RESIDENTIAL GROUP CARE QUARTERLY

VOLUME 6, NUMBER 3 CHILD WELFARE LEAGUE OF AMERICA WINTER 2006

BEST PRACTICE PRINCIPLES: GAY AND LESBIAN YOUTH IN CARE

by D. Mark Ragg and Dennis Patrick

For adolescents, developing and integrating their identity can be difficult. For gay and lesbian youth, this task is greatly complicated because they must integrate an identity that diverges from mainstream society.

Gay identity develops through four phases: discovering same sex attraction; experiencing confusion; assuming a gay identity; and committing to this identity (Cooley, 1998). As identity solidifies, youth discover a life direction that diverges from other youth (Swann & Anastas, 2003). Gay and lesbian youth must develop their identity in the face of homophobia and hate (Tharinger & Wells, 2000; Swann & Anastas, 2003).

Gay and lesbian youth need help resolving adolescent identity crises (Cooley, 1998, Tharinger & Wells, 2000). Such support is often unavailable for youth living in out-of-home care. For example:

- Natural sources of support—family, friends and teachers—are often unavailable (Omizo, Omizo, & Okamoto, 1998; Saltzburg, 2004).
- Youth are often subjected to jokes, gay-bashing, politicized religiosity, and moral debates by professionals paid to help them (Mallon, 2001; Tharinger & Wells, 2000).
- Youth frequently lack effective support and are harassed and abused by caregivers in residential situations (Mallon, 1992, 1997, 1998).
- Worker turnover and multiple placements can erode potentially supportive relationships.
- Agency policies, procedures, and protocols create obstacles and communicate a lack of acceptance to gay and lesbian youth (Maccio & Doueck, 2002).
- Agencies screen out gay and lesbian caregivers who could serve as mentors (Brooks & Goldberg, 2001; Hicks, 2000).
- Youth are often referred to therapy, implying their identity is a problem rather than a developmental issue requiring support and understanding (Cooley, 1998; Elze, 2002; Stone, 1999; Yarbrough, 2003).

Given these realities, many youth elect to remain invisible while in care and feign heterosexual interests and activities to protect themselves. Providing appropriate support is difficult when caregivers often do not know the difference between straight and gay or lesbian youth. Caregivers can easily make heterosexist assumptions if they never know when a gay or lesbian teen might be present.

Guiding principles are needed to better prepare professional caregivers for supporting gay and lesbian youth living in out-of-home care. This article is a first step. Important practice principles were developed through interviews with 25 gay, lesbian, and bisexual youth living in out-of-home care. The youth identified actions by helpful workers and contrasted them with actions by workers deemed harmful to positive identity development. Identified practice

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Residential Group Care Quarterly

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Residential Group Care Quarterly (ISSN 1529-6954) is published four times a year by the Child Welfare League of America (CWLA). Printed in the USA.

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principles focus on three dialectical themes:

- vulnerability versus empowerment,
- stigmatization versus validation,
- and acceptance versus rejection.

Vulnerability versus Empowerment

Youth interviewed identified a sense of vulnerability associated with being gay or lesbian in out-of-home care. Workers have a powerful influence over a young person's coming out process by sharing his identity with others. The young person is vulnerable to caregivers' agendas and rationales for telling others.

Gay or lesbian youth are often ostracized or picked on by other youth as his or her true identity is shared. These youth are particularly vulnerable if their identity is put into their file. Anyone reading the file will know this private aspect of the teen's identity, even before meeting him or her.

Workers identified as harmful tended to see gay and lesbian youth as a threat to others and compromised confidentiality based on this perceived threat. Harmful workers also established different relationships with youth based on perceived sexual orientation. Frequently, gay youth faced jokes or differential treatment.

Workers must be able to protect youth and manage their feelings of systemic vulnerability. This is especially important when youth are experiencing identity confusion and questioning the sexual elements of their identity. The five best practices associated with empowerment versus vulnerability are:

- **Monitoring heterosexist bias.** The best workers never ridiculed a population with comments or jokes, but conveyed respect for all people. Concurrently, the best workers used inclusive language that avoided heterosexist biases, asking, for example, "Do you have a partner?" or "Are you seeing somebody?" versus, "Do you have a girlfriend?" This communicated openness and allowed youth to share small elements of their identity until they felt comfortable coming out.
- **Tuning into comments.** Gay and lesbian youth often share hints with workers about their identity. Comments might reference a television show with a gay actor or provide vague information indicating

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the youth may not be heterosexual. A young person might tell a worker, for example, "I like *Will and Grace*. I never miss the show." The best workers picked up on the comments and communicated acceptance of gay content or identity.

Gay and lesbian youth note social attitudes about homosexuality daily as they struggle with their identity. Youth are very susceptible to integrating negative messages about their sexuality.

- **Working things through.** Youth indicated that supportive workers intervened with other staff, professionals, and youth who reacted strongly to their sexual identity. Good workers mediated negative attitudes and misconceptions to minimize impact on youth.
- **Respecting youth privacy.** The best workers consistently allowed youth to control their "coming out," including situations where the worker may have suspected a teen was gay or lesbian, but waited for him or her to disclose this information rather than pressuring the young person to come out. Similarly, workers maintained confidentiality when talking with other professionals.
- **Limiting formal exposure.** The best workers consistently approached sexual information in official documentation. If they did not normally note a young person's heterosexuality, they would not note his or her homosexuality.

Stigmatization versus Validation

Gay and lesbian youth note social attitudes about homosexuality daily as they struggle with their identity. Youth are very susceptible to integrating negative messages about their sexuality into their self-esteem. Most gay and lesbian youth noted professional statements and actions that elevated feelings of stigma. In extreme situations, teens experienced self-loathing and self-destructive feelings associated with their sexual identity.

Ongoing validation is necessary to help gay and lesbian youth integrate positive identity. Youth identified five best practices:

- **Individualizing messages.** The best workers helped youth separate themselves from negative messages and stereotypes. Workers emphasized negative messages are not about the teen as an individual, but about other's discomfort with the teen's identity.
- **Affirming the young person.** Good workers affirmed youth when they shared developmental struggles, including listening to the teens' attractions and relationship problems concurrent with struggling to integrate elements of their identity.
- **Reframing differences.** When a young person highlighted his "differences" with workers, the best workers tended to refer to differences as "unique traits." Good workers identified positive or neutral meanings that could be attached to the unique qualities of the young person. The worker might explain to him, for example, "You are just more sensitive and attuned to other people."
- **Promoting pride.** Many of the interviewees spoke of workers who affirmed their strengths and positive attributes. Good workers promoted these unique traits as potential sources of pride, and helped the youth connect with other gay and lesbian young people who felt pride in their unique qualities.
- **Normalizing youth.** Youth noted worker responses that stressed a young person's normal and natural elements. Workers, for example, would include a teen in activities with straight peers. The best workers included gay-related content when selecting movies, television shows, or other entertainment.

Acceptance versus Rejection

Rejection is often traumatic for gay and lesbian youth in care. This is especially true when professional caregivers are the one's rejecting youth. Conversely, acceptance promotes the internalization of affirming messages.

Almost every interviewee shared a story of open rejection where a person, who had initially been supportive, severed or altered their relationship after learning about the young person's sexual identity. Such interactions exerted powerful influence on the teen's developing identity.

Youth often protected themselves by withholding parts of their identity from others, living their lives in partial relationships. Frequently, a young person believed she only received support because people did not know her full identity. Other youth exhibited behavior likely to cause rejection so they could control anticipated rejection by others.

Some caregivers acted as if they accepted a teen but conveyed messages that the young person somehow did not measure up.

Some caregivers acted as if they accepting a teen but conveyed messages that the young person somehow did not measure up. Sometimes staff compared a gay or lesbian teen to a heterosexual teen, pointing out aspects of heterosexual youth that were more highly-valued. The support person then pressured the young person to measure up to the more highly-valued person.

Sometimes a worker assumed expertise on the teen's experience by dismissing the seriousness of his identity struggle. Almost all of the youth interviewed shared a story of a worker or other professional dismissing his or her sexual identity.

Common messages from workers focused on the teen being young, inexperienced, needy, or reacting to past abuse. In contrast, following are five best practices for workers to be highly supportive and effective:

- **Welcoming.** Workers identified as most helpful tended to always greet gay or lesbian youth with enthusiasm, and the workers made themselves available, especially when a teen struggled with more troublesome aspects of his identity.
- **Maintaining engagement.** The best workers remained engaged with youth, resisting the impulse to react or enact their agendas when a young person disclosed information associated with his or her sexual identity.
- **Remaining open.** Helpful workers avoided advice giving traps, sharing opinions, or judging a teen. Workers allowed youth to describe and explore all aspects of their identity.
- **Supportive engagement.** The best workers helped youth connect with other gay or lesbian youth, finding drop-in centers or gay resources, and ensuring safe transport to meet with other gay and lesbian youth.
- **Responsive exploration.** The best workers maintained a curious position so they could explore situations with youth. The worker asked questions and reflected rather than instructed youth, allowing them to find solutions.

Helpful versus harmful workers are distinguished by their responses to gay and lesbian youth. No worker enters the field to harm youth in their care, but it is easy to inadvertently harm a young person's developing identity through uninformed reactions to his or her sexual identity. This does not mean professional staff must suspend their values and beliefs.

This article focuses on behavioral and interactive responses. The best workers can respond in a manner that affirms and helps gay or lesbian youth build positive identities. When youth referred to helpful workers, they knew little about the workers' values, only their behavior.

This article was written to help professional caregivers identify best practice principles for helping gay and lesbian youth in out-of-home care. The information is based on the experiences of gay and lesbian youth with workers while in care and provides general guidelines for building skills that can enhance, rather than deter, the identity development of gay and lesbian youth.

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