

eQuality Project

Frequently Asked Questions

The Center for Children & Youth Justice's (CCYJ) eQuality Project's implementation of the Protocol for Safe & Affirming Care has prompted questions and concerns among both the professionals, volunteers, caregivers, and youth participating in the project and those who interact with participants. It is important to address these questions and concerns and remind those involved or impacted by the project of its fundamental purpose: to better ensure the health, safety, and well-being of *all* youth involved in systems of care.

The following is a list of frequently asked questions—and responses—about the project and similar projects across the country.

1. What is the purpose of the eQuality Project?

The purpose of the eQuality Project is to improve the safety, health, and well-being of *all* youth in systems of care, such as child welfare, juvenile justice, and homeless youth services. Professionals, volunteers, and caregivers will *not* be able to improve the safety, health, and well-being of all youth unless and until they address the specific needs of lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) youth. LGBTQ+ youth are overrepresented in these systems, experience unique forms of trauma, and have specific needs related to their sexual orientation and gender identity. Therefore, ensuring appropriate care for *all* youth necessitates a focused effort on behalf of LGBTQ+ youth.

2. What does CCYJ and its partners hope to achieve with the eQuality Project?

CCYJ and its partners' vision is that professionals, contracted providers, caregivers, and volunteers in systems of care will support each and every youth in the development of the youth's sexual orientation and gender identity and recognize that such support is critical to the youth's safety, health, and well-being.

3. Are LGBTQ+ youth *that* different from straight and cisgender¹ youth?

While each and every youth in an individual, the similarities that systems-involved youth share outweigh their differences. Most, if not all, systems-involved youth have been affected by trauma and require acceptance and understanding. LGBTQ+ youth, however, all too often also experience mistreatment and discrimination based on their sexual orientation and/or gender identity and/or have unique challenges navigating systems and institutions. Straight and cisgender youth, despite having sexual orientations and gender identities, do not generally face mistreatment because of them. In light of this, many of the differences between LGBTQ+ youth and straight and cisgender youth are not due to who they are, but are a result of how they are treated by others.ⁱⁱ

¹ Cisgender describes a person whose gender identity aligns with their sex assigned at birth. For example, a woman who was assigned female at birth is a cisgender woman. A man who was assigned male at birth is a cisgender man.

4. How many LGBTQ+ youth are in our systems?

LGBTQ+ youth make up a significant and overrepresented portion of the population of youth involved in child welfare and juvenile justice systems. It is frequently estimated that lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth make up approximately five to seven percent of the national youth population.ⁱⁱⁱ However, the research to date estimates that approximately 15 percent of youth ages 15 through 17 in Washington State’s child welfare system identify as LGBTQ,^{iv} and 20 to 60 percent of youth in the child welfare system nationally identify as LGBTQ.^v Likewise, available research estimates that 13 to 15 percent of youth in the juvenile justice system identify as LGBTQ.^{vi}

5. Is it that important that we focus specifically on the needs of LGBTQ+ youth?

LGBTQ+ youth have historically been more vulnerable and more likely to confront unique challenges that are commonly misunderstood.^{vii} Often resulting from negative experiences with family, friends, and community, LGBTQ+ youth seriously contemplate suicide at almost three times the rate of straight and cisgender youth.^{viii} In a national study, 40% of transgender adults reported having made a suicide attempt. Ninety-two percent of these individuals reported having attempted suicide before the age of 25.^{ix} Each episode of LGBT victimization, such as physical or verbal harassment or abuse, increases the likelihood of self-harming behavior by two and a half times on average.^x It is important to remember that how we interact with youth can actually be a matter of life or death.

6. Isn’t this special treatment?

This project is about providing equitable treatment and not special treatment. Treating youth equitably requires that we understand and respond to each youth’s individual needs. In other words, it is about ensuring that services match actual needs for all youth. Strictly equal treatment would mean providing the same services to all youth regardless of their individual needs.

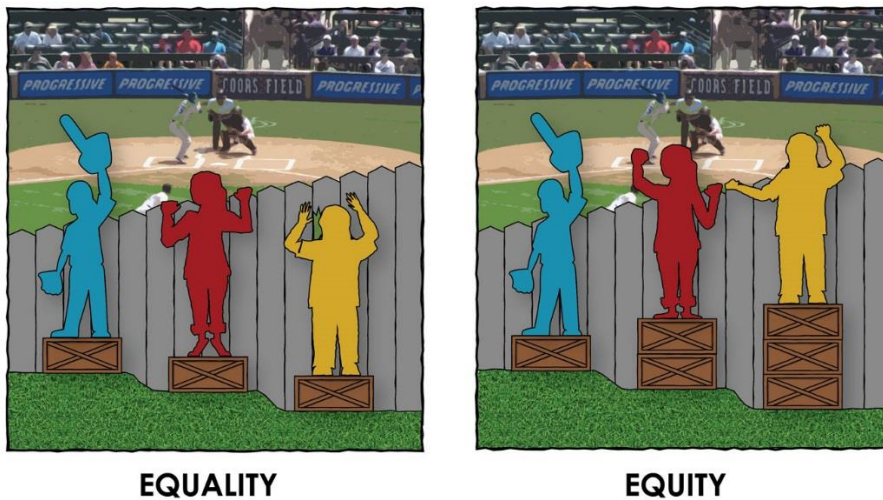


Image Source: Paul Kuttner culturalorganizing.org

7. Are you trying to change my personal beliefs?

No. The eQuality Project is about changing our systems’ environment and professionals, volunteers, and caregivers’ actions. The eQuality Project is consistent with existing Washington laws, regulations, agency policies, and professional standards of care. Although your employer cannot tell you how or what to think, professionals, volunteers, and caregivers have a responsibility to follow their respective court or agency’s policy, as well as state and federal law.

8. Isn't a youth's sexual orientation, gender identity, and gender expression private information?

The purpose of the eQuality Project is not to “out” a youth. Some young people will be out, some will not, and some will be out in certain contexts but not others. For example, a youth may be out at school and to their peers, but not at home with their families.

If a youth wants to disclose that information to you, we want you to have the best knowledge and resources available. It is also important that youth who are not out still feel safe and comfortable. Moreover, for those youth who are LGBTQ+ and may not be out, this project will help to create an environment that is safer and more affirming to them.

9. How do I ask someone what pronouns they use?

Try asking: “What pronouns do you use?” or “Can you remind me what pronouns you use?” It can feel awkward at first, but it is not half as awkward as making a hurtful assumption.^{xi} You can also start with yourself to initiate the conversation such as, “My name is [name], I use [pronouns] to describe myself. How about you?”

10. I'm concerned that someone will be insulted if I ask for their gender pronouns.

We do not know how a youth describes themselves until they tell us. By asking for gender pronouns, we create space for youth to feel safe disclosing this information. There is actually more danger in not asking this question. If we only ask youth who we perceive to be gender-variant based on their gender expression, we may miss those youth who are transgender or gender-variant and, for whatever reason, initially present as gender conforming.

Emerging practice asserts that we ask *all* youth about their pronouns as standard practice. Youth in care are used to answering all kinds of questions about themselves, some questions apply directly to their experience and others do not. Typically, adults bring more anxiety to these conversations than do youth.^{xii}

11. What if I make a mistake?

Everyone makes mistakes from time to time. The best thing to do if you use the wrong pronoun for someone is to say something right away, like “Sorry, I meant (insert pronoun)” and then move on.

While you may feel the need to explain how bad you feel that you made a mistake or how hard it is for you to get it right, please don't! It can make the person who was misgendered feel awkward and responsible for comforting you.^{xi} Again, the best course of action is to quickly apologize, correct yourself, and move-on.

12. What do I do when the youth's family/caregiver is not supportive of their LGBTQ+ identity? How should I address a transgender youth whose family/caregiver does not support their preferred pronoun?

There is no denying that this is a tough situation, but your ultimate responsibility is to ensure the health, safety, and well-being of youth in your care. Explain that it is the policy of your organization to recognize and use the names and pronouns that youth use within your professional capacity. Explain that this policy applies uniformly and is there to protect the health, safety, and well-being of youth.

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- ⁱ For an explanation of the term “LGBTQ+” and related definitions, please see page 15 of the Protocol for Safe & Affirming Care. Available at <https://ccyj.org/wp-content/uploads/2017/03/Protocol-for-Safe-Affirming-Care.pdf>
- ⁱⁱ Russell, S. T., & Fish, J. N. (2016). Mental Health in Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth. *Annual Review of Clinical Psychology*, 12, 465–487. Available at: <http://doi.org/10.1146/annurev-clinpsy-021815-093153>
- ⁱⁱⁱ J. Hunt & A.C. Moodie-Mills, *The Unfair Criminalization of Gay and Transgender Youth: an Overview of the Experience of LGBT Youth in the Juvenile Justice System*, Center for American Progress. (2012). Available at <http://www.americanprogress.org/issues/lgbt/report/2012/06/29/11730/the-unfair-criminalization-of-gay-and-transgender-youth/>
- ^{iv} J. Tarnai & R. Krebill-Prather, *2008 Survey of Washington State Youth in Foster Care*, Social & Economic Sciences Research Center, (2008).
- ^v Rob Woronoff, Rudy Estrada, & Susan Sommer, *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. 5. (2006).
- ^{vi} J. Hunt & A.C. Moodie-Mills, *The Unfair Criminalization of Gay and Transgender Youth: an Overview of the Experience of LGBT Youth in the Juvenile Justice System*, Center for American Progress. (2012). Available at <http://www.americanprogress.org/issues/lgbt/report/2012/06/29/11730/the-unfair-criminalization-of-gay-and-transgender-youth/>
- ^{vii} Adapted from: The Equity Project (2015). *Toward Equity: Understanding Sexual Orientation, Gender Identity, and Gender Expression, and Developing Competency to Serve Lesbian, Gay, Bisexual, and Transgender Youth in the Juvenile Justice System Trainer’s Guide*. Available at: http://www.equityprojects.org/wp-content/uploads/2015/01/Equity_Curriculum_TrainerGuide_022615.pdf
- ^{viii} CDC. (2016). *Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9-12: Youth Risk Behavior Surveillance*. Atlanta, GA: U.S. Department of Health and Human Services.
- ^{ix} James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.
- ^x IMPACT. (2010). Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youths. *American Journal of Public Health*. 100(12), 2426-32.
- ^{xi} Adapted from: University of Wisconsin Milwaukee Lesbian, Gay, Bisexual, Transgender Resource Center. *Gender Pronouns*. Available at: <https://uwm.edu/lgbtrc/support/gender-pronouns/>
- ^{xii} Adapted from: Los Angeles LGBT Center RISE Initiative (2015). *Frequently Encountered Biased Questions and Statements*. Available at: <http://files.lalgbtcenter.org/pdf/rise/Los-Angeles-LGBT-Center-RISE-Frequently-Encountered-Biased-Questions-Statements.pdf>