

Ask the Expert with Al Killen-Harvey FAQ Sheet

Risk Factors:

Q: Are LGBTQ youth at a higher risk of being sexually abused?

A: We don't exactly know. We have a lot of anecdotal information and theories, but not a lot of data. It is difficult to collect the data needed, because many don't self-identify. Since many don't self-identify, we don't know their experiences. With the little data we do have, we can say that youth dealing with gender identity are probably at a heightened risk. The idea of a youth revealing that his/her/their attractions lie with someone of the same sex is scary and can be an isolating experience, so they may not be open to sharing what is going on; therefore, the arenas that they gravitate towards are skewed because of the way society responds. LGBTQ youth will tend to gravitate towards people who are looking to exploit individuals, because there is a disparity and lack of safety in being able to talk about issues around sexual identity/orientation.

Q: Are there ways that we can assist an individual in the coming out process to help youth not struggle with suicide and/or depression?

A: Depression and suicide are amongst the highest of risk factors for LGBTQ youth. We do have a bit more data on this subject because we have been tracking it for a long time. LGBTQ youth remain 2-3 times more likely to attempt suicide than their peers. If you are working with LGBTQ youth, you should explore the subject of depression and suicidal ideation. There's no one way to mitigate depression and suicidal ideation, but we can help in the ways we respond. Depression and suicidal ideation is present because of the negative way society has responded to LGBTQ youth. We can't change the macro culture, but we can change the way we in our communities and organizations talk about these issues. LGBTQ youth are listening all the time for messages, like do we use language that's inclusive? Do we recognize them? The more we integrate this in our day-to-day practice, the better chance we have of mitigating depression and suicidal ideation. A great resource is The Trevor Project, a 24-hour hotline that offers a place for LGBTQ youth to chat if they are feeling depressed or suicidal. You can find more information at trevorproject.org.

Q: What strategies can service providers use when dealing with LGBTQ youth who are being bullied at school?

A: Most youth spend a considerable amount of time in school settings. More often than not, when we ask LGBTQ youth across the spectrum where the least safe place to be is, they say at school. Many think it is at home, but at school they have to navigate every day. The ways in which school culture responds to youth is crucial. Many youth experience bullying and don't report it. For LGBTQ youth there's an added challenge, which is to report that they are being bullied based on a perception of their identity; they have to out themselves and tell their parents. They may open up a conversation they aren't prepared to have. It puts them in a dilemma of having to disclose a part of themselves. As a professional, you should ask the client if he/she/they have reported to someone in the school system, like a guidance counselor, GSA (Gay/Straight Alliance) member, or teacher. Encourage them

first to use the school system. Don't let them rule out using the school system. Then ask the client, if he/she/they did use the school system, what was their response? If the response from the school system was negative, look at plan B. Ask the client if there are others in their family or support group that can serve as an ally. For a good resource, check out GLSEN (Gay/Lesbian/Straight Educators Network) at glsen.org.

Q: As a mandated reporter, how could I deal with reporting a situation that may have happened to an LGBTQ identified youth that could potentially out them to people like their parents, teacher, or social worker against their will?

A: As a clinical worker, if they disclose you must report and it becomes a dilemma. I suggest, first and foremost, being very clear about reporting requirements from the beginning. We sometimes forget to tell our clients we are required to report. It shouldn't come as a surprise to the client. You should say, "I now have to report that". Say it in the first session. Tell them the parameters in which you have to work. If you've done that and the youth discloses information, assume on some level that they know that you have to report. Make sure they are emotionally okay and remind them you do have to report. Tell them you will keep them safe and protect them but there's no wiggle room when it comes to reporting. Sometimes you may lose the client, but you have to do it. In that case, connect them to another resource.

Q: What are the best ways to ask about sexual practices without sounding biased/shaming?

A: We may ask about sexual practices because we are concerned about a risk related to sexual activities, so we want to talk about that; or because we are engaged in a healthy conversation about overall sexual health. We tend to talk about issues of sex/sexuality almost exclusively when it's about harm. We tend to not talk about it in a proactive way. If you are concerned about risk, you should own that and ask further questions and explain why you want to talk to that youth about it. Make sure your client is comfortable. You want to give information to keep them safe. Regardless of sexual orientation/identity, body language is important. Ask yourself, how comfortable are you asking these questions? Are you prepared for the answers? What if they bring up activities that bring up your judgement? Ask yourself; can I ask them questions without judgement, without them seeing it on my face? The moment they perceive judgement, they stop disclosing. Prepare yourself ahead of time. Don't show judgement. When it comes to issues of sexual health, we recognize 6 principles: Is it consensual? Is it non-exploitative? Is it honest? Is there a sharing of values? Is there protection from STI's, STD's, and unplanned pregnancy? Do we agree on the concept of pleasure? Keep these in mind and create an environment where youth are more willing to disclose.

Engagement:

Q: I work with volunteers who are trained to advocate for children in the foster care system. What is the first thing a volunteer should say or do when a child tells their advocate that he or she is an LGBTQ youth or has questioned whether or not they're LGBTQ youth?

A: Many times, first impressions are lasting, so think ahead of time how you are going to respond. If a client says he/she/they is thinking about issues around orientation or want to tell you, say thank you. It buys you time to regroup and decide direction, and most importantly it's often times the least expected response that a youth anticipates. They expect judgement and disgust, but they don't expect

someone to say, thank you. Next you should ask, what was it like for you to tell me that? Find out what was going on for them. The third question should be, now that you told me that what should I do with that information? Maybe they just wanted to hear themselves say it. Let the youth take the lead from there.

Q: There are a lot of different and new terms for different types of gender identity and sexualities (cisgender, pansexual, etc.). What's the best resource to brush up on those terms?

A: This is a constantly moving target- language and terminology. It is good news that we have begun to have a comprehensive national conversation. Before, the language was either you are normal or you aren't, but that is so factually incorrect nowadays. We are continuing to define it. You may ask, why do we keep adding different letters? If we don't have a word or language for it, we don't recognize or value it. Language is powerful. Broad, general terms don't do it. Even as a professional, I find it hard to keep up. On a macro level, there's a listing of words that help us be more clear about sexual identity/orientation from social advocate, Sam Killerman, on his website itspronouncedmetrosexual.com. Killerman admits the website is always changing and updating. On a micro level, ask your client. Ask, is there a term that affirms who you are? For each client, that will be a different answer. It's important your client feels seen and heard. You may make mistakes even when they tell you, but that's okay. You won't be the first person to have done that. In that case, process how it feels for you to mess that up and affirm to the client that you do know the pronoun. Ask the client what he/she/they felt like experiencing you making that mistake. Clients are incredibly forgiving when they know you are trying hard to understand.

Q: I would love more information on proper pronouns for the LGBTQ community. At times, it is difficult to know how they feel most comfortable when being addressed. So, it would be nice to be educated on this to be able to address them in the most respectful way. At the end of the day I would like to be more informed on how to do my part to help empower these youth to lead a happy and successful life.

A: You should do research. Look at websites to get an idea of current language. Most importantly, ask your client. Ask, what's your pronoun choice?

Q: Is it appropriate to use the term "they" or "their" when referring to someone whose gender isn't outwardly obvious?

A: The term "they" refers to people who are non-binary. Check with your client to get his/her/their preference.

Q: Are there specific cultures that are accepting of the LGBTQ community?

A: The LGBTQ community is responded to differently cross-culturally, with varying degrees of understanding or rejection. Historically, Native Americans and other indigenous populations have the idea of being 2-spirited. 2-spirited means that indigenous populations understand that gender is fluid and they embrace the idea of identity not being just male or female. This form of acceptance was stripped from indigenous populations when colonization began. Scandinavian countries are also more open and accepting, compared to even the US. Yes, there are cultures that are more accepting, but be careful not to assume; it doesn't mean the client definitely comes from a family that embraces that part of their culture. Their family may either disown or agree with a part of their culture that doesn't

condone. You should ask your client, what does gender identity/orientation mean in the home you live in? What does it mean in the school you go to? What does it mean in the community you live in? What does it mean in the church you pray at? Don't make an assumption!

Creating a Welcoming Environment:

Q: What can we do as service providers to make our facility more LGBTQ friendly?

A: The fact that you are already beginning to talk about this is great. I suggest supporting people that may be working in an agency where these issues haven't been talked about. You can be the one to start to bring awareness to your workplace, but this can't be done alone and could be risky for clients. If only parts of an agency create a safe space, it can be risky and unsafe. Work from within, but also work from the top down. Is an LGBTQ friendly environment reflected in your mission statement, benefits, information sheets, etc.? Does your agency create a safe space for people to identify? Is your language and reception area friendly? Organizations need to be aware and be understanding on every level.

Q: How do we work with homeless shelters to make them more LGBTQ inclusive?

A: Many times, if you refer a youth to a homeless shelter, you may be putting them back in an environment that causes oppression. Before you refer a youth to a homeless shelter, do your research. Call the homeless shelter and ask a bunch of questions like, are they up-to-date with stats about homelessness? How often is the staff trained? What about issues around sexual identity/orientation? Tell me the last time your staff was trained on issues surrounding LGBTQ youth. Don't just ask if they work with LGBTQ youth. Ask specific questions.

Q: How do we address an LGBTQ youth who is in the coming out process and has realized that it contradicts with their religion?

A: I suggest you proactively ask about their spiritual community. What is their belief system around sexual identity/orientation? There are a number of mainstream religions that are creating welcoming and affirming spaces for congregants. Don't look at religion as a barrier; many are a great source of support. Gaychurch.org has a listing of Christian-based churches across the country that have made a statement that they're welcoming. HRC.org (Human Rights Campaign) also has a section about spirituality and a listing of organizations that are welcoming.

Transgender Youth Specific Issues:

Q: I am just starting to see clients who are teens going through their transition as transgender youth. I am looking for helpful information regarding effective therapy interventions and resources. Also, I am seeing parents that are noticing gender behaviors in their young children 3-5 years old that are contrary (typically) to their birth biological gender, so I am looking again for information to best support and guide these parents for their children.

A: Use transequailty.org (The National Center for Transgender Equality) as a resource to learn more about transgender youth. Don't use the term "gender reassignment". Use the term "gender affirming". They are not being reassigned; they are reaffirming who they know themselves to be

internally. When and if any process of affirming one's body should happen- have lots of conversation about it!

Q: Could Mr. Killen-Harvey touch on medical transition in youth and the dangers that could be associated, testosterone therapy for girls transitioning who also take birth control as an example?

A: There is a vibrant conversation happening right now about pre and post pubescent transitions and there are lots of questions. There is also a lot of debate about when and how transitioning should happen. This is beyond the scope of me (Al Killen-Harvey) because I'm a Clinical Social Worker, not a doctor. However, we do have a lot more data and up-to-date information in agencies and hospitals. We now have gender clinics in hospitals that are in major urban areas. We have a current understanding around gender affirming processes.