



Tennessee Department of Children's Services

Additional Information for Medical/Mental HealthCare, Family Services, and Community Resources for LGBTI Children/Youth

Supplemental to DCS Policy: 20.20

Approximately 5-10 percent (possibility higher) of children/youth entering foster care are LGBTI children/youth. It is the Department's responsibility to meet safety, permanency and well-being needs of the child/youth in care, including LGBTI children/youth. LGBTI children/youth have the same needs as others and some have needs that are more specific to this population of children. The information listed below, highlights some of the issues to consider when assessing the needs and safety of this group of children/youth.

Medical and Mental Health Care/ Treatment for LGBTI Children/Youth

All children/youth in DCS custody have a right to receive quality medical and mental health care. LGBTI children/youth must receive medical and mental health services that meet their unique needs that include services that address self-acceptance and validation, concerns about disclosure of sexual orientation or gender identity, family relationships, healthy intimate relationships, and sexual decision-making.

1. Any medical and mental health services will include an assessment of the LGBTI child/youth's safety and any harassment or sexual trauma that occurred either before or while in custody.
2. LGBTI children/youth may be unsure or uncomfortable about sexuality or experience bullying or discrimination can lead to severe depression, suicidal tendencies, antisocial behavior, and/or increased risk for alcohol and drug dependency. Physical problems such as trouble sleeping, nausea and headache may also occur. Children/youth experiencing issues with sexual orientation must be monitored and referred for related mental health and physical problems.
3. Transgender children/youth may present health concerns distinct from those common to lesbian, gay, or bisexual children/youth, generally. They may experience significant distress because their body does not correspond to their gender identity. To address these concerns, transgender youth need access to experienced, appropriately trained, and affirming health providers. Proper treatment for gender identity disorder includes counseling and medical care that helps the individual bring his or her physical body more in line with his or her internal self-identification.

Children/youth who experience extreme forms of anti-LGBTI abuse and harassment, may be at an increased risk for suicide. All staff must respond in a timely and appropriate manner to all anti-LGBTI harassment and abuse in order to alleviate conditions that could cause or exacerbate suicidal feelings. Refer to DCS Policies [19.1 Suicide-Self Harm Intervention and Intervention in YDCs](#) and [19.4 Emergency Mental Health Referrals and Transfers in YDCs](#).

Access to Community Resources

Each region, Youth Development Centers and Contract Agency Facilities will develop a list of LGBTI resources in their area for LGBTI children/youth in their custody.

Effective Date: 06/02/14
Supplemental to: DCS 20.20, 06/02/14
RDA SW05

**Subject: Additional Information for Medical/Mental HealthCare, Family Services, and
Community Resources for LGBTI Children/Youth**

Family services and re-entry

1. Family/Guardian Aware of LGBTI Status:

Many families may not have a substantial educational background on the topic of sexual orientation or gender identity. In the event that LGBTI children/youth have shared their sexual orientation or gender identity with their families, the FSW or medical/mental health provider may provide educational or outreach programs to aid in sustaining or developing a healthy relationship between child/youth and their families.

2. Family/Guardian Unaware of LGBTI Status:

If the LGBTI child/youth are reluctant to share their sexual orientation or gender identity with their family, the FSW or medical/mental health provider may wish to work with the child/youth to provide services to families with the intention of facilitating any disclosure the child/youth may make to their families in the future.

3. Family/Guardian Reunification:

The relationship between LGBTI children/youth and their families may face strains resulting from their child/youth's status. Some children/youth may experience feelings ranging from minor discomfort to feeling unsafe about returning home. The FSW, in consultation with the mental health provider, should work with the child/youth to understand the relationship they have with their families, how it is or could be affected by their status as LGBTI, and what the department can do to work toward successful reunification with families upon reentry or, if necessary, to establish alternate housing options.

For more information contact The National Resource Center For Permanency and Family Connections:
<http://www.nrcpfc.org/is/LGBTQ-Children-and-Youth-in-ChildWelfare.html>