender identity to staff when, and if, they feel ready.
- Staff are prohibited from attempting to convince or coerce an LGBTQ youth to disclose or reveal their sexual orientation or gender identity.

### THE BEST PRACTICES & STRATEGIES

- In general, it should always be the young person's decision whether or not to disclose their gender identity, when, and to whom they disclose. However, there are certain times disclosure of a TNB young person's gender identity will need to occur without the youth's expressed consent. This disclosure occurs in order to make appropriate TNB affirming housing placements, service plans, school/employment referrals, etc. Individuals entitled to this information include—but aren't limited to—court, school, health, and Children's Services/child welfare and juvenile justice provider staff. Outside these exceptions it should be the young person's decision.
- All staff should proactively and consistently consider the specific





privacy needs of the TNB young person and take appropriate steps to protect this information by sharing it on a need to know basis. This may include marking information in progress notes as confidential. It is important that staff help the young person to understand the complexities of confidentiality, and ways in which the young person's gender identity might be revealed, such as being entered in court records, as well as the potential consequences of those disclosures.

- There may be certain instances where ACS and provider staff have to provide to other parties a case record or other written documents which contain information regarding gender identity and gender expression that the youth wishes to keep private. In those instances, ACS and provider staff must consult with ACS's Division of Family Court Legal Services, the Office of LGBTQ Policy and Practice, and/or their Agency's counsel.
- ACS and provider staff are to manage TNB young people's expectations by informing them on instances when their gender identity may need to be shared with other professionals. Let the TNB young person know specifically how this information will be used and by which legally authorized individual. For example, you can let a TNB young person know, "In order to make the most appropriate service plan, I will have to disclose your gender identity to the following people." If a young person has concerns, take the time to listen to those concerns, and take the appropriate steps to allay them.
- Ask questions such as: "Is there anyone who you would prefer not know how you identify?" "Is there anyone you prefer know how you identify?" "Are you currently out to \_\_\_\_\_?" In many cases, the young person will have a sense of whether or not it is safe for them to be "out" about their gender identity (see Section #19 for guidance on *Documentation & Records*, and, Section # 32 for further guidance on *Respectfully Asking Identity Questions*). ACS and provider staff should advise a TNB young person that there may be instances where disclosures will be made that are not in accordance with the TNB young person's wishes.
- Clarify in advance the people with whom it is acceptable to share the information, including when the young person is being referred to other resources for support. If there are people with whom the information should not be shared, make sure that is clear to all staff and is thoroughly respected. Periodically check for changes. ACS and provider staff should advise a TNB young person that there may be instances where disclosures will be made that are not in accordance with the TNB young person's wishes.
  - 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 birth name or your chosen name?

## PRACTICES TO AVOID

- Do not reveal, discuss, or share a young person's gender identity beyond those professionals that need to know. Even if a young person's gender identity is considered "public knowledge," and it seems like everyone knows, it is still important to check in with the TNB young person to see if there is anyone with whom the information should not be shared.
- Do not assume that a TNB young person is "out" or put pressure on a young person to disclose their gender identity. Coming out to others as transgender or gender non-binary is a lifelong process, and barring times when Children's Services and provider staff are obligated to share this information, children and young people should have total control over when they come out and to whom.
- Do not assume that TNB young people are comfortable discussing or explaining their gender identity. The coming out process is intensely personal, and can be complex and confusing. Respect the decisions of TNB young people to discuss, or not discuss, their gender identity, and understand that their comfort level may change over time.
- Do not make referrals to other services without asking the TNB young person in advance which name and pronoun should be used, and if it is okay to share that the young person is transgender or non-binary. On occasions when it is anticipated that the use of a young person's birth name or sex/gender will be disclosed, explain this to the young person in advance so that the young person will know to expect it.



# PRONOUNS

## 18. SOCIAL TRANSITION: NAME, PRONOUNS & IDENTITY LANGUAGE

### THE CHALLENGE

Staff may purposefully or accidentally neglect to consistently refer to transgender and non-binary (TNB) child or youth by their affirming name and pronouns. For TNB young people, being referred to by the wrong name, pronoun, or gender is invalidating, disrespectful, offensive, and indicates that they are not in a safe space. Incorrect name and pronoun use can increase the young person's sense of isolation. Malicious use of incorrect names, pronouns, or other identifying language creates an unsafe environment for a TNB person, and violates the New York City Human Rights Law.

### NEW YORK CITY HUMAN RIGHTS LAW<sup>70</sup>

The following are excerpts from the New York City Commission on Human Rights Legal Enforcement Guidance on Discrimination on the Basis of Gender Identity or Expression: Local Law No. 3 (2002); NYC Admin. Code Section 8-102(23):

- *The NYCHRL requires employers and covered entities to use an individual's preferred name, pronoun, and title (e.g., Ms./Mrs./Mr./Mx.) regardless of the individual's sex assigned at birth, anatomy, gender, medical history, appearance, or the sex indicated on the individual's identification.*
- *Most individuals and many transgender people use female or male pronouns and titles. Some transgender and gender [expansive] people prefer to use pronouns other than he/him/his or she/her/hers, such as they/them/theirs or ze/hir. Many transgender and gender [expansive] people choose to use a different name than the one they were given at birth.*
- *The Commission can impose civil penalties up to \$125,000 for violations, and up to \$250,000 for violations that are the result of willful, wanton, or malicious conduct."*



## THE NYC ACS POLICY

The following are restatements of standards described in “Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System”, pages 9 & 11 (See Sections II.G. *LGBTQ Identities, Language and Terminology* and II.J. *Use of ...Name.*):

- *Staff are prohibited from using value-laden and outdated terms, including but not limited to: “homo”, “homosexual”, “sexual preference”, “alternative lifestyle”, “trannie”, “transvestite”, and “sex change.”*
- *All youth may request that Children’s Services and provider agency staff use an affirming first name and the gender with which they identify, rather than their legal name. Youth must also be referred to by the pronoun that they state reflects their affirmed gender identity or expression. All staff are required to comply with such requests at all times.*
- *All staff must clarify with the youth which name and pronouns should be used in which settings—including in conversations with the young person’s family, other providers, and Family Court.*
- *All staff must mirror the language and terminology used by that young person or family member (when appropriate) in one-on-one interactions.*

## THE BEST PRACTICES & STRATEGIES

- Language should always mirror a young person’s own language when referring to their gender identity and gender expression. Staff and providers should always repeat back the exact language used by the young person, even if the terms used are unfamiliar or may seem offensive to others. For example, some young people use the term “genderqueer,” or simply “queer,” when referring to their gender identity and/or gender expression. This is an affirming term that some young people use. Please see Section #32 for guidance on how to respectfully ask questions about a young person’s gender identity in a respectful way.
- In instances where a TNB young person’s birth name or assigned sex must be used in documentation, this is explained to the young person, and wherever possible and appropriate the young person’s affirming name and pronoun are also included in this documentation.
- Regardless of legal names and sexes, the affirming (non-gang) names, gender identities, and pronouns of TNB young people should always be used when staff are addressing them. If unsure about a young person’s name, it is permissible to ask: “Is there another name you would like to be called? or “How would you like for me to address you?” (See Section #32 for additional language on respectfully asking questions about identity.)
- Regardless of a young person’s perceived or assumed sex, the affirming pronoun should always be used. If unsure about which pronouns to use for a young person, it is permissible to ask: “What are the affirming pronouns you’d like for me to use when addressing you?” (See Section #32 for additional language on asking questions about identity.)
- The affirming name and pronouns for a TNB young person must be consistently used by everyone, every time – by peers, staff, and providers. It is a staff member’s responsibility to hold others accountable for using the affirming (non-gang) name and pronouns through role modeling and affirming the TNB young person’s requests.
- It is important to recognize that the affirming name and pronouns for a TNB young person may change over time or by contextual (i.e., such as a different name, pronoun, gender in court or with non-supportive family members). All staff must respect the affirming (non-gang) name and pronouns for the specific context, as well as respect that these may change over time. Staff should consistently check with TNB young people about what the affirming name, pronoun, and gender for particular contexts. For example, a staff member that sees an affirming name, pronoun, and gender documented that differs from a young person’s birth name will want to check-in with a young person and ask, “What name do you prefer, and is the affirming pronoun documented in your case record correct?” and “Are there times when you would want to use a different name or pronoun?” A simple check-in can go a long way to strengthen trust, rapport, and respect.

## PRACTICES TO AVOID

- Do not apologize excessively or make excuses for using an incorrect name or pronoun. If you make a mistake, apologize, correct yourself, and move on with the conversation. Do not make excuses and do not try to explain your behavior – doing so can often make the person more uncomfortable.
- Never refer to a young person by gender identity (e.g., the transgender young person), or, using derogatory language (e.g., “tranny,” “it,” “he-she”), and do not allow others to do so. This is inappropriate and offensive, and it is a violation of the New York City Human Rights Act, and ACS policy, and could result in a fine upwards of up to \$250,000.
- Do not ignore instances where staff members, providers, or a TNB young person’s peers are using incorrect name, pronouns, or gender identities for them, and do not rely on the TNB young person to correct people. Expecting TNB young people to consistently correct other people’s misuse of their names, pronouns, and gender identities is inappropriate and puts additional stress on young people. It is essential that all staff role model respect – even when the TNB young person is not present.
- Do not react negatively to TNB young people when they request that you use a different name or pronoun for them, even if that request changes often. Shifting name and pronouns are part of a developmentally appropriate stage for TNB children and youth. Since the gender journey is a lifelong process a TNB young person may also change their name and pronoun usage over time or in different contexts to increase personal safety and resiliencies.

## 19. SOCIAL TRANSITION: DOCUMENTATION & RECORDS



### THE CHALLENGE

Staff who are fielding new cases often make assumptions about transgender and non-binary (TNB) children and young people's names and gender without asking them how they identify. In addition, the current state databases and forms do not easily allow for a TNB young person's affirming name, pronoun and/or gender identity to be recorded consistently and correctly in a TNB young person's case file. For TNB young people, the use of a birth name or reference to the sex they were assigned on their birth certificate (even when unintentional or required) can heighten their fear, distrust, and concerns for safety.

## THE NYC ACS POLICY

The following are restatements of standards described in “Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System”, page 12 (See Section II.K. *Documentation*.):

- *When documenting progress notes, the worker must initially document the youth’s legal name, [affirming] (non-gang) name, and when appropriate, the [affirming] pronouns (e.g., “James Doe, legal name, goes by Semaj. Semaj uses female pronouns (she/her). Semaj...”).*
- *Consistent use of [the affirming] name/pronoun(s) must be documented in systems of record after initial documentation of legal name.*
- *Staff must clearly indicate which name is [affirming for] the young person, and in which situations this name should be used.*
- *Staff must inform the youth about who will have access to these documents before they are disseminated.*

## THE BEST PRACTICES & STRATEGIES

- When first recording personal information in systems of record like CONNECTIONS, it is important to document the legal name, along with the affirming (non-gang) name, and pronouns (when appropriate). After this initial documentation, consistent use of the affirming name/pronouns must be documented thereafter. This ensures that a young person’s gender identity, name, and pronouns are clearly respected, which will help build trust, and communicates to other staff that the affirming name and pronouns are to be used in lieu of the name of legal record.
- A young person’s case notes clearly document that young person’s affirming name and pronoun, and make it very clear when to use a TNB young person’s affirming name and pronouns, so that anyone else reading the case notes can clearly identify the young person’s affirming name and pronouns.
- It is important to clarify with the young person when and why the legal names are required, how their affirming name and pronouns will be documented, and how that information will be kept private and only shared with those legally authorized professionals on a need to know basis.
- When recording a young person’s affirming name and pronoun in systems of record, be sure to clarify if there are any individuals (family members, providers, etc.), with whom the young person does not want to share their gender identity, name, and pronouns. Documenting this information is critical to alert key professionals that by sharing such information, they may be jeopardizing the safety of the TNB young person.
- In the instance that the young person does not want their affirming name or pronouns shared with certain people – such as with specific family members - this information should be clearly and directly noted in the case records, preferably at the beginning of an electronic file or paper document, depending on the forms. The case record should also clearly note which name and pronouns should be used by staff when speaking with family members.
- Explain directly to the TNB young person how the information will be shared with others – who has access to the file, and in what circumstances.

## PRACTICES TO AVOID

- Do not assume that young people will not see or notice that their legal name or assigned sex is being used in their case notes in CONNECTIONS, and other systems of reference. Explain in advance the need for the use of both names, and genders, so that young people understand that it is not being done out of disrespect.

- Do not neglect to speak with young people as to when to withhold information about their affirming name/ pronouns. It is essential to young people's emotional and physical safety that they have rights to not have their affirming name and pronoun used. For example, if young people are not "out" to their family of origin, or to resource parents, it is essential that staff know this and take extra care with using the name and pronouns that the young people request in specific situations, and continue using their affirming names and pronouns in all other settings.



## 20. LEGAL TRANSITION: NAME/GENDER CHANGES & IDENTITY DOCUMENTS

### THE CHALLENGE

Securing a legal and gender change on identity documents is an important step towards aligning a transgender or non-binary (TNB) person's legal identity with their lived experience. However, the cost of changing identity documents creates significant barriers for TNB people from accessing accurate identity documents. Financial barriers are even more pronounced for TNB young people in foster care and juvenile justice settings. Research confirms that more than two thirds of TNB people do not have access to IDs that match with their affirming name and gender.<sup>71</sup> Not having access to correct identity documents often leads to higher rates of verbal harassment, the denial of benefits or services, requests to leave places of public accommodation, or physical assault for TNB people when required to show IDs.<sup>72</sup>

### NEW YORK CITY HUMAN RIGHTS LAW<sup>73</sup>

The following excerpts come from the New York City Commission on Human Rights Legal Enforcement Guidance on Discrimination on the Basis of Gender Identity or Expression: Local Law No. 3 (2002); NYC Admin. Code Section 8-102(23):

- *The NYCHRL requires employers and covered entities to use an individual's preferred name, pronoun, and title (e.g., Ms./Mrs./Mr./Mx.) regardless of the individual's sex assigned at birth, anatomy, gender, medical history, appearance, or the sex indicated on the individual's identification.*
- *Conditioning an individual's use of their preferred name or obtaining a court-ordered name change or providing identification in that name [is a violation of this law]. For example, a covered entity [i.e., City Agency] may not refuse to call a transgender woman her preferred name, Jane, because her identification says that her first name is John."*
- *All People, including employees, tenants, customers, and participants in programs, have the right to use their preferred name regardless of whether they have identification in that name or have obtained a court-ordered name change.*
- *The Commission can impose civil penalties up to \$125,000 for violations, and up to \$250,000 for violations that are the result of willful, wanton, or malicious conduct."*

### THE NYC ACS POLICY

The following are restatements of standards described in "Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System", pages 9 & 11 (See Sections II.G. LGBTQ Identities, Language and Terminology and II.J. Use of ...Name.):

- *All youth may request that Children's Services and provider agency staff use an affirming first name and the gender with which they identify, rather than their legal name. Youth must also be referred to by the pronoun that they state reflects their preferred gender identity or expression. All staff are required to comply with such requests at all times.*
- *All staff must clarify with the youth which name and pronouns should be used in which settings – including in conversations with the young person's family, other providers, and Family Court.*
- *All staff must mirror the language and terminology used by that young person or family member (when appropriate) in one-on-one interactions.*

## THE BEST PRACTICES & STRATEGIES

- For TNB young people pursuing legal transition (i.e., wanting to update their legal identification(s) including driver's licenses, birth certificates, passports, etc.), contract agencies are encouraged to work with their designated LGBTQ point people and/or the ACS Office of LGBTQ Policy and Practice to identify community organizations who can provide free legal assistance. See Section #34 organizations offering legal guidance on name and gender changes in NY State.
- When working with a young person who has mismatched identification, be sure to clarify the name and pronouns that are most affirming to them, and document this information on their case files/notes to more fully affirm and respect TNB young people within your care. See Section #32 for guidance on how to respectfully ask gender identity questions.
- Remember that legal transition can be a costly process. Explore with your agency options around subsidizing the costs of obtaining accurate identity documents for TNB young people. Having access to IDs that match a young person's gender presentation will help open up access to education and employment opportunities limiting the verbal and physical harassment endured by TNB people when their IDs do not match who they are.

## PRACTICES TO AVOID

- Remember that not every TNB young person will want to change identity documents for a variety of reasons. When working with TNB young people, assess how they identify, and ask them if they would like to pursue legal transition by sharing some of the benefits of having access to identity documents that align with their affirming names and gender identities. Respect the decisions they make with respect to this aspect of legal transition.
- If a TNB young person wants to update their identity documents, do not ignore this request, coerce them into making a different decision, or tell them that your agency cannot direct them to appropriate community resources that can help with this process. Rather, be sure to direct these young people to your designated LGBTQ point person, and/or to the Office of LGBTQ Policy and Practice for additional support with this aspect of legal transition.

## 21. MEDICAL TRANSITION: PUBERTAL SUPPRESSION & HORMONE BLOCKERS

### THE CHALLENGE

For transgender and non-binary (TNB) children and youth, the hormonal and physical changes that occur during puberty can cause increased gender dysphoria and related negative outcomes. For many TNB young people, the physical changes that occur during puberty will need to be medically corrected later in life through use of hormones, surgery and other interventions (e.g., laser hair removal, speech therapy, etc.).<sup>74</sup> To avoid the negative outcomes and physical changes, an increasing number of TNB young people are engaging in pubertal suppression, which uses hormone blockers to “pause” puberty, and temporarily prevent physical changes until a TNB young person is ready to make a decision on whether medical transition is in their best interests.<sup>75</sup>

Logistically, pubertal suppression works best when administered in the early stages of puberty (which can start as young as 8-9 years old) and is ineffective in later stages of puberty. Research confirms positive mental and physical health outcomes that result from pubertal suppression, and also demonstrates that a TNB young person’s overall well-being is comparable to their cisgender and gender conforming peers.<sup>76</sup>

### NEW YORK STATE MEDICAID<sup>77</sup>

The following are excerpts from New York State Medicaid Regulations at 18 NYCRR 505.2(I), relating to Medicaid coverage for transgender care and services:

- *Medicaid FFS and MMC plans will provide reimbursement for medically necessary hormone therapy for treatment of gender dysphoria.*
- *Hormone therapy, whether or not in preparation for gender reassignment surgery...[includes]... treatment with gonadotropin-releasing hormone agents (pubertal suppressants), based upon a determination by a qualified medical professional that an individual is eligible and ready for such treatment.*

### THE NYC ACS POLICY

In the event that Medicaid FFS and MMC plans are not accessible to a TNB young person in care, the following are excerpts from the ACS Non-Medicaid Reimbursable (NMR) Policy<sup>78</sup> that may apply (See Sections II. *Preparing Requests for Non-Medicaid Reimbursable Treatments or Services* and III. *Submitting Requests for Non-Medicaid Reimbursable Treatments and Services.*):

- The foster care agency, together with the youth’s health provider(s), assess whether a foster youth may request treatment/services not covered by [the youth’s existing Medicaid plan].
- The case planning agency should submit a request for reimbursement with all appropriate documentation (see full policy) to the Chair of the Commissioner’s Advisory Panel (CAP). Prior to submission, the foster care agency must comply with all existing medical consent requirements as described in ACS Procedure 102/Bulletin 99-1.
- After ACS decision-making is completed, and upon the approval of treatment/services and compliance with the medical consent requirements, the foster care agency may then proceed with scheduling appropriate treatment/services.

The following is an excerpt from Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System, page 23 (See Section III.F. *Hormone Therapy.*):

- For all youth under the age of 18 in Children’s Services custodial care, appropriate consent from the youth’s parent/legal guardian must be first sought and obtained as required by law and/or ACS policy.

## THE BEST PRACTICES & STRATEGIES

- TNB young people should be informed about the option of pubertal suppression and related support, given information about how it works, and provided with all appropriate and relevant information about policies and procedures related to accessing TNB-related medical interventions (e.g., the policies listed above, particularly around parental consent and reimbursement). This will help the young person to make informed decisions and manage related expectations.
- Those who wish to pursue pubertal suppression should be provided with the information and resources offered by TNB affirming healthcare providers to do so, in accordance with the World Professional Association for Transgender Health (WPATH) Standards of Care – the standards that guide TNB-affirming medical and mental health professionals in determining if and when a person is ready/able to engage in medical transition.<sup>79</sup> Referrals for related mental health and medical reviews by TNB healthcare specialists should be made as soon as possible – regardless of age. Delays in services may result in a young person’s being ineligible (based on the age of pubertal onset and progression) for the intervention.
- The case planner working with a TNB young person placed in foster care must contact the assigned ACS Family Court Legal Services (FCLS) attorney immediately in instances where a parent/guardian’s consent for a non-routine medical treatment or service (like pubertal suppression) is required and not granted, and the Commissioner or their designee believe that the parent/guardian’s failure to provide consent endangers the life, health, and well-being of the child.
- When in contact with the FCLS attorney, the case planner must discuss the feasibility of obtaining a court order for the medical treatment or service. The case planner must, as appropriate, also call in a SCR report or request any currently assigned DCP child protective service staff to consider holding a Child Safety Conference if the parent/guardian’s failure to consent is endangering the life, health, and well-being of the child.

## PRACTICES TO AVOID

- Do not omit or provide misleading information to TNB young people, or their families, about pubertal suppression. Do not make condemning or judging statements (e.g., “you are too young to know what you want,” or “you should wait until you are older to make big decisions”). Expert medical and mental health providers that are TNB-affirming will assess whether or not the requested intervention is appropriate for the young person.
- Do not promise TNB young people that they will be able to access pubertal suppression. This must be determined by a medical professional, per the WPATH Standards of Care. Limited availability and cost may also be prohibitive factors.
- Staff are prohibited from bargaining or incentivizing medically necessary transgender-healthcare to encourage a TNB young person to change their behaviors, improve their grades, participate in extracurricular activities, etc. In other words, staff cannot say, “we won’t schedule your healthcare appointment until you improve your grades,” or “only when you change your attitude will we consider scheduling your next healthcare appointment.”

## 22. MEDICAL TRANSITION: HORMONE USE PRIOR TO ENTERING CARE



### THE CHALLENGE

Transgender and non-binary (TNB) young people often experience a strong sense of gender dysphoria, particularly around the secondary sex characteristics that develop during puberty (e.g., growth of facial hair, breast growth, menstruation, etc.).<sup>80</sup> Many TNB young people desire to utilize hormonal treatments to align their bodies with their gender identities. TNB young people may have accessed hormonal treatments (through a doctor or on the street) prior to entering ACS care.<sup>81</sup> Sudden cessation of these hormones will cause strong physical and psychological side effects that will negatively impact a young person's emotional, psychological, and physical well-being.

## NEW YORK STATE MEDICAID<sup>82</sup>

The following are excerpts from New York State Medicaid Regulations at 18 NYCRR 505.2(I), relating to Medicaid coverage for transgender care and services:

- Medicaid FFS and MMC plans will provide reimbursement for medically necessary hormone therapy for treatment of gender dysphoria.
- Hormone therapy, whether or not in preparation for gender reassignment surgery ...[includes]... treatment with cross-sex hormones, including testosterone cypionate, conjugated estrogen, and estradiol.

## THE NYC ACS POLICY

The following are restatements of standards described in “Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System”, page 22 (See Section III.F. *Hormone Therapy*.):

- *If a youth was prescribed hormones by a licensed medical provider, the medication shall be continued upon medical assessment and approval.*
- *If a youth is found to be accessing hormones on the street or without a prescription, the youth must be immediately referred to a LGBTQ culturally competent medical and mental health provider for an evaluation. Staff must ensure that all necessary treatment continues, if determined necessary by the medical and mental health clinicians.*
- *If hormone therapy is discontinued for a youth, the youth shall continue to be monitored by the medical and mental health clinicians to treat any symptoms that occur as a result.*

The following are restatements of standards from the “Non-Medicaid Reimbursable (NMR) Policy” (See Sections II. *Preparing Requests for Non-Medicaid Reimbursable Treatments or Services* and III. *Submitting Requests for Non-Medicaid Reimbursable Treatments and Services*.):

- *The foster care agency, together with the youth’s health provider(s), assess whether a foster youth may need treatment/services not covered by Medicaid (because of NYS Medicaid age requirements).*
- *After ACS Administrative review, approval of treatment/services, and compliance with the medical consent requirements, the foster care agency can then proceed with scheduling appropriate treatment/services.*
- *The case planning agency should submit a request for reimbursement with all appropriate documentation (see full policy) to the Medical Director of ACS, who is the Chair of the Commissioner’s Advisory Panel. Prior to submission, the contract agency must comply with all existing medical consent requirements as described in ACS Policy “Medical Consents for Children in Foster Care” (Policy 2014/08).*

## THE BEST PRACTICES & STRATEGIES

- Referrals for related mental health and medical reviews by medical providers who are culturally competent in working with TNB young people should be made as soon as possible to support the continuity of care and so that there is no interruption in treatments. It will be essential to communicate to the young person that they will be referred to a provider that is TNB-affirming, and that the assessment will be to support continued hormonal treatments.
- If a young person discloses current use of hormonal treatments that have been administered and monitored by a medical professional, it will be helpful to have the previous provider’s contact information. For continuity of care, the provider may elect to request a Health Insurance Portability and Accountability Act (HIPAA) agreement to contact the previous provider.



- The case planner working with a TNB young person placed in foster care must contact the assigned ACS Family Court Legal Services (FCLS) attorney immediately in instances where a parent/guardian's consent for a non-routine medical treatment or service (like hormone therapy treatment) is required and not granted, and the Commissioner or their designee believe that the parent/guardian's failure to provide consent endangers the life, health, and well-being of the child.
- When in contact with the FCLS attorney, the case planner must discuss the feasibility of obtaining a court order for the medical treatment or service. The case planner must also, as appropriate, call in a SCR report or request any currently assigned DCP child protective service staff to consider holding a Child Safety Conference if the parent/guardian's failure to consent is endangering the life, health, and well-being of the child.

## PRACTICES TO AVOID

- Do not delay in making referrals to a TNB-affirming medical provider. Depending on the type of hormones used, they are often administered daily, weekly, bi-weekly, or monthly. It is essential that the young person see a provider as soon as possible to avoid interruptions in hormonal treatment.
- Do not take steps to restrict access to hormonal treatments or remove the young person from hormonal treatments. Any related decisions are to be made and monitored by TNB-affirming medical providers. In the event that a TNB-affirming medical provider determines that a young person is to be removed from hormonal treatments, per ACS policy, the process must be conducted under that provider's ongoing monitoring and all efforts must be made to mitigate the side effects.
- Under no circumstances should a young person be admonished or penalized for having accessed prior hormonal treatments (regardless of the means of access), or having gone without medical monitoring.
- Staff are prohibited from bargaining or incentivizing medically necessary transgender-healthcare to encourage a TNB young person to change their behaviors, improve their grades, participate in extracurricular activities, etc. In other words, staff cannot say, "we won't schedule your healthcare appointment until you improve your grades," or "only when you change your attitude will we consider scheduling your next healthcare appointment."

# HORMONES

## 23. MEDICAL TRANSITION: HORMONE REQUESTS WHILE IN CARE

### THE CHALLENGE

Transgender and non-binary (TNB) young people often experience a strong sense of gender dysphoria, particularly around the secondary sex characteristics that they developed during puberty (e.g., growth of facial hair, breast growth, menstruation, etc.). Many TNB young people desire to utilize hormonal treatments to align their bodies with their gender identities. TNB young people may request access to these hormonal treatments while in ACS care which are available to those who meet all of the WPATH Standards of Care requirements, as determined by appropriate TNB-affirming providers.

### NEW YORK STATE MEDICAID<sup>83</sup>

The following are excerpts from New York State Medicaid Regulations at 18 NYCRR 505.2(I), relating to Medicaid coverage for transgender care and services:

- Medicaid FFS and MMC plans will provide reimbursement for medically necessary hormone therapy for treatment of gender dysphoria.
- Hormone therapy, whether or not in preparation for gender reassignment surgery...[includes]...treatment with cross-sex hormones, including testosterone cypionate, conjugated estrogen, and estradiol.

### THE NYC ACS POLICY

The following are restatements of standards described in “Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System”, pages 22-23 (See Section III.F. *Hormone Therapy*.):

- *If a youth in foster care or juvenile justice placement makes a request to begin hormone therapy while in Children’s Services custodial care, they must be promptly referred to a LGBTQ culturally competent medical and mental health provider for an evaluation. The medical provider, in consultation with the youth’s case planner, must initiate a request for financial support and treatment through the Children’s Services NMR Policy.*
- *If a youth in detention makes a request to begin hormone treatment, the contracted medical provider, in consultation with Children’s Services, will make a determination regarding the initiation of hormone therapy or other medical treatments related to gender identity based on accepted standards of care.*
- *For all youth under the age of 18 in Children’s Services custodial care, appropriate consent from the youth’s parent/legal guardian must be first sought and obtained as required by law and/or ACS policy.*

The following are restatements of standards from the “Non-Medicaid Reimbursable (NMR) Policy” (See Sections II. *Preparing Requests for Non-Medicaid Reimbursable Treatments or Services* and III. *Submitting Requests for Non-Medicaid Reimbursable Treatments and Services*.):

- *The foster care agency, together with the youth’s health provider(s), assess whether a foster youth may need treatment/services not covered by Medicaid (because of NYS Medicaid trans-health age restrictions).*

- The case planning agency should submit a request for reimbursement with all appropriate documentation (see full policy) to the ACS LGBTQ Office. Prior to submission, the foster care agency must comply with all existing medical consent requirements as described in Policy “Medical Consents for Children in Foster Care” (Policy 2014/08).
- After ACS Administrative review, approval of treatment/services, and compliance with the medical consent requirements, the foster care agency can then proceed with scheduling appropriate treatment/services.

## THE BEST PRACTICES & STRATEGIES

- TNB youth should be informed about the option of hormone treatment by their TNB affirming healthcare provider(s), given information about how it works, and be provided with all appropriate and relevant information about policies and procedures related to accessing TNB-related medical interventions (e.g., the policies listed above, particularly around parental consent and reimbursement). This will help the young person to make informed decisions and manage related expectations.
- Those who wish to pursue hormone treatment should be provided with the information and resources to do so, in accordance with the WPATH Standards of Care. Referrals for related mental health and medical reviews by medical providers (culturally competent in working with TNB young people) should be made as soon as possible.
- Young people should also be informed about the availability of voice coaching and laser hair removal via the NMR policy.
- Referrals for related mental health and medical reviews by medical providers who are culturally competent in working with TNB young people should be made, regardless of the young person’s age.
- The case planner working with a TNB young person placed in foster care must contact the assigned ACS Family Court Legal Services (FCLS) attorney immediately in instances where a parent/guardian’s consent for a non-routine medical treatment or service (like hormone therapy treatment) is required and not granted, and the Commissioner or their designee believe that the parent/guardian’s failure to provide consent endangers the life, health, and well-being of the child.
- When in contact with the FCLS attorney, the case planner must discuss the feasibility of obtaining a court order for the medical treatment or service. The case planner must also call in a SCR report, or request any currently assigned DCP child protective service staff to consider holding a Child Safety Conference if the parent/guardian’s failure to consent is endangering the life, health, and well-being of the child.

## PRACTICES TO AVOID

- Do not omit or provide misleading information to TNB youth about hormone treatments. Do not make condemning or judging statements (e.g., “you are too young to know what you want” or “you should wait until you are older to make big decisions”). Medical and mental health providers that are TNB-affirming will assess whether or not the requested intervention is appropriate for the young person.
- Do not promise TNB youth that they will be able to access hormone treatments. This must be determined by a medical professional, per the WPATH Standards of Care.
- Staff are prohibited from bargaining or incentivizing medically necessary transgender-healthcare to encourage a TNB young person to change their behaviors, improve their grades, participate in extracurricular activities, etc. In other words, staff cannot say, “we won’t schedule your healthcare appointment until you improve your grades,” or “only when you change your attitude will we consider scheduling your next healthcare appointment.”

# SURGICAL

## 24. MEDICAL TRANSITION: SURGICAL INTERVENTIONS



### THE CHALLENGE

Transgender and non-binary (TNB) young people often experience a strong sense of gender dysphoria, particularly around secondary sex characteristics (e.g., breast growth and genitals).<sup>84</sup> While not all TNB young people desire surgical interventions, many do. Per the WPATH Standards of Care, TNB young people who are over the age of 18 and meet all other medical and mental health criteria are eligible to access surgical interventions. Changes in New York State Medicaid rules deem certain surgical procedures as “cosmetic,” and exclude them from coverage. In these instances, the NMR Guidance for Trans-Related Healthcare Policy offers additional coverage for medically necessary care, and allows TNB young people to access medically appropriate surgical interventions.

## NEW YORK STATE MEDICAID<sup>85</sup>

The following are excerpts from New York State Medicaid Regulations at 18 NYCRR 505.2(I), relating to Medicaid coverage for transgender care and services:

- The following gender reassignment surgeries, services, and procedures are available, based on a determination of medical necessity by a qualified medical professional: mastectomy, hysterectomy, salpingectomy, oophorectomy, vaginectomy, urethroplasty, metoidioplasty, phalloplasty, scrotoplasty, penectomy, orchiectomy, vaginoplasty, labiaplasty, clitoroplasty, and/or placement of a testicular prosthesis and penile prosthesis; breast augmentation, provided that: the individual has completed a minimum of 24 months of hormone therapy, during which time breast growth has been negligible; or hormone therapy is medically contraindicated; or the patient is otherwise unable to take hormones; and electrolysis when required for vaginoplasty or phalloplasty.
- The above services are available under fee-for-service (FFS) Medicaid **without prior approval**. With respect to Medicaid Managed Care (MMC) enrollees, administrative prior authorization requirements may be applied; however, the MMC Plan must accept the qualified medical professional's determination of medical necessity.
- Any other surgeries, services, and procedures in connection with gender reassignment not listed above, or to be performed in situations not described above, including those done to change the patient's physical appearance to more closely conform secondary sex characteristics to those of the patient's identified gender, will be covered if it is demonstrated that such surgery, service, or procedure is medically necessary to treat a particular patient's gender dysphoria, and prior approval is received. Coverage is not available for surgeries, services, or procedures that are purely cosmetic, i.e., that enhance a patient's appearance but are not medically necessary to treat the patient's underlying gender dysphoria.
- Although the minimum age for Medicaid coverage of gender reassignment surgery is generally 18 years of age, the revised regulations allow for coverage for individuals under 18 in specific cases if medical necessity is demonstrated and prior approval is received.

## THE NYC ACS POLICY

The following are restatements of standards from the "Non-Medicaid Reimbursable (NMR) Policy" (See Sections II. *Preparing Requests for Non-Medicaid Reimbursable Treatments or Services* and III. *Submitting Requests for Non-Medicaid Reimbursable Treatments and Services*.):

- The foster care agency, together with the youth's health provider(s), assess whether a foster youth may need treatment/services not covered by Medicaid (because of NYS Medicaid trans-health exclusion).
- After ACS Administrative review, approval of treatment/services, and compliance with the medical consent requirements, the foster care agency can then proceed with scheduling appropriate treatment/services.
- The case planning agency should submit a request for reimbursement with all appropriate documentation (see full policy) to the ACS LGBTQ Office. Prior to submission, the foster care agency must comply with all existing medical consent requirements as described in ACS Policy "Medical Consents for Children in Foster Care" (Policy 2014/08).

The following is an excerpt from Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System, page 23 (See Section III.G. *Medical Care Specific to LGBTQ Youth Other than Continuity of Care Hormone Therapy for Youth In Detention*.):

- For youth in detention, where the initiation of other medical care (e.g., medically necessary transition-related surgeries) is at issue, DYFJ's Deputy Commissioner or their designee may review the request and decide whether initiating the recommended treatment while the youth is in DYFJ custody is appropriate and feasible.

## THE BEST PRACTICES & STRATEGIES

- TNB young people should be informed about the option of surgical interventions, given information about how surgery works, and provided with all appropriate and relevant information about policies and procedures related to accessing TNB-related medical interventions (e.g., the policies listed above, particularly around age and reimbursement). This will help the young person to make informed decisions and manage related expectations.
- Those who wish to pursue surgical interventions should be provided with the information and resources to do so, in accordance with the WPATH Standards of Care. Referrals for related mental health and medical reviews by medical providers (culturally competent in working with TNB young people) should be made as soon as possible.
- Young people should also be informed about the availability of voice coaching and laser hair removal via the NMR policy.
- TNB young people who are under the age of 18 and desire surgical interventions, should be informed about the minimum age, and exceptions as outlined in the Standards of Care and in the NY State Medicaid Rules. Referrals for related mental health and medical reviews by medical providers (culturally competent in working with TNB young people) should be made, regardless of the young person's age.
- The case planner working with a TNB young person placed in foster care must contact the assigned ACS Family Court Legal Services (FCLS) attorney immediately in instances where a parent/guardian's consent for a non-routine medical treatment or service (like hormone therapy treatment) is required and not granted, and the Commissioner or their designee believe that the parent/guardian's failure to provide consent endangers the life, health, and well-being of the child.
- When in contact with the FCLS attorney, the case planner must discuss the feasibility of obtaining a court order for the medical treatment or service. The case planner must also, as appropriate, call in a SCR report or request any currently assigned DCP child protective service staff to consider holding a Child Safety Conference if the parent/guardian's failure to consent is endangering the life, health, and well-being of the child.

## PRACTICES TO AVOID

- Do not omit or provide misleading information to TNB youth about surgical interventions.
- Do not make condemning or judging statements (e.g., "you are too young to know what you want," or "you should wait until you are older to make big decisions").
- Medical and mental health providers that are TNB-affirming will assess whether or not the requested intervention is appropriate for the young person.
- Do not promise TNB youth that they will be able to access surgical interventions. This must be determined by a medical professional, per the WPATH Standards of Care.
- Staff are prohibited from bargaining or incentivizing medically necessary transgender-healthcare to encourage a TNB young person to change their behaviors, improve their grades, participate in extracurricular activities, etc. In other words, staff cannot say, "we won't schedule your healthcare appointment until you improve your grades," or "only when you change your attitude will we consider scheduling your next healthcare appointment."





**SECTION IV:  
ACS RESOURCES TO SUPPORT  
POLICY IMPLEMENTATION**

# REFERRALS

## 25. REFERRALS TO TRANSGENDER & NON-BINARY INCLUSIVE SERVICES



### THE CHALLENGE

Transgender and non-binary (TNB) people may face intense levels of prejudice and discrimination when accessing social services, and TNB children and youth are particularly vulnerable to the negative effects of stigma and anti-transgender bias.<sup>86</sup> It is essential that whenever possible, referrals be pre-screened to check that the providers are culturally responsive in working with TNB young people, and that care is taken to help young people receive the respectful, affirming, and competent services that they are seeking.

### THE NYC ACS POLICY

The following are restatements of standards described in “Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System”, page 7 & 13-14, 16 (See Sections II.N. *Service Referrals* and II.O. *Medical and Mental Health Assessments and Services*.):

- *Staff responsible for referring youth and families for counseling, health, mental health, and other services must consider the special needs of TNB youth and avoid any form of discrimination based on gender identity or expression. If a youth discloses that they are transgender or gender non-conforming, they must be offered the opportunity for health, mental health and other services that are transgender-inclusive and affirming.*
- *When planning for discharge and/or transition, staff/supervisory staff must refer youth who identify as transgender or gender non-conforming to community based providers who have demonstrated that they are culturally competent working with TNB youth. If the youth’s gender identity is known to the family or caretakers, they must also receive this referral information.*
- *When making these referrals, staff must recognize that many youth are exploring their sexual orientation, gender identity, and/or gender expression, and that youth may not know all relevant terminology, or may be questioning their own sexual orientation and/or gender identity.*
- *Staff working with TNB youth must identify and become familiar with community resources to support TNB youth.*
- *Children’s Services and provider agency staff are prohibited from employing, contracting with, or making referrals to mental health providers and/or other service providers who attempt to change a youth’s gender identity.*
- *Any attempt to “correct” or change youth’s gender identity or*

## THE BEST PRACTICES & STRATEGIES

- TNB young people should only be referred to providers that are well established and recommended for working with TNB children and youth. (See Section #34 for recommended referrals). Not all providers in an organization will have this expertise, so it is essential to take the steps to research the specific providers who have the expertise and cultural responsiveness to effectively work with TNB young people, and make sure that the young person sees that provider.
- Establish ongoing professional relationships with providers that are TNB-inclusive. Even in NYC, there are a limited number of providers who work with TNB young people. By creating an ongoing relationship with those providers, staff can refer TNB young people to TNB affirming programs and services.
- It is essential to remember that TNB young people are in need of consistent access to non-transition related medical care, including general health and well-being screenings, and sexual health services. These services should also be provided by TNB affirming providers.

## PRACTICES TO AVOID

- Do not assume that a site or service is TNB-inclusive (i.e., one with TNB inclusive policies, culturally responsive staff, and private beds, bathrooms and showers). Rather, refer to the ACS LGBTQ webpage ([www.nyc.gov/acs/lgbtq](http://www.nyc.gov/acs/lgbtq)) to identify TNB affirming providers. Do not assume that all sites that serve LGBTQ youth are TNB inclusive – the needs of TNB young people are different than that of cisgender lesbian, gay and bisexual youth, and not all places are able to work effectively with TNB young people.
- Do not assume that all providers are knowledgeable and culturally responsive to work with TNB young people. TNB people often report that service and medical providers are not aware at best, and outright prejudiced at worst.<sup>87</sup> If TNB young people perceive prejudice, hostility, or disrespect, they are unlikely to continue to see the provider and may avoid care altogether.
- Under no circumstances should any TNB young person be referred to any mental health or medical practitioner that uses “reparative” or “conversion” therapy practices. This is a direct violation of ACS policy and New York State rules.<sup>88</sup> If there is any question about a referral, it should be cleared by the LGBTQ point person or the ACS Office of LGBTQ Policy and Practice for the site, prior to referral

# TRAINING

## 26. STAFF CULTURAL RESPONSIVENESS TRAINING

### THE CHALLENGE

Transgender and non-binary (TNB) children and youth are one of the most vulnerable and highest risk populations within the foster care and juvenile justice systems.<sup>89</sup> To provide affirming and respectful services for TNB young people, ACS providers and staff must be prepared to offer culturally responsive care by gaining awareness around the specific needs of TNB young people. Cultural responsiveness refers to one's ability to learn from and relate respectfully with people from one's own culture as well as those from other cultures.<sup>90</sup> This concept differs from "cultural competency" because it focuses on self-education, empathy, and execution rather than striving to achieve a state of expertise on a culture that is not your own.



## THE NYC ACS POLICY

The following are restatements of standards described in “Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System”, pages 2, 6-7, 16-17 & 26 (See Summary, and Sections II.B. *Non-Discrimination*, II.D. *Staff Conduct*, II.F. *Guidelines for Staff Interaction with Youth*, II.P. *Training*, and III.L. *Provider Agency LGBTQ Point Person Expectations*.):

- *Children’s Services is committed to providing all youth and families served by Children’s Services and our contracted provider agencies a safe, healthy, inclusive, affirming and discrimination-free environment. No Children’s Services or provider agency staff shall unlawfully discriminate against other persons in the course of their work.*
- *The LGBTQ point person is required to manage LGBTQ cultural responsiveness learning opportunities, and coordinate trainings within the provider agency to ensure that all staff working directly with youth receive such training and coaching related to respecting, affirming, and meeting the needs of transgender and non-binary youth and families..*
- *All Children’s Services and provider agency staff and foster parents having direct contact with children and families are required to be trained on the goals and expectations of this LGBTQ Policy. Training shall be provided to staff during the staff’s initial orientation, and at least one refresher training every two (2) year thereafter.*
- *Staff must model appropriate and affirming behavior at all times. Staff shall establish and maintain a culture where the dignity of every youth is respected and all youth feel safe, regardless of their gender identity or expression.*
- *Staff will be aware that the psychosocial stress associated with explicit and implicit transphobia and related prejudice, and the stigma associated with being TNB may contribute to depression, anxiety, increased suicide risk, substance use, truancy, or dropping out of school.*
- *Staff must be familiar with the unique family dynamics that emerge for TNB youth in general, and for TNB youth involved in the child welfare system specifically. All staff must be aware that many TNB youth, particularly those involved in the child welfare or juvenile justice systems, have had experiences of trauma (e.g., violence, sexual abuse, verbal harassment, etc.) related to their gender identity/expression.*
- *LGBTQ point people must coordinate with the ACS Office of LGBTQ Policy & Practice for guidance on approved training of trainers (ToTs), training curricula, coaching opportunities, and other professional development offerings to expand upon existing knowledge and skills to better meet the needs of TNB young people.*

## THE BEST PRACTICES & STRATEGIES

- All Children’s Services providers and staff should be included in general cultural competency trainings. It is important to remember that it takes all staff members to create a safe and affirming space, but it only takes one person to create a hostile environment for TNB youth. Receptionists and security guards, who have contact with youth should be included in these trainings, to the extent possible.
- Providers and staff who are providing case management, staff at residential services, and in-house clinical providers should receive additional training that focuses on best practices for affirming and inclusive service provision.



## PRACTICES TO AVOID

- All ACS providers and staff who have contact with youth should be included in general TNB cultural responsiveness trainings. It is important to remember that it takes all staff members to create a safe and affirming space, but it only takes one person to create a hostile environment for TNB young people. Receptionists and security guards, who have contact with youth should be included in these trainings, to the extent possible to help create the most affirming environments for TNB young people.
- Providers and staff who are providing case management, staff at residential services, and in-house clinical providers should receive additional training that focuses on best practices for affirming and inclusive service provision to TNB young people.

## PRACTICES TO AVOID

- Only use an ACS approved curriculum; trainings should not be conducted by facilitators with only basic or intermediate levels of knowledge about TNB young people **and who have not been certified by ACS to deliver the ACS Model LGBTQ and Transgender Curricula**. Staff members who conduct trainings should participate in ACS training of trainer **and refresher courses** and **only deliver** curricula that are approved by the ACS Office of LGBTQ Policy and Practice. All facilitators should be properly screened for their expert knowledge of TNB young people in the NYC foster care system. Referrals for facilitators can be acquired through the Office of LGBTQ Policy and Practice.

# LITERATURE

## 27. TNB AFFIRMING LITERATURE & WRITTEN MATERIALS

### THE CHALLENGE

Young people who are transgender, non-binary, or questioning are likely to have questions and desire more information about aspects of their gender identity and gender expression, and may not have access to accurate TNB-affirming information or resources. It is essential that TNB young people have full access to all information about their rights as TNB young people, how to report complaints, how to access TNB-affirming medical and mental health care, and where to find peer support (See Section II.L. *LGBTQ-Affirming Literature and Written Materials*).

### THE NYC ACS POLICY

The following are restatements of standards described in “Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System”, page 12:

- *Staff must make available TNB affirming literature and resources to all youth and families served by Children’s Services. This includes: information about available support, website lists of community resources, books, youth rights & responsibilities, procedures for reporting complaints, copies of related Children’s Services policies.*
- *Programs must affirm the identities of all youth by creating supportive environments, and should incorporate TNB culturally specific art and social events, such as Pride, the Trans March, etc.*
- *Educational books and other reading materials for youth interested in learning more about TNB identities and people must be made available in foster care and facilities.*

### THE BEST PRACTICES & STRATEGIES

- All related resources for TNB young people should be kept in an accessible and easily identifiable area. Resources should be kept up-to-date, and should represent a range of informational resources and community resources. Copies of TNB-related policies and reporting procedures should be consistently available for young people to review.

### PRACTICES TO AVOID

- Do not tokenize TNB young people by including transgender and gender non-conforming people in name only, and not offer specific resources and other support materials designed for TNB youth. Make sure that support materials actively include the needs of TNB youth, foster families, and families of origin.

# OUTREACH

## 28. OUTREACH TO LGBTQ FOSTER PARENTS

### THE CHALLENGE

Due to the widespread prejudice and discrimination against transgender and non-binary (TNB) people, it is essential that TNB young people are placed in foster homes that are affirming to promote permanency and overall well-being. While not all people who are lesbian, gay, or bisexual are supportive of TNB people, LGBTQ people are more likely to be prepared to support TNB young people. Recruitment efforts that specifically outreach LGBTQ people as foster parents are necessary for members of the LGBTQ communities to know that they are welcome as foster parents.

### THE NYC ACS POLICY

The following are restatements of standards described in “Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System”, pages 2 & 6 (See Summary and Section II.A. *Applicability of General Requirements and Guidelines*.):

- *Children’s Services is committed to providing all youth and families served by ACS and our contracted provider agencies a safe, healthy, inclusive, affirming and discrimination-free environment.*
- *It is ACS policy that all LGBTQ youth shall be in LGBTQ-affirming homes and LGBTQ-affirming congregate facilities.*

### THE BEST PRACTICES & STRATEGIES

- Outreach materials should include visual images of LGBTQ people, include specific information about how Children’s Services welcomes LGBTQ foster parents – in particular transgender and non-binary foster parent, and addresses potential concerns.
- Outreach should occur at events that are specific to, and are held within the LGBTQ communities. Staff who are working at these events should be knowledgeable about the LGBTQ communities and the specific needs of TNB youth, foster families and families of origin.

### PRACTICES TO AVOID

- Do not exclude LGBTQ people – and specifically transgender and non-binary people - when outreaching for foster homes. While not all LGBTQ people are accepting of TNB identities, LGBTQ foster parents are more likely to be understanding of the identities of TNB young people than people who have no experience interacting with TNB children, youth, and adults.

## 29. ASSESSING PLACEMENTS FOR TNB CULTURAL RESPONSIVENESS

### THE CHALLENGE

It is essential that all transgender and non-binary (TNB) children and youth in ACS care reside in spaces that are safe and affirming, or culturally responsive environment. A culturally responsive environment is one where parents, caretakers, or staff create a cultural of acceptance where they have the ability to maintain an interpersonal stance that is open to others in relation to aspects of cultural identity that differ from their own. Remember, not all placements are affirming of TNB young people, and it is necessary for staff to conduct advanced and ongoing screenings so that all TNB young people are safe and respected. Research shows the number one predictor for positive health outcomes for TNB young people is having access to a family/caretaker that accepts and supports their gender identity and gender expression.<sup>91</sup>

### THE NYC ACS POLICY

The following are restatements of standards described in “Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System”, pages 2 & 6 (See Summary, and Sections II.A. *Applicability of General Requirements and Guidelines* and III.D. *General Responsibilities for LGBTQ Youth in Foster Care, Congregate Care, Detention and Juvenile Justice Placement Settings*.):

- *Children’s Services is committed to providing all youth and families served by ACS and our contracted provider agencies a safe, healthy, inclusive, affirming and discrimination-free environment.*
- *It is ACS policy that all LGBTQ youth shall be in LGBTQ-affirming homes and LGBTQ-affirming congregate facilities.*
- *A LGBTQ affirming home or congregate care setting is one with foster parents and/or staff who welcome LGBTQ youth, treat them with respect and dignity, and diligently work to meet their individual needs.*

### THE BEST PRACTICES & STRATEGIES

- All staff, foster parents, approved emergency relative foster homes, and certified emergency foster homes must be trained on how to assess the safety and security of TNB young people in foster homes, including determining whether or not foster parents and emergency kinship resources are providing an affirming foster home.
- TNB young people should be consistently involved in the determination of whether or not their foster home, approved emergency relative foster homes, or certified emergency foster placement is safe and affirming, both physically and emotionally. Information that indicates that a young person does not feel safe or affirmed should be immediately investigated.
- In instances where information indicates that a TNB young person’s foster home, approved emergency relative foster home, or certified emergency foster home is not safe or affirming, immediate action consistent with ACS policy and procedure and state regulations must be taken to relocate the young person for physical and emotional safety.

## PRACTICES TO AVOID

- Do not ignore statements that indicate that a TNB young person does not feel safe or affirmed, and do not make assumptions that a TNB young person is being “overly sensitive” about their identity.
- Do not delay taking actions to relocate a TNB young person who does not feel safe or affirmed. Lack of action can increase the TNB young person’s emotional and physical risk, and it is essential that actions be taken to remove a TNB young person from a foster home as soon as possible.
- Do not ignore safety or risk concerns when it is discovered that the foster parent, approved emergency relative foster home, and certified emergency foster parent refuses to connect a TNB young person to affirming health providers, will not purchase clothing corresponding to the TNB young person’s gender identity, refuses to address the TNB young person by preferred name/pronoun, uses their personal or religious beliefs to justify discrimination, physical or verbal harassment, and other forms of maltreatment, etc.

# ACCESS

## 30. ACCESS TO TRANSGENDER & NON-BINARY-CENTERED SEXUAL HEALTH RESOURCES

### THE CHALLENGE

The Challenge: Accessing sexual health education centered around the experiences of transgender and non-binary (TNB) children and youth - or at minimum, education that is comprehensive and inclusive of these young people's sexual health - is difficult to find in the United States. While states like New York have spent the past decade moving away from abstinence-only-until-marriage programs, and instead investing in comprehensive sexual health education programming intended to prevent sexually transmitted infections (STIs) and HIV among adolescents, these services center around the experiences of straight and cisgender young adults, and fall short when it comes to educating TNB young people on ways to engage in healthy sexual relationships.

### THE NYC ACS POLICY

In 2013, The Center for HIV Law and Policy published the "Teen SENSE Model Policy: Sexual Health Care for Youth in State Custody," designed for use by agencies and jurisdictions that provide services for youth in out-of-home care, which outlines the basic minimum requirements for sexual health care services. The model policy is a companion to Teen SENSE Model Standards: Sexual Health Care for Youth in State Custody, which sets out in more detail the specific health care services essential to an adequate care program for youth in custody, including physical and mental health screenings; universal offers of STI and HIV testing; written information, counseling, and treatment related to pregnancy, STI and HIV transmission and prevention, and sexual violence; and ongoing care and discharge planning related to sexual and reproductive health. The following are excerpts from the Teen SENSE Model Sexual Health Policy which is an appendix to Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System, see page 42:

- *All medical care services shall be conducted in a confidential, culturally competent, and inclusive manner.*
- *Youth who are pregnant, gender non-conforming, or lesbian, gay, bisexual, transgender, questioning, or intersex (LGBTQI) shall not be treated differently or receive a lesser standard of care, and shall be offered services consistent with their gender identity and sexual orientation.*

### THE BEST PRACTICES & STRATEGIES

- Clinicians and health care providers working with young people are encouraged to engage in respectful and affirming conversations about sexual health and provide accurate information and counseling on the routes, risks, and prevention of STI, pregnancy, and HIV transmission, including but not limited to correct use of condoms, birth control, PrEP/PEP, dental dams, finger cots, access to safe and affordable abortion, and other methods to prevent pregnancy and sexually transmitted infections.
- Clinicians and health care providers are encouraged to discuss sexual histories and gender identities with each young person. For TNB young people, providers are encouraged to refer to TNB health care specialists to ensure that the most affirming and competent care is offered. See Section 34 for a list of recommended TNB health care specialists.
- Clinicians and health care providers are encouraged to engage in conversations regarding consent, body autonomy, and power dynamics with TNB young people.



- For providers responsible for offering comprehensive sexual education, be sure to degender language related to genitals, i.e. do not describe genitals as specifically belonging to a man or woman. For example, not everyone with a uterus, using birth control, or in need of a safe and affordable abortion will be women, and not everyone who is engaged in penetrative sex will be a man.<sup>92</sup>

## PRACTICES TO AVOID

- Staff are prohibited from imposing their personal, cultural, and/or religious beliefs around sexual health and/or abstinence-only-until-marriage beliefs onto young people in ACS care, including TNB young people.
- Staff are prohibited from withholding information or providing misinformation about comprehensive sexual health prevention strategies, included but not limited to how to use condoms, birth control, PrEP/PEP, dental dams, fingers cots, access to safe and affordable abortion, and other methods.
- Staff are prohibited from labeling certain sexual acts as either “normal” sex, or “gay” sex. Rather, emphasize that sex takes on a variety of forms and expressions, and aren’t limited to specific actions centered around the experiences of straight and cisgender people. Everyone’s experiences vary, and it’s important to remember this and affirm each young person’s experiences.

# REPORTING

## 31. REPORTING TNB POLICY & PRACTICE CHALLENGES

### THE CHALLENGE

In order to address systematic concerns and provide individual advocacy for transgender and non-binary (TNB) children and youth, it is essential that staff maintain regular communication with designated LGBTQ point people and staff from the ACS Office of LGBTQ Policy and Practice to discuss concerns regarding individual cases or to review existing policies and practices related to the needs of TNB young people. Designated LGBTQ point people and staff of the ACS Office for LGBTQ Policy and Practice are available to provide guidance and support for staff who are working with TNB young people. The ACS Office for LGBTQ Policy and Practice will collaborate with Agency Program Assistance (“APA”) in addressing systemic concerns. Additionally, APA is active on the LGBTQ Leadership Advisory Council which assists in addressing LGBTQ-related reports submitted to the Office of LGBTQ Policy and Practice.

### THE NYC ACS POLICY

The following are restatements of standards described in “Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System”, page 26-27 (See Sections III.L. *Provider Agency LGBTQ Point Person Expectations*, III.M. *Advocacy and Incident Reporting Procedures for Youth in Children’s Services Custodial Care*, and IV.B. *ACS LGBTQ Senior Advisor Monitoring Activities*.):

- *Foster care and juvenile justice placement provider agencies are required to designate an LGBTQ point person. This person is required to receive LGBTQ cultural responsiveness training, attend all ACS LGBTQ Action Group meetings, maintain a record of all LGBTQ-related issues that arise within their agency (including but not limited to reports of harassment or bias, and any unmet needs for an affirming foster home or juvenile justice placement. This person will report all incidents to the ACS LGBTQ Senior Advisor at [LGBTQ@acs.nyc.gov](mailto:LGBTQ@acs.nyc.gov).*
- *The ACS LGBTQ Senior Advisor is responsible for assessing transgender and non-binary youths’ needs within ACS care.*

### INSTRUCTIONS FOR REPORTING

- When bias, harassment, and discrimination of TNB young people and/or families arise, supervisory and management staff are required to treat all such incidents as serious and follow up promptly. In accordance with Children’s Services’ policy and procedures, alleged violations of the ACS LGBTQ Policy by staff, foster parents, or youth will be investigated promptly and, if determined to have occurred, will result in the enforcement of corrective and/or disciplinary action, as necessary. In such incidents, the site-specific LGBTQ point person should be immediately notified in order to make sure that the young person’s needs are addressed.
- Concrete examples of incidents or inquiries to report may be found on ACS’s LGBTQ webpage – [www.nyc.gov/acs/lgbtq](http://www.nyc.gov/acs/lgbtq) - under the “Practitioner’s” tab. When filing an incident report or making an inquiry, please be sure to fill out FSS 009, ACS LGBTQ Incident/Inquiry Form, and submit it electronically to [LGBTQ@acs.gov](mailto:LGBTQ@acs.gov). A copy of this form is included below on the next page. Please note that legal matters on child welfare and juvenile justice cases must first be directed to the assigned FCLS attorney.

# QUESTIONS

## 32. APPENDIX 1: RESPECTFULLY ASKING IDENTITY QUESTIONS

The following questions are recommended best practices for asking all young people about their gender identity, gender expression, and sexual orientation on various intake forms when asking optional demographic question.

Full document available online at:

[www.nyc.gov/html/Children's Services/downloads/pdf/lgbtq/Respectfully%20Asking%20SOGI%20Questions.pdf](http://www.nyc.gov/html/Children's%20Services/downloads/pdf/lgbtq/Respectfully%20Asking%20SOGI%20Questions.pdf)

### GENDER IDENTITY QUESTIONS

What is your sex?

- ☐ Female
- ☐ Male
- ☐ Intersex
- ☐ Prefer to self-describe \_\_\_\_\_

When a person's sex and gender do not match, they might think of themselves as transgender. Sex is determined at birth based on anatomy. Gender is how a person feels. Which **one** response best describes you?

- ☐ I am not transgender
- ☐ I am transgender and identify as a boy or man
- ☐ I am transgender and identify as a girl or woman
- ☐ I am transgender and identify as non-binary/third gender
- ☐ I am transgender and prefer to self-describe \_\_\_\_\_

People's appearance, style, dress, or the way they walk or talk may affect how people describe them.

How would you describe your appearance, style of dress, and the way that you talk?

- ☐ Very feminine
- ☐ Somewhat feminine
- ☐ Equally feminine and masculine
- ☐ Somewhat masculine
- ☐ Very masculine

A youth has a right to determine the name and pronoun they would like others to use when addressing them.

Would you like us to use a name different from your birth name? If yes, what? \_\_\_\_\_

What pronouns do you use?

- ☐ Male pronouns (i.e., he/him/his)
- ☐ Female pronouns (i.e., she/her/hers)
- ☐ Gender neutral pronouns (i.e., they/them/theirs)
- ☐ Other \_\_\_\_\_

Do you feel safe, in light of your gender identity or gender expression?

- ☐ Yes
- ☐ No

If no, what are you most concerned about?

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## SEXUAL ORIENTATION QUESTIONS

Which of the following best describes you?

- ☐ Straight/Heterosexual
- ☐ Lesbian
- ☐ Gay
- ☐ Bisexual
- ☐ Pansexual
- ☐ Asexual
- ☐ Prefer to self-describe \_\_\_\_\_
- ☐ Not Sure/Questioning

Do you feel safe, in light of your sexual orientation?

- ☐ Yes
- ☐ No

If no, what are you most concerned about?

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## 33. APPENDIX 2: EDUCATIONAL RESOURCES FOR FOR ACS & PROVIDER STAFF

- **A Place of Respect: A Guide for Group Care Facilities Serving Transgender and Gender Non-Conforming Youth**

A Report authored by the National Center for Lesbian Rights and the Sylvia Rivera Law Project, 2011

*A Place of Respect* is a foundational report urging group care facilities to reassess their treatment of transgender and gender non-conforming youth, and to adopt policies and practices that provide these youth with appropriate, fair, and equal care. The report is the first to provide comprehensive guidance about the treatment of transgender and gender non-conforming youth in group care facilities – including detention centers, correctional facilities, and group homes. The report also provides model policies and a framework for staff to ensure that all youth are given a safe and healthy living environment.

Download full publication: [www.nclrights.org/wp-content/uploads/2013/07/A\\_Place\\_Of\\_Respect.pdf](http://www.nclrights.org/wp-content/uploads/2013/07/A_Place_Of_Respect.pdf)  
To order (free of charge): Order online at [www.nclrights.org/forms/a-place-of-respect/](http://www.nclrights.org/forms/a-place-of-respect/)

- **Breaking the Silence: Lesbian, Gay, Bisexual, Transgender, and Queer Foster Youth Tell Their Stories**  
DVD and Resource CD. National Center for Lesbian Rights, 2006

The Breaking the Silence DVD, produced in collaboration with the Y.O.U.T.H. Training Project and the Center for Digital Storytelling, contains ten short digital stories that were written and directed by LGBTQ youth who have spent time in state custody. Each of these digital stories is designed to stand on its own. For specific suggestions on how to use the DVD for training or other purposes, refer to the *Introduction and User's Guide* and the *DVD Viewing and Discussion Guide* provided on the CD. A supplemental bonus CD contains a comprehensive collection of more than 25 resources produced by organizations that are nationally respected for their expertise in supporting LGBTQ out-of-home youth. These tools provide additional background and support for trainers and advocates as well as guidance to administrators and managers on how to transform agencies to be safe and non-discriminatory.

To order (free of charge): Order online at [www.NCLRights.org/Youth\\_BTS](http://www.NCLRights.org/Youth_BTS)

- **CWLA best Practice Guidelines: Serving LGBT Youth in Out-of-Home Care**  
Child Welfare League of America, Wilber, Ryan, & Marksamer, 2006

This easy-to-use resource contains the first-ever set of comprehensive professional guidelines for how child welfare and juvenile justice professionals can best serve LGBT youth in state care. The Best Practice Guidelines developed out of recommendations from the Model Standards Project, a collaboration between Legal Services for Children and the National Center for Lesbian Rights.

Download full publication, executive summary, and Power Point presentation:  
[www.NCLRights.org/Youth\\_Pubs](http://www.NCLRights.org/Youth_Pubs)  
To order: Order online at [www.CwLA.org/Pubs](http://www.CwLA.org/Pubs) or call CWLA at 1.800.407.6273

- **Getting Down to Basics: Tools to Support LGBTQ Youth in Care**

Child Welfare League of America and Lambda Legal Defense & Education Fund, 2006

This tool kit offers practical information on helping to ensure that LGBTQ youth in care receive the support and services they deserve. Consisting of 18 colorful pull-outs, it serves as an ideal starting point for administrators and practitioners unfamiliar with LGBTQ youth in out-of-home care issues. Specific target audiences include: caseworkers; attorneys, guardians ad litem, and advocates; congregate care providers; juvenile justice professionals; faith-based providers; LGBTQ youth; and families supporting LGBTQ youth. Sub-topics include, but are not limited to, working with transgender youth; working with homeless LGBTQ youth; LGBTQ youth risk data; recommendations for training and education; combating misguided efforts to ban lesbian and gay adults as foster and adoptive parents; and basic facts about being LGBTQ.

Download full publication: [www.LambdaLegal.org/Take-Action/Tool-Kits](http://www.LambdaLegal.org/Take-Action/Tool-Kits)

To order (free of charge): Order online at [www.LambdaLegal.org/Issues/Youth-In-Out-of-Home-Care/YOHC-Publications-Order-Form.html](http://www.LambdaLegal.org/Issues/Youth-In-Out-of-Home-Care/YOHC-Publications-Order-Form.html) or call Lambda Legal at 212.809.8585.

- **Hidden Injustice: Lesbian, Gay, Bisexual, and Transgender Youth in Juvenile Courts**

Legal Services for Children, National Juvenile Defender Center, National Center for Lesbian Rights, 2009

*Hidden Injustice* represents the first effort to examine the experiences of LGBT youth in juvenile courts across the country. The report is based on information collected from 414 surveys and 65 interviews with juvenile justice professionals, including judges, defense attorneys, prosecutors, probation officers, detention staff, and other juvenile justice advocates; focus groups and interviews of 55 youth who possess relevant firsthand experience; and an extensive review of relevant social science and legal research findings. The report contains extensive recommendations directed towards judges, defense attorneys, prosecutors, probation officers, detention facility administrators, policy makers, and advocates. In addition, the report makes eleven core recommendations to enhance the overall capacity of the system to work effectively with LGBT youth.

Download full publication: [www.EquityProject.org](http://www.EquityProject.org)

To order (free of charge): Order online at [www.NCLRights.org/HiddenInjustice](http://www.NCLRights.org/HiddenInjustice)

- **Locked Up & Out: Lesbian, Gay, Bisexual, & Transgender Youth in Louisiana's Juvenile Justice System**

Juvenile Justice Project of Louisiana, Wesley Ware, 2010

*Locked Up & Out* shares the experiences of LGBT youth in Louisiana's juvenile justice system, particularly in long-term secure confinement. The report discusses the path LGBT youth often take into the juvenile justice system, including various risk-factors that may indicate LGBT youth are disproportionately represented in secure care.

Once inside Louisiana's youth prisons, LGBT youth often face psychological abuse, sexual abuse, isolation, increased barriers to their early release, and other harmful conditions. The report provides recommendations for Louisiana's juvenile justice system, including trainings and policy reform. While focused on the stories of LGBT youth in Louisiana, the report is relevant throughout the country.

Download full publication: [www.JJPL.org](http://www.JJPL.org)

To order (free of charge): Contact JJPL's LGBT and HIV/AIDS Project at 504.522.5437 ext 292



- **Opening Doors for LGBTQ Youth in Foster Care: A Guide for Lawyers and Judges**

American Bar Association, Laver & Khoury, 2008

This guide aims to increase the legal community's awareness of LGBTQ youth in foster care and the issues they face. It provides tools for lawyers and judges to aid their advocacy and decision-making on behalf of LGBTQ youth. Special attention is given to helping lawyers and judges understand the unique needs and risk factors of LGBTQ youth, forming positive attitudes and beliefs about LGBTQ youth, developing strong attorney-client relationships, and using effective advocacy strategies.

To order: Call the ABA Service Center at 800.285.2221. Or go to the ABA web-store at [www.ABABooks.org](http://www.ABABooks.org) (ISBN: 978-1-60442-073-9, ABA CATALOG #: 5490444)  
Website: [www.ABANet.org/Child/LGBTQ.shtml](http://www.ABANet.org/Child/LGBTQ.shtml)

- **Out of the Margins: A Report on Regional Listening Forums Highlighting the Experiences of Lesbian, Gay, Bisexual, Transgender and Questioning Youth in Care**

Child Welfare League of America and Lambda Legal, Woronoff, Estrada & Sommer, 2006

The CWLA/Lambda Regional Listening Forums provided an opportunity for LGBTQ youth in care, and the adults who work with and care for them, to share their experiences and work together to identify strategies for bringing about lasting change within the child welfare system. Out of the Margins consolidates the responses of the more than 500 youth and adult participants from 22 states who attended the Forums and offered personal stories of actual experiences and concrete solutions for building the capacity of the child welfare system to better meet the needs of LGBTQ children and young people.

Download full publication: [www.CwLA.org/Programs/Culture/OutOftheMargins.pdf](http://www.CwLA.org/Programs/Culture/OutOftheMargins.pdf)  
To order (free of charge): Order online at [www.LambdaLegal.org/Our-work/Issues/Youth/Out-of-Home-Care/YOHC-Publications-Order-Form.html](http://www.LambdaLegal.org/Our-work/Issues/Youth/Out-of-Home-Care/YOHC-Publications-Order-Form.html) or call Lambda Legal at 212.809.8585

- **Safe Havens: Closing the Gap Between Recommended Practice and Reality for Transgender and Gender-Expansive Youth in Out-of-Home Care**

Lambda Legal, and the Center for the Study of Social Policy, 2017

This report identifies barriers to affirming treatment for transgender, Non-Binary, and gender non-conforming young people, and offers strategies to eliminate these barriers. The report provides ground breaking, live, national maps of specific out-of-home care statutes, policies, and licensing regulations related to sexual orientation, gender identity, and gender expression, providing a resource to help users understand the explicit protections that exist (or do not exist) in all 50 states and the District of Columbia. Also provided are concrete law and policy reform recommendations and practical tips to better protect and serve TNB youth involved in intervening public systems. The recommendations were developed with significant input from both TNB youth who reported affirming experiences during their placement in out-of-home care and providers who have made recommended practices a reality for the youth they serve.

Download full publication: [www.lambdalegal.org/sites/default/files/TNB-policy-report\\_2017\\_final-web\\_05-02-17.pdf](http://www.lambdalegal.org/sites/default/files/TNB-policy-report_2017_final-web_05-02-17.pdf)

- **Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender Children**

Child Welfare League of America and Lambda Legal, Woronoff, Estrada & Sommer, 2006

The CWLA/Lambda Regional Listening Forums provided an opportunity for LGBTQ youth in care,

and the adults who work with and care for them, to share their experiences and work together to identify strategies for bringing about lasting change within the child welfare system. Out of the Margins consolidates the responses of the more than 500 youth and adult participants from 22 states who attended the Forums and offered personal stories of actual experiences and concrete solutions for building the capacity of the child welfare system to better meet the needs of LGBTQ children and young people.

Download full publication: [www.CwLA.org/Programs/Culture/OutoftheMargins.pdf](http://www.CwLA.org/Programs/Culture/OutoftheMargins.pdf)

To order (free of charge): Order online at [www.LambdaLegal.org/Our-work/Issues/Youth/](http://www.LambdaLegal.org/Our-work/Issues/Youth/Out-of-Home-Care/YOHC-Publications-Order-Form.html)

Out-of-Home-Care/YOHC-Publications-Order-Form.html or call Lambda Legal at 212.809.8585

- **Surviving the Streets of New York: Experiences of LGBTQ Youth, YMSM, and YWSW Engaged in Survival Sex**

The Urban Institute, 2015

Based on interviews with 283 youth in New York City, this is the first study to focus on lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ) youth; young men who have sex with men (YMSM); and young women who have sex with women (YWSW) who get involved in the commercial sex market in order to meet basic survival needs, such as food or shelter. The report documents these youth's experiences and characteristics to gain a better understanding of why they engage in survival sex, describes how the support networks and systems in their lives have both helped them and let them down, and makes recommendations for better meeting the needs of this vulnerable population.

Download full report: [www.urban.org/sites/default/files/publication/42186/2000119-Surviving-the-Streets-of-New-York.pdf](http://www.urban.org/sites/default/files/publication/42186/2000119-Surviving-the-Streets-of-New-York.pdf)

- **Transgender and Gender Non-Conforming Children in California Foster Care**

Builders by Adoption, the Center for the Study of Social Policy, and the National Center for Lesbian Rights, 2016

This brief supports the efforts of California child welfare professionals to promote the safety, permanency, and well-being of transgender and gender non-conforming (TNB) children in foster care. Using a question and answer format, the brief: 1) provides an overview of terms and concepts related to gender identity and expression, and accurate information about gender identity development; 2) provides accurate information on the impact of bias on the health and safety of TNB children, and; 3) describes legal and professional standards governing services to, and treatment of, TNB children in the child welfare system

Download publications: [www.cssp.org/reform/child-welfare/get-real/what-we-do/body/TNB-Children-in-CA-Foster-Care-Feb-2016.pdf](http://www.cssp.org/reform/child-welfare/get-real/what-we-do/body/TNB-Children-in-CA-Foster-Care-Feb-2016.pdf)

# RESOURCES

## 34. APPENDIX 3: NYC COMMUNITY RESOURCES FOR TNB CHILDREN & YOUNG PEOPLE

### LIST OF TNB INCLUSIVE PROGRAMS & SERVICES IN ALL NYC BOROUGH<sup>1</sup>

*Recommended by the ACS LGBTQ Advocates' Council*

#### AFFIRMING FAMILY THERAPY & SUPPORT SERVICES

##### The Ackerman Institute, Gender & Family Project

936 Broadway, 2nd Floor

New York, NY 10010

(212) 879-4900 x 150

[www.ackerman.org/gfp](http://www.ackerman.org/gfp)

*Program and services empower youth, families, and communities by offering gender affirmative services, training, and research.*

##### CAMBA, Project ALY (Accepting LGBTQ Youth)

1259 Flatbush Avenue

Brooklyn, NY 11226

(718) 675-3372

[www.camba.org/projectaly](http://www.camba.org/projectaly)

*Promotes acceptance from parents and family members of LGBTQ youth – a proven strategy for leading to positive health and well-being outcomes as young people thrive into adulthood.*

##### Caribbean Equality Project

(347) 709-3179

[www.caribbeaequalityproject.tumblr.com/](http://www.caribbeaequalityproject.tumblr.com/)

*Promotes social change, awareness, and acceptance by empowering and strengthening the voices of LGBTQ people of Caribbean descent in the New York Area.*

##### The LGBTQ Institute for Family Therapy (LIFT)

The LGBT Community Center

208 W 13th Street

New York, NY 10011

[www.gaycenter.org/lift](http://www.gaycenter.org/lift)

*Six-month certification program designed to help clinicians gain additional knowledge, skills, and confidence to reduce the rejecting behaviors of families struggling to accept their LGBTQ children.*

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<sup>1</sup> Provider Agencies should verify if the clinician is a Medicaid participant prior to sending youth for services.

## TNB LEGAL NAME AND GENDER CHANGE RESOURCES

### **LGBTQ Law Project, New York Legal Assistance Group**

7 Hanover Square, 18th Floor

New York, NY 10004

(212) 613-5000

[www.nylag.org/units/lgbt-law-project](http://www.nylag.org/units/lgbt-law-project)

*Provides free legal services in a variety of civil legal matters impacting TNB communities, including employment, housing, public benefits, shelter access, name changes, gender marker changes, family law and life planning.*

### **National Center for Transgender Equality**

1400 16th Street, NW

Suite 510

Washington, DC 20036

(202) 642-4542

[www.transequality.org](http://www.transequality.org)

*Guidance on Changing IDs in New York State. Found at: <http://www.transequality.org/documents/state/new-york>.*

### **Peter Cicchino Youth Project, Urban Justice Center**

40 Rector Street, 9th Floor

New York, NY 10006

(877) 542-8529

[www.pryp.urbanjustice.org/](http://www.pryp.urbanjustice.org/)

*Offers free legal services for homeless and street-involved youth under 25 in NYC and NYS prisons, including name changes, updating identity documents, immigration status, navigating criminal issues, and public benefits.*

### **Sylvia Rivera Law Project**

147 W. 24th Street, 5th Floor

New York, NY 10011

(212) 337-8550

[www.srlp.org](http://www.srlp.org)

*How to Change Your ID Documents for Trans, Gender Non-Conforming, and Intersex (TNBI) Individuals.*

*Found at: <https://srlp.org/resources/changeid/#NYBen>. Direct representation of TNBI people in the NYC area or incarcerated in NYS prisons on name and gender marker changes. Limited ability to represent in prisoner rights, health care, and immigration issues.*

### **Transcend Legal**

3553 82nd Street #6D

Jackson Heights, NY 11372

(347) 612-4312

[www.transcendlegal.org](http://www.transcendlegal.org)

*Direct legal assistance with name and gender changes as well as to TNB people denied insurance coverage.*

**Transgender Legal Defense & Education Fund, The Name Change Project**

20 West 20th Street  
Suite 705  
New York, NY 10011  
(646) 862-9396  
[www.tldef.org](http://www.tldef.org)

*Provides free legal name change services to low-income TNB people through partnerships with some of the nation's most prestigious law firms and corporate law departments.*

## **TNB INCLUSIVE HEALTH CARE PROVIDERS & PROGRAMS**

**Adolescent AIDS Program/Risk Evaluation Program**

**Children's Hospital at Montefiore Medical Center**

**Gay and Lesbian Adolescent Health Resource Center (GLAHRC)**

111 East 210th St.

Bronx, NY 10467

(718) 882-0023

[www.adolescentaids.org](http://www.adolescentaids.org)

*STD/HIV testing, treatment, and referrals for comprehensive medical and mental health services for LGBT youth ages 13-24.*

**APICHA Community Health Center**

400 Broadway

New York, NY 100013

(212) 334-6029

[www.apicha.org/](http://www.apicha.org/)

*APICHA has a Trans Health Clinic providing individualized medical care and APHICHA provides LGBT services.*

**Community Healthcare Network – Transgender Program**

**Bronx Health Center**

975 Westchester Ave.

Bronx, NY 10459

(718) 833-8635

[www.chnnyc.org/services/transgender-program/](http://www.chnnyc.org/services/transgender-program/)

*Offers healthcare services to all transgender people of all ages, including primary healthcare, preventive health services, weekly workshops, support group meetings in Spanish and English, mental health counseling, and HIV counseling and testing. Hormone therapy for individuals 18+.*

**Doctor Aron C. Janssen, M.D.**

1 Park Avenue

New York, NY 10016

(646) 754-4885

[www.nyulangone.org/doctors/1952505638/aron-c-janssen](http://www.nyulangone.org/doctors/1952505638/aron-c-janssen)

*A child & adolescent psychiatrist with expertise in working with transgender and non-binary children and young adults and their families.*

## **The Door**

### **Adolescent Health Center**

555 Broome Street

New York, NY 10013

(212) 941-9090

[www.door.org/programs-services/lgbtq](http://www.door.org/programs-services/lgbtq)

*Offers physical examinations, general health care and education, dermatology, nutritional counseling, sexual and reproductive health care, and routine dental services to all young people ages 12-21, as well as counseling services geared toward LGBTQ youth.*

## **H.E.A.T. (Health and Education Alternatives for Teens)**

### **SUNY Downstate Medical & Kings County Hospital Center**

760 Parkside Ave (Room 308)

Brooklyn, NY 11226

(718) 282-1192

[www.heatprogram.org](http://www.heatprogram.org)

*Free medical and mental health services, counseling, and HIV/STD testing and support for LGBTQ youth, including hormone therapy for transgender youth ages 13-24.*

## **H.O.T.T. (Health Outreach to Teens)**

### **Callen-Lorde Community Health Center**

356 W. 18th St. (between 8th and 9th Aves.)

New York, NY 10011

(212) 271-7200

[www.callen-lorde.org/services/hott.html](http://www.callen-lorde.org/services/hott.html)

*Free or low cost medical and mental health care/counseling, including physical exams, gynecological exams, and STD/HIV treatment and testing to LGBTQ and homeless youth ages 13-24. Hormone therapy available for youth ages 18-24.*

## **Housing Works**

### **Downtown Brooklyn Health Center**

57 Willoughby Street

Brooklyn, NY 11201

(718) 907-6230

[www.healthcare.housingworks.org/services/youth-services](http://www.healthcare.housingworks.org/services/youth-services)

*Compassionate healthcare in a judgement free environment for TNB youth ages (13-29). Services include assistance to safe medical transition practices, including hormone replacement therapy and guidance on gender reassignment surgeries.*

## **The Jim Collins Foundation**

P.O. Box 1002

North Branford, CT 06471

(203) 376-8089

[www.jimcollinsfoundation.org](http://www.jimcollinsfoundation.org)

*Awards grants for transgender people ages 18+ in need of medical transition services and treatment to live a healthy life but without the ability to pay for it.*



**The Mount Sinai Adolescent Health Center**

312 E. 94th St.

New York, NY 10128

(212) 423-3000

[www.mssm.edu/research/centers/adolescent-health-center](http://www.mssm.edu/research/centers/adolescent-health-center)

*Medical and mental health care for adolescents 10-22 years old. Offers transgender healthcare services including hormone therapy treatment.*

**Planned Parenthood**

26 Bleecker Street

New York, NY 10012

(212) 965-7000

[www.plannedparenthood.org/planned-parenthood-new-york-city/for-patients/transgender-hormone-therapy](http://www.plannedparenthood.org/planned-parenthood-new-york-city/for-patients/transgender-hormone-therapy)

*PPNYC offers quality, compassionate hormone therapy to transgender and non-binary patients 18 and over.*

**Positive Health Project**

301 W. 37th St. (near 8th Ave)

New York, NY 10018

(212) 465-8304

[www.positivehealthproject.org](http://www.positivehealthproject.org)

*Provides healthcare services to transgender people ages 18+, including basic medical care, psychotherapy and counseling, psychiatric referrals, acupuncture, Syringe Exchange Program, and support groups.*

**South Bronx Health Center for Children & Families****Montefiore Medical Center**

871 Prospect Avenue

Bronx, NY 10459

(718) 991-0605

*Provides medical care and services to transgender youth, including feminizing or masculinizing hormone therapy. There is no minimum age requirement.*

**Streetwork Project****Harlem Drop-In Center**

209 W. 125th St.

New York, NY 10027

(212) 695-2220

[www.safehorizon.org/streetwork/](http://www.safehorizon.org/streetwork/)

*Provides services to LGBTQ homeless youth up to age 24, including free medical and psychiatric services, counseling, syringe exchange, HIV prevention, and wellness activities including acupuncture, yoga, and nutritional counseling.*

**Lower East Side Drop-In**

33 Essex St.

New York, NY 10002

(646) 602-6404

[www.safehorizon.org/location/streetwork-lower-east-side-drop-in-center/](http://www.safehorizon.org/location/streetwork-lower-east-side-drop-in-center/)

*Provides services to LGBTQ homeless youth up to age 24, including free medical and psychiatric services, counseling, syringe exchange, HIV prevention, and wellness activities including acupuncture, yoga, and nutritional counseling.*

## HIV-RELATED CARE

### **Alianza Dominicana**

530 W. 166th Street

New York, NY 10033

(212) 740-1960

[adcc530.wordpress.com](http://adcc530.wordpress.com)

*HIV/STD testing, substance abuse prevention, and counseling services and programs for LGBTQ youth ages 16-24.*

### **Bellevue Adolescent T.O.P.S. (Teen Outreach Prevention Services)**

462 First Avenue (corner of 27th Street)

Pod #3C

New York, NY 10016

(212) 562-2474

*Support, confidential HIV testing, pre/post test counseling, complete medical evaluation/care, and clinical treatment for youth.*

### **Community Health Action of Staten Island**

56 Bay Street #2

Staten Island, NY 10301

(718) 808-1300

[www.chasiny.org](http://www.chasiny.org)

*HIV education, outreach, and health programs for LGBTQ youth.*

### **Gay Men's Health Crisis (GMHC)**

446 West 33rd Street

New York, NY 10001

(212) 367-1000

[www.gmhc.org](http://www.gmhc.org)

*HIV/AIDS prevention, testing, and services for youth of all ages and free syringe access for individuals 18+.*

### **Hispanic AIDS Forum**

#### **Manhattan**

1767 Park Avenue, 4th Floor

New York, NY 10035

(212) 563-4500

[www.hafnyc.org](http://www.hafnyc.org)

#### **Queens**

76-11 37th Avenue, Suite 206

Jackson Heights, New York 10372

(718) 409-5309

#### **Bronx**

967 Kelly St.

Bronx, NY 10459

(718) 328-4188

[www.hafnyc.org](http://www.hafnyc.org)

*HIV/AIDS organization for the Latino community. HIV testing and prevention programs for youth under 24,*

offering training and leadership services, workshops, counseling, support groups, and special events. Includes counseling and support for transgender women.

Harlem United Community AIDS Center, Inc.

306 Malcom X Boulevard

New York, NY 10027

(212) 803-2850

[www.harlemunited.org](http://www.harlemunited.org)

*Serves people living with HIV/AIDS. Medical/ dental care, mental health services, expensive therapies, alternative medicine. Also provides array of services in prevention, education, supportive housing, HIV testing. See website for info/locations.*

### **AIDS Treatment Data Network/ Housing Works**

611 Broadway Room 613

New York NY

10012 United States

(800) 734-7104; (212) 260-8868

[www.housingworks.org/heal/medical-and-dental-care](http://www.housingworks.org/heal/medical-and-dental-care)

*HW provides case management, treatment and access information, advocacy and counseling, education, and referral services for people with HIV, chronic hepatitis, and other diseases.*

### **Safe Space and Spacemobile Queens**

89-74 162nd St. (2nd floor)

Jamaica, NY 11432

(718) 526-2400

[www.safespacenyc.org](http://www.safespacenyc.org)

*In addition to drop-in centers below, the Spacemobile travels around the city providing health services.*

### **Umbrella Program**

Bainbridge Avenue

Bronx, NY 10467

(718) 741-2426

[www.cham.org/programs-centers/adolescent-aids-program/services-and-programs/umbrella-program-for-lgbt-youth-families#sthash.phRGsbsZ.dpuf](http://www.cham.org/programs-centers/adolescent-aids-program/services-and-programs/umbrella-program-for-lgbt-youth-families#sthash.phRGsbsZ.dpuf)

*Offers medical care and support to LGBTQ youth and their families.*

## **FOR FURTHER REFERRALS**

### **Ali Forney Center**

527 West 22nd St., 1st Floor

New York NY

10011 United States

(212) 222-3427

[www.aliforneycenter.org/](http://www.aliforneycenter.org/)

*AFC is the nation's largest and most comprehensive organization dedicated to homeless LGBT youth. Our goal is to provide homeless LGBT youths, aged 16-24, with the support and services they need to escape the streets and begin to live healthy and independent lives.*

**BrightPoint Community Center**

328 East 150th Street  
Bronx, New York 10451  
(855) 681-8700

[www.brightpointhealth.org](http://www.brightpointhealth.org)

*Brightpoint Health is a recognized leader in the delivery of high-quality, person-centered, integrated care resulting in improved health outcomes for people, families, and communities challenged by health disparities caused by poverty, discrimination, and lack of access.*

**Gay Men of African Descent**

103 East 125th St. Suite 7E  
New York NY  
10035 United States  
(212) 828-1697  
[www.gmad.org](http://www.gmad.org)

**Hetrick-Martin Institute**

2 Astor Place  
New York, NY 10003  
(212) 674-2400  
[www.hmi.org](http://www.hmi.org)

*Serves LGBTQ young people ages 13-24 and offers a range of programs and services including on-site family counseling sessions for HMI members and their families by appointment.*

**LGBT Community Center**

208 W. 13th Street  
New York, NY 10011  
(212) 620-7310  
[www.gaycenter.org](http://www.gaycenter.org)

*The Center offers a variety of services for youth, adults, families and clinicians. Counseling, resources for skills building and career development, and peer support are available to TGNC youth and adults age 13 and up. Social, educational, leadership development and substance use treatment opportunities are available to LGBTQNC youth ages 13 to 21. Counseling is available for families of LGBTQNC youth ages 5 to 24 who are looking for support navigating their child's sexual orientation and gender identity. Clinicians working with families are eligible to apply for The LGBTQ Institute for Family Therapy (LIFT) certification program.*

**Queens Pride House**

76-11 37th Avenue  
Jackson Heights, NY 11372  
(718) 429-5309  
[www.queenspridehouse.org](http://www.queenspridehouse.org)

*Offers a variety of services including discussion and support groups, workshops, multicultural events, trainings, a lending library, and a media center with free internet access for LGBTQ people.*

**FOR ADDITIONAL LISTINGS AND REFERRALS,**  
please review the HIV Policy & Law Center's list of  
LGBTQ-Friendly Youth Organizations in NYC, available  
online at: [www.hivlawandpolicy.org/resources/view/848](http://www.hivlawandpolicy.org/resources/view/848)

## 29. APPENDIX 4: GLOSSARY OF TRANSGENDER & NON-BINARY TERMS

**Affirming:** In the context of this guide, the term “affirming” is used to describe and identify key stakeholders that treat transgender and gender non-conforming (TNB) children and youth equally, offer non-judgmental support and acceptance, encourage TNB youth to speak openly and honestly about who they are, and advocate for TNB youth when they are bullied, harassed, or discriminated.

**Affirming Name:** The chosen name a TNB child or young person

**Assigned sex:** The sex that is noted on an individual’s birth certificate issued at birth.  
Also referred to as *sex assigned at birth* or *birth sex*.

**Bargaining:** A concept that arises when a parent/caretaker offers rewards, such as materials goods, permissions, or future gifts and supports, including reducing rejecting behaviors when a young person conforms to a parent/caretaker’s wishes including repressing or denying their gender identity or gender expression.

**Best Practices:** Policies and procedures that are established for the provision of services having maximum cultural responsiveness and opportunity for success.

**Biological sex:** An individual’s sex, male or female, based on the appearance of an individual’s external genitalia and their assumed sex chromosomes.

**Cisgender:** A term for someone whose biological sex and gender identity are congruent.  
Also referred to as non-transgender.

**Cultural Competency:** Refers to an ability to interact effectively with people of different cultures, socio-economic backgrounds, and experiences, particularly in the context of government and nonprofit agencies whose employees work with persons from different social/cultural/ethnic backgrounds. Cultural competence is comprised of four components: 1) awareness of one’s own cultural worldview; 2) attitude towards cultural differences; 3) knowledge of different cultural practices and worldviews; and, 4) cross-cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures.

**Cultural Responsiveness:** Refers to the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the person.<sup>93</sup> This concept is different from the concept of “cultural competency” because it focuses on self-responsiveness and empathy rather than striving to achieve a state of expertise on a culture that is not your own. A cultural responsive practitioner is one that can effectively interact and work with people of different cultures, socio-economic experiences, and backgrounds than our own.

**Cultural Responsiveness:** Cultural responsiveness is the ability to learn from and relate respectfully with people of your own culture as well as those from other cultures. Culturally responsive providers understand that their own cultures are likely to differ from many they serve, work hard to educate themselves on what those differences are, and strive to create environments that affirm those from different cultural backgrounds to respectfully receive services that meet their individual and cultural needs.<sup>94</sup>

**Cross-Dresser:** An outdated term used to refer to someone who wears clothes of another sex/gender.

**Discrimination:** Specific actions against a person or group that are based on prejudice (e.g., treating TNB youth differently because they are transgender or gender non-conforming).

**Emotional/psychology safety:** People's sense of security and confidence that they will be treated with respect, which contributes to positive mental health and well-being.

**FTM/Female-to-Male:** See *Transgender Men and Boys*.

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

- **Gender Identity:** Individuals' internal view of their gender; one's innermost sense of being male or female. Gender identity is well established around 3-4 years old. This component of gender will often influence an individual's name and pronouns.
- **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.
- **Gender Expression & Cues:** Aspects of behavior and outward presentation that may (intentionally or unintentionally) communicate gender to others in a given culture or society, including clothing, body language, hairstyles, socialization, interests, and presence in gendered spaces (e.g. restrooms, places of worship, etc. Refers to the manner in which a person expresses their gender through clothing, appearance, behavior, speech, etc. A person's gender expression may vary from the gender norms traditionally associated with that person's biological sex. Gender expression is separate from gender identity and sexual orientation.

**Gender Binary:** The cultural expectation that there are only two sexes/genders—male and female—and that they are the opposite of each other.

**Gender Dysphoria (GD), Formerly known as Gender Identity Disorder (GID):** This is the formal diagnosis for transgender identity in the Diagnostic and Statistical Manual, fifth edition, (DSM 5). The criteria for GD are: a marked incongruence between one's experienced/expressed gender and assigned gender, of at least six months duration, as manifested by specific criteria. The condition is associated with clinically significant distress or impairment in social, school, occupational, or other important areas of functioning. The DSM 5 is used to assist trained clinicians in the diagnosis of their patients' mental disorders as part of a case formulation assessment that leads to a fully informed treatment plan for each individual.

**Gender Expansive:** Referring to aspects of gender expression, identity, and interests that go beyond cultural binary prescriptions of behaviors and interests associated primarily with boys or girls. Gender-expansive includes young people who do not identify with the sex they were assigned at birth as well as those who do, but may nonetheless find themselves barraged with questions based on their dress, appearance, or interests, such as, "Are you a boy or a girl?" or "Why do you play with that? It's a boy/girl toy!" Other words with similar meanings include gender diverse, gender creative, gender independent, gender non-conforming, and gender wonderful.<sup>95</sup>

**Gender Neutral:** A term that describes something (usually a space, such as a bathroom, or clothing) that is not segregated by sex/gender.



**Gender Non-Conforming (GNC):** 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 transgender. While GNC people are often assumed to be lesbian, gay or bisexual, sexual orientation cannot be determined by a person's appearance or degree of gender conformity.

**Gender norms:** Culturally-based expectations of how people should act based on their sex or gender (e.g., men are masculine, women are feminine).

**Gender roles:** Social and cultural beliefs about what is considered gender appropriate behavior, and the ways that men and women are expected to act.

**Gender Pronouns:** The ways that people refer to themselves and how they want to be referred to in terms of gender. Also referred to as pronoun preference or PGPs. The most common gender pronouns are:

She/her/hers: "She wants to see her case worker, and is in the waiting room."

- **He/him/his:** "He has a meeting with his court appointed lawyer this afternoon."

- **They/them/theirs:** "They use gender neutral pronouns, and go by the name Sam."

- **Zie or Ze/hir/hirs:** (sounds like "zee," "here," and "heres"). "Ze has an appointment with hir dentist for next week."

**Genderqueer:** A term for people who do not identify with the gender binary terms that have traditionally described gender identity (e.g., male/female, man/woman). Also see *gender non-conforming*, *non-binary*, and *transgender*.

**Gender Roles:** The socially determined behaviors and actions that are expected from a person based on their sex or gender.

**HIPAA Privacy Rule:** The Health Insurance Portability and Accountability Act (HIPAA) provides federal protections for individually identifiable health information held by covered entities and their business associates and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule also permits the disclosure of health information needed for patient care and other important purposes.

**Intersex/Disorders of Sex Development (DSD):** A term used to describe a person whose combination of chromosomes, gonads, hormones, and/or genitals differs from one of the two expected patterns of male or female. Up to 1 in 1,000 births may be considered to be intersex, meaning that the child's combination of chromosomes, gonads or hormones present in a way that is not strictly male or female. Intersex/DSD is a group of chromosomal, genital and hormonal disorders of sex development (DSD) and is distinct from transgender. *While some transgender and non-binary people have intersex condition, not all people with intersex condition identify as transgender or non-binary.* Note: This term replaces "hermaphrodite" which is considered offensive.

**Legal Transition:** The administrative process of legally changing one's name and gender on identity documents. For many TNB people, legally transitioning is an important aspect to obtaining accurate identity documents such as a passport, driver's license, birth certificate, and social security card to help secure educational opportunities, gainful employment, housing, and obtain credit. Accurate identity documents limit challenges to a TNB person's self-determined gender identity and gender expression without having to reveal their gender histories. For non-binary people, the process of legally transitioning can be complex as some do not identify with being male or female. Note that in certain countries (i.e., India) and states (i.e., Oregon), a third gender is now being recognized. For TNB people living in NYC, there are a number of pre-requisites required before a legal name and gender change can be recognized.

**LGBTQ:** An acronym commonly used to refer to Lesbian, Gay, Bisexual, Transgender, and Questioning individuals and communities. LGBTQ is often erroneously used as a synonym for “non-heterosexual,” which incorrectly assumes that transgender is a *sexual orientation*.

**LGBTQ Point Person:** The designated person appointed by foster care and juvenile justice provider agencies required to coordinate ACS LGBTQ policy implementation efforts between the ACS Office of LGBTQ Policy & Practice and contract provider agencies. This designated person is also required to receive LGBTQ cultural responsiveness training & coaching, attend all ACS LGBTQ Point Person meetings, maintain a record of all LGBTQ-related issues that arise within their agency (including but not limited to reports of harassment or bias, and any unmet needs for an affirming foster home or juvenile justice placement. This person reports all incidents to the ACS Office of LGBTQ Policy & Practice.

**Microaggressions:** Small hostile actions by an individual that may reveal prejudice or bias (e.g., a person looking confused or disgusted when seeing someone who appears to be transgender, using a tone of voice that is cold or unfriendly when speaking with a non-binary person, or using derogatory or offensive language when referring to a transgender or non-binary person).<sup>96</sup> Microaggressions comprise a majority of the prejudice that transgender and non-binary people encounter on a daily basis.

**Medical Transition:** A long-term process that utilizes hormonal treatments and/or surgical interventions to bring a person’s body into congruence with that person’s gender identity. Many, but not all, transgender people desire to transition medically.

**MTF/male-to-female:** See *Transgender Women and Girls*.

**Non-Medicaid Reimbursable (NMR) Policy:** Refers to the ACS policy that applies to medical and/or mental health treatment or services that are not Medicaid reimbursable, including gender affirming healthcare associated with Gender Dysphoria. Healthcare treatment and services associated with gender dysphoria may encompass the supportive psychotherapy, hormonal therapies, surgical procedures, voice therapy, and electrolysis or laser hair removal that trans people seek in relation to their gender.

**Pansexual:** An identity label used to describe a sexual orientation based on attraction to people, rather than to a specific sex or gender.

**Prejudice:** Negative attitudes or bias beliefs about a group of people, or people who belong to a specific group (e.g., transgender and gender non-conforming youth).

**Pubertal Suppression:** A medical process that “pauses” the hormonal changes that instigate puberty in young adolescents, resulting in a purposeful delay of the development of secondary sex characteristics (e.g., breast growth, testicular enlargement, facial hair, body fat redistribution, voice changes, etc.). Suppression allows time for further psychological development and can prevent the increased gender dysphoria that often accompanies puberty for TNB youth.

**Queer:** This term is sometimes used as a sexual orientation label instead of ‘bisexual’ as a way of acknowledging that there are more than two genders to be attracted to, or as a way of stating a non-heterosexual orientation without having to state who they are attracted to. Historically, this term has been considered offensive, but in past decades has been reclaimed as an affirming identity label.

**Questioning:** Refers to a person, often an adolescent, who is exploring or questioning their gender identity or expression. Some may later identify as transgender or gender non-conforming, while others will not.

**Resilience:** Refers to the capacity to recover quickly from difficulties, or the ability to become strong, healthy, or successful again after adversity. This term is often used to describe transgender and gender non-conforming people, who despite experiencing extreme discrimination, harassment, and violence in all aspects of their lives, have the ability to cope and overcome these significant barriers.

**Safe Folder:** A safe folder is a collection of documents intended to support a transgender young person's identity, which can be used in case of emergency or legal situations where questions arise about the young person's identity or family stability. Safe folders may include copies of legal documents, medical diagnosis, letters of support, emergency contacts, etc. Safe folders often also include educational materials about transgender youth in case it is needed for advocacy purposes.

**Sexual Orientation:** Refers to a person's emotional, psychological, physical, and sexual attraction towards other people of the same or different gender. *Sexual Orientation* is separate and distinct from *Gender Identity* and *Gender Expression*. *Sexual Orientation* is about attraction to other people (external), while *Gender Identity* is a deep-seated sense of self (internal).

**Social Transition:** The process of disclosing to oneself and others that one is transgender or Non-Binary. This often includes asking that others use a name, pronoun, or gender that is more congruent with the person's gender identity and gender expression.

**Survival Economies:** The phrase, "youth engaged in survival economies," refers to a young person who exchanges something of value (sex, drugs, etc.) for money and/or material goods (e.g., shelter, food, and clothing) that enables a young person to survive and navigate poverty. Young people engaged in survival economies run the risk of interfacing with the criminal justice system.

**TNB:** This is an abbreviation for "transgender and non-binary."

**Transgender Person:** A term for a person whose gender identity (internal sense of self) is incongruent with that person's biological sex (physical body). Note: it is inappropriate and can be considered offensive to add an -ed or -s at the end (e.g., transgendered or transgenders). The term transgender is an adjective to which it is stylistically and grammatically incorrect to add an -ed or a -s. Adding an -ed makes it sound like a past tense, or something that happened at a point in time or was done to someone. Adding an -s turns it into a noun, which can be perceived as a way that subconsciously reduces a person to their gender identity.

**Transgender Communities:** Transgender is also used as an umbrella term to refer to the communities of people that includes all whose gender identity or gender expression do not match society's expectations of how individuals should behave in relation to their gender (e.g., transsexual, transgender, genderqueer, gender nonconforming, gender non-binary, gender diverse, non-binary, gender creative, gender independent, and other people whose gender expressions vary from traditional gender norms.)

**Transgender Health Care:** Broadly describes the medical care that some transgender, transsexual, and gender non-binary people seek in relation to their gender identity. The term may be used in specific instances to describe specific types of care, which may include supportive psychotherapy, hormonal therapies, surgical procedures, voice therapy, and/or electrolysis/laser hair removal.

**Transgender Men and Boys:** People who identify as male, but were assigned female at birth. Similarly, the terms FTM or female-to-male, refer to those who now identify as boys or men. It is recommended to use people first language by using the phrases "transgender men" or "trans men" and "transgender boys" or "trans boys" instead of the "FTM," to amplify that transgender is an adjective describing an aspect of a person's identity. The term FTM is a noun, and can be perceived by some as a way that subconsciously reduces a person to their gender identity.

**Transgender Women and Girls:** People who identify as female, but were assigned male at birth. Similarly, the terms MTF or male-to-female refer to those who now identify as girls or women. It is recommended to use people first language by using the phrases “transgender women” or “transgender women” and “transgender girls” or “trans girls” instead of the “MTF,” to amplify that transgender is an adjective describing an aspect of a person’s identity. The term MTF is a noun, and can be perceived by some as a way that subconsciously reduces a person to their gender identity.

**Transphobia:** A negative, derogatory, prejudicial, or discriminatory response to a person who is (or is perceived to be) *Transgender* or *Gender Non-Binary*.

**Transsexual:** A term that is sometimes used to refer to a transgender person who has engaged in a medical transition from one sex/gender to another, so that the person’s body and gender identity are more physically aligned with their gender identity.

**Two-Spirit:** An identity label used by Indigenous North Americans to indicate that they embody both a masculine and feminine spirit. May also be used to include native peoples of diverse sexual orientations, and has different nuanced meanings in different native sub-cultures.

**WPATH (World Professional Association for Transgender Health) Standards of Care:** The standards of care provide guidance for TNB-affirming medical and mental health providers in determining if and when a person is ready/able to engage in medical interventions such as pubertal suppression, hormonal treatments and/or surgeries. The standards of care are available online at: [www.wpath.org/publications\\_standards.cfm](http://www.wpath.org/publications_standards.cfm).

## AVOIDING OFFENSIVE & DEROGATORY LANGUAGE

Do not use outdated and offensive language.

Here is a quick guide to language that is respectful and affirming.

Say this:	Instead of saying this:
Sex assigned at birth	"Real" sex, "real" gender, genital sex
Transgender person	a transgender
Transgender people	transgenders
Transgender	transgendered
Transgender man	FTM, used to be a woman, born female
Transgender woman	MTF, used to be a man, born a male
Medical Transition	Sex change, the surgery, pre-operative, post-operative
Intersex person	Hermaphrodite
Sexual orientation	Sexual preference, homosexual

**Terms to Avoid:** The following terms are generally considered to be outdated, offensive or derogatory when discussing people who are, or are perceived to be transgender and Non-Binary. (Note: this is not an exhaustive list.)

- Tranny, or Trannie
- Transgendered
- It
- Pre-Op, or Post-Op
- Hermaphrodite
- Deviant
- Homosexual
- Transsexual
- Transvestite
- Transgenders
- She-Male, or He-She
- Fooling, or Deceiving
- "Real" sex
- Sex Change
- "The Surgery"

GENDER			ORIENTATION
Biological Sex	Gender Identity	Gender Expression	Sexual Orientation
A person's combination of chromosomes, genitals and hormones.	A person's internal sense of who they are as a gendered being; whether one feels like a man, a woman, or a different gender.	How a person communicates their gender to other people through gendered cues (e.g. hair style, facial hair, dress, voice, etc.)	Who a person is physically, psychologically, emotionally, and romantically attracted to, or wants to be in a relationship with.
Sex is typically assigned at birth as either male or female.	For most people, gender is congruent with (matches) biological sex. This is known as "cisgender."	Most people express a gender that is consistent with their gender identity (e.g. feminine or masculine).	Common sexual orientations include heterosexual (straight), lesbian, gay, bisexual, queer, and asexual.
About 1 in 1,000 people have a combination of chromosomes, genitals or hormones that do not fit the typical definitions of "male" or "female" bodies. This is known as "intersex," or "disorders of sex development."	People whose biological sex and gender identity are incongruent are known as "transgender."	People who express gender differently than what is usually expected for their biological sex are known as "Non-Binary."	Sexual orientation is about attraction to <i>other</i> people, not how a person identifies their gender.
Intersex condition is separate and distinct from being transgender or Non-Binary.	Some transgender people <b>medically transition</b> to bring their bodies more in line with their gender identity.	Gender expression is not an accurate predictor of sexual orientation.	Sexual orientation is composed of person's attraction, identity, and behaviors.

All people have a separate biological sex, a gender identity, a gender expression, and a sexual orientation.

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

- *A Place of Respect; A Guide for Group Care Facilities Serving Transgender and Gender Non-Conforming Youth.*<sup>97</sup>
- *Breaking the Silence.* National Center for Lesbian Rights.<sup>98</sup>
- *Promoting a Safe and Respectful Environment for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System.* NYC Administration for Children's Services.<sup>99</sup>
- *Hidden Injustice: Lesbian, Gay, Bisexual and Transgender Youth in Juvenile Courts.* The Equity Project.<sup>100</sup>
- *Trans Action Guide.* Gay, Lesbian, Straight Education Network.<sup>101</sup>

## 30. ENDNOTES

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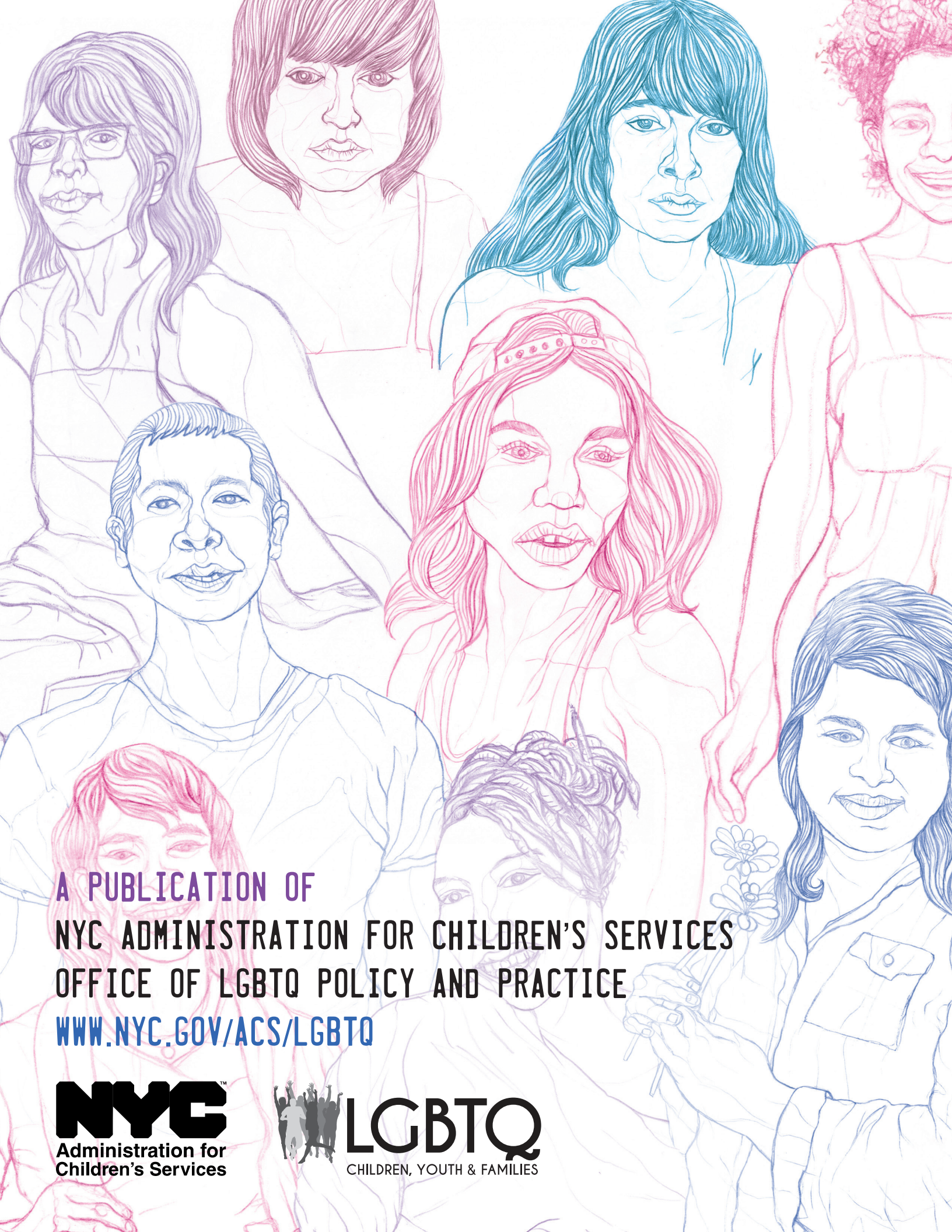
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