Gender & Sexuality

EXECUTIVE SUMMARY

Background: Care that responds to youths' needs related to their gender and sexuality is critical to the Stepping Home Model. For instance, research demonstrates that girls and boys in the juvenile legal system require gender-responsive care that addresses their different pathways and experiences with the system. Additionally, compared to the general population, youth who identify as lesbian, gay, bisexual, or queer/questioning (LGBQ+), or gender nonconforming and/or transgender (GNCT), experience disproportionately high rates of incarceration due to stigma, criminalization, and lack of access to needed support. This document reviews research regarding girls and boys in the system and provides corresponding recommendations for gender-affirming care. It also defines terminology related to gender and sexuality and summarizes guides that can assist counties in caring for LGBQ+/GNCT youth across the implementation of the Stepping Home Model. Research regarding gender-affirming care for GNCT youth and corresponding recommendations are also reviewed.

Search Strategy: Key concepts searched in Google Scholar and UCLA Libraries include: LGBTQ+ (e.g., LGBT, LGBTQIA+, LGBTQ2IA+, queer, non-binary, trans, etc.) AND juvenile/youth justice, gender-affirming care/treatment AND juvenile/youth justice, girls AND juvenile/youth justice, boys AND juvenile/youth justice.

Results/Conclusion: Research demonstrates the gendered pathways to the juvenile legal system (JLS) that girls and boys experience. Girls face particularly high rates of victimization and trauma prior to and during incarceration, especially sexual violence. Boys, in part due to the influence of hegemonic masculinity, are subject to hyper-criminalization. Programming that considers these gendered pathways and experiences of boys and girls in the JLS and supports their autonomy and strengths can promote healing and resilience. Research also notes the overrepresentation of LGBQ+/GNCT youth in the JLS due to discrimination and stigma. It is important for staff and other JLS personnel to affirm the gender identities and sexualities of the youth they serve through gender-responsive and sexuality-affirming policies, practices, and services, such as gender-affirming care that is supported by leading health organizations, to decrease negative outcomes for youth and promote long-lasting health and wellbeing.

ORGANIZATION OF PAPER

To encompass various aspects of and topics related to gender and sexuality-related care for youth in the juvenile legal system (JLS), this paper is divided into the following sections and subsections:

1) Girls and Boys in the JLS
   - Section 1 reviews research literature on 1) Girls in the JLS and 2) Boys in the JLS.
2) Overview of Context and Care Considerations for LGQB+/GNCT Youth
   - Section 2 summarizes research related to the prevalence of LGBQ+/GNCT youth in the JLS, their pathways to the JLS, and intersectional disparities they face.
3) Overview of Terminology Related to Gender and Sexuality
   - Section 3 provides research-informed definitions of terminology related to gender and sexuality from the Annie E. Casey Foundation.
4) Guides to Providing Care to LGBQ+/GNCT Youth in the JLS
   - Section 4 summarizes two guides for providing gender and sexuality-affirming care to LGBQ+/GNCT youth in the JLS from 1) the Annie E. Casey Foundation and 2) Impact Justice.
5) Gender-Affirming Care for GNCT Youth
   - Section 5 summarizes position statements regarding gender-affirming care for GNCT youth and corresponding recommendations from the 1) Endocrine Society, 2) Society for Adolescent Health and Medicine, and 3) National Commission on Correctional Health Care. Literature regarding the experiences of GNCT youth receiving gender-affirming care is also summarized.

1) GIRLS AND BOYS IN THE JLS

Girls and boys have been written about extensively in the academic scientific literature surrounding the JLS. In the context of the literature summarized below, *girls* refers to the category of cisgender young women, or young women assigned female at birth who identify as female, while *boys* refers to the category of cisgender young men, or young men assigned male at birth who identify as male. Other gender groups and related terms are defined in Section 3 of this paper, and research related to gender nonconforming and transgender youth is reviewed in Section 5.
In the academic scientific literature, there is significant overlap in the care recommendations for girls versus boys in the JLS, including studies seeking to identify gender-specific recommendations for appropriate care. For instance, research suggests

that utilizing a “trauma-informed child welfare approach” that provides comprehensive social services and interventions (e.g., behavioral, mental, physical, and sexual health; treatment for substance use disorder; education; and vocational needs) is essential for serving girls in the JLS (McKenna et al., 2022; Office of Juvenile Justice and Delinquency Prevention, 2023; Parrish, 2020; Sherman, & Balck, 2015). While it is important that a trauma-informed child welfare-oriented approach is utilized when caring for girls, boys in the JLS also require this kind of approach to care. Moreover, research is lacking on tailored gender-specific interventions that are most effective for girls in the JLS (OJJDP, 2023). In fact, some gender-specific approaches that researchers support can be misconstrued into the very type of gender stereotyping that they attempt to avoid (OJJDP, 2023). However, given the patterns of gendered pathways into the JLS and unique experiences within the JLS that girls versus boys face because of societal views of their genders, gendered aspects of care are important to consider. Therefore, research regarding girls and boys in the JLS and considerations for their respective care are summarized below.

Girls in the JLS

Historically, compared to boys, girls have been less likely to be involved in the JLS, but their representation has increased in recent years. The majority of girls are charged with minor offenses like status offenses, which are acts that are illegal because the persons committing them are of juvenile status. This can include running away from home, truancy, or curfew violations (OJJDP, 2023; Parrish, 2020). However, the number of girls with assault charges has also increased since 1980, with the rate of aggravated assault increasing from 15% to 25% in 2010 and simple assault increasing from 21% to 35% in 2010 (Parrish, 2020). Additionally, in 2015, compared to 18% for boys, 28% of aggravated assaults by girls in the JLS were against family members (Sickmund & Puzzanchera, 2014).

Research suggests that these trends among girls involved in the JLS point to their complex, significant needs (Parrish, 2020). For instance, girls are more likely to experience household maltreatment in comparison to boys, with the victimization rate for girls being 9.4 per 1,000 girls younger than age 18, and the rate for boys being 8.4 per 1,000 boys younger than age 18 (Puzzanchera, Hockenberry, and Sickmund, 2022). With high rates of previous victimization (especially sexual violence), substance use, mental health concerns like depression and anxiety, and social influences like co-offending with romantic partners (McCarter et al., 2022; McKenna et al., 2022), histories of trauma are especially salient among girls in the JLS. The offenses committed by girls often have roots in this trauma, with status offenses often being considered “survival crimes,” such as running away from unsafe homes and partaking in subsequent crimes

to survive (McKenna, 2022). Girls represent 73% of youth prostitution arrests nationally (Ehrmann, Hyland, and Puzzanchera, 2019), with much of this being a result of sex trafficking and survival sex work, which refers to the trading of sex for necessities like food, money, or shelter (McKenna, 2022; Parrish, 2020). It should be noted, however, that states including California have created laws that preclude minor victims of sex trafficking from being arrested and charged with prostitution. Even so, girls who have experienced child sex trafficking are often prosecuted for charges related to their trafficking (Barnert et al., 2016).

Despite these histories of victimization and trauma, girls in the JLS are less likely than boys to receive care that addresses their trauma, such as mental health services and other supportive resources, which can embed them further into the JLS (Leve, Chamberlain, & Kim, 2015; Merikangas et al., 2010). Additionally, girls in the JLS are often held to harsher moral standards compared to boys, especially regarding sexual activity, and are often viewed as “manipulators, liars, and criers,” with positive treatment from staff reserved for girls who display “appropriate gender characteristics” and not for “macho girls” (Gaarder, Rodriguez, & Zatz, 2004; Gamal, 2017; Parrish, 2020). These gender biases become even more profound for girls of color (Parrish, 2020).

Because of these histories of trauma and victimization, girls in the JLS are often seen as victims. While shifting the perception of girls in the JLS, particularly those who were sex trafficked, from criminals to victims has been helpful in transforming policy related to these types of offenses (Abrams et al., 2020), it can also lead to studies being deficits-based. Girls in the JLS have strong resilience that can be uplifted when providing them with care. For instance, a study on girls who are victims of sex trafficking and have current or prior involvement in the juvenile legal and/or child welfare systems found that the past traumas and absence of control that they faced has led them to display “fierce autonomy” as they reclaim agency in making decisions that affect their health and health care-seeking behavior (Godoy et al., 2020).

As mentioned previously, recommendations for girls in the JLS often mirror care recommendations for boys, and it is not yet clear which interventions are most effective for girls as compared to boys. However, staff can promote girls’ autonomy and agency when providing them with care, especially for girls who have been victimized (Godoy et al., 2020). Additionally, girls are more likely to engage in self-debasing distortions such as self-blame and other negative thoughts about self, while boys are more likely to engage in self-serving distortions such as rationalizations and externalization of blame (OJJDP, 2023). Providing mental health interventions such as cognitive behavioral therapy that target the cognitive distortions and protective factors most likely to be associated with girls can therefore be helpful for them. Other care emergent from the

literature that can be specific to girls in the JLS includes services and programming related to motherhood and pregnancy (Sherman & Balck, 2015).

Boys in the JLS

In contrast to girls, boys represent the majority of youth in the JLS, with Black and Latino boys being overrepresented in the system (Bosco et al., 2023). Although the JLS was designed predominantly with boys in mind, its development and implementation were not attentive to the lens of supporting boys' healthy gender identity and development. A highly cited study of Black and Latino boys who have encountered the JLS demonstrates that Black and Latino boys are hyper-criminalized in both the JLS and non-criminal systems and structures, such as in schools and even in families (Rios, 2006). Because of this hyper-criminalization, Black and Latino boys often develop strategies through "acting bad" by committing violent, aggressive, or criminal behavior to fit in and survive the environments in which they are surveilled and criminalized (Abrams et al., 2008; Rios, 2006). For instance, young Black men can display "exaggerated masculinity" through violence and criminal behavior to affirm their masculine roles and identities in a racialized society (Abrams et al., 2008). Machismo, a subtype of hyper-masculine dominant masculinity among Mexican men, has also been observed among Mexican-American adolescent boys in the JLS and has been linked to depressive symptoms, stress, and reduced help-seeking behaviors during reentry after incarceration (Bosco et al., 2023). These responses are rooted in a type of masculinity known as hegemonic masculinity, which involves competition; dominance; the subordination of women, gay men, and other "inferior" masculinities; and the development of criminal behavior and identities (Abrams et al., 2008; Bosco et al., 2023).

Research suggests that incarceration can reinforce hegemonic masculinity in all boys, and particularly among boys of color (Bosco et al., 2023). For example, routine strip searches and the daily threat of violence while residing in a youth carceral facility can result in increased aggressive, violent, and or/risky behavior to mirror the behavior of guards and adults in the system (Bosco et al., 2023). The daily activities in which boys participate while residing in youth carceral facilities are typically competitive and reinforce hyper-masculine norms based on physical size and toughness. Research also discusses "confrontational displays of power" among boys in the JLS, which can include instigating fights with staff and youth, subverting staff, and being sent to isolation (Cesaroni & Alvi, 2010). Additionally, staff at JLS facilities may also reinforce hegemonic masculinity, with research showing that staff may often allow boys to use misogynistic and/or homophobic language and discourage open emotional expression as "soft" or "inappropriate" (Bosco et al., 2023).

In parallel to the “fierce autonomy” girls display, research also suggests that the performance of hegemonic masculinity by boys in the JLS, through the previously described confrontational displays of power, is often a form of resistance for them (Cesaroni & Alvi, 2010). In the carceral environment where they often feel powerless and can be perceived as weak, boys may practice agency by asserting their masculinity through fights and subversion that challenge the tightly regulated institutions in which they reside (Cesaroni & Alvi, 2010).

Acknowledging the pressures of masculinity that boys face in the JLS and their hyper-criminalization, especially Black and Latino boys, can have a positive impact in their care. For instance, boys can be provided with programming that encourages them to explore alternative forms of gendered expression rather than hegemonic masculinity, like artistic development and academic advancement (Bosco et al., 2023). Additionally, a network of father figures and other trusted adults, such as credible messengers, who can provide moral guidance may help boys develop a sense of “manhood” that prioritizes community connectedness and emotional expressivity rather than dominance (Quam et al., 2020). Staff in JLS facilities can also role model emotional awareness and speak to their own identities to encourage boys to express themselves and participate in mental and behavioral health treatment (Bosco et al., 2023; Vaswani et al., 2021).

Summary of Research on Girls vs Boys: In summary, for both boys and girls in the JLS, it is important to provide care in ways that uplifts their autonomy and agency. Recommendations for care for both girls and boys in the JLS may often be similar in that they suggest programming and services applicable to all youth, from child welfare approaches to care and sexual health programming to life skills development and educational and vocational services. However, because research demonstrates that girls differ from boys, it is important to consider the gendered issues that young people face in their respective pathways to the JLS and in their experiences while they are incarcerated. Recommendations for gender-affirming care can therefore differ in their delivery based on these gendered differences between girls and boys. By providing care that is attentive to gender, counties and partnering agencies can promote the healthy development of all youth in their jurisdictions.

2) CONTEXT AND SIGNIFICANCE OF CARE FOR LGQB+/GNCT YOUTH

In addition to boys and girls in the JLS, youth who identify as lesbian, gay, bisexual, or queer/questioning (LGBQ+), or gender nonconforming and/or transgender (GNCT) are also important to consider as they are disproportionally represented in the JLS and have distinct care needs. Recent research demonstrates that while 10.5% of the U.S.

population identifies as LGBQ+/GNCT, up to 28% of youth in the JLS identify as LGBQ+/GNCT (Kynn et al., 2024). This disproportionality is even more apparent across gender, racial, and ethnic identities. For instance, up to 40% girls in the JLS identify as LGB and/or report same-sex attraction (Ramos, Barnert, & Bath, 2021). Additionally, between 85-90% of youth involved in the JLS are youth of color (Kynn et al., 2024; Ramos, Barnert, & Bath, 2021), with Native/Indigenous LGBQ+/GNCT youth facing the greatest risk of system involvement (Hobaica et al., 2024). Moreover, transgender women of color experience some of the highest rates of involvement in the JLS (Hobaica et al., 2024).

Historically, LGBQ+/GNCT individuals have been criminalized and discriminated against by harmful stereotypes and laws that were supported by leading mental health organizations that previously categorized their identities as mental illnesses related to gender, sexuality, and sexual deviancy, most notably in the Diagnostic and Statistical Manual of Mental Disorders (Hobaica et al., 2024). Although their identities are no longer considered mental illnesses, the ramifications of this pathologization still exist, with LGBQ+/GNCT individuals still facing stigma and stereotyping to this day.

The stigma against and discrimination of LGBQ+/GNCT youth manifests at multiple levels. For instance, these youth face higher dropout rates compared to their cisgender, heterosexual peers as a result of harassment and bullying for their identities (Ramos, Barnert, & Bath, 2021). Bullying may occur from not only their peers, but also school staff and security personnel. In some instances, school staff punish LGBQ+/GNCT students who may be defending themselves from harassment from other students (Hereth, 2022). Additionally, because of historical stereotypes related to sexual deviancy, compared to their cisgender and heterosexual peers, LGBQ+/GNCT youth are also more likely to be punished for non-violent infractions, such as dress code violations or public displays of affection (Hereth, 2022).

Faced with rejection and abandonment from their families and guardians, many LGBQ+/GNCT youth also feel forced out from their homes or run away, leading to houselessness, which itself has also become criminalized across the U.S. (Hobaica et al., 2024; Kynn et al., 2024; Ramos, Barnert, & Bath, 2021). Now unhoused, youth may rely on alternative means of meeting their needs such as survival sex work (Hobaica et al., 2024). Because LGBQ+/GNCT people have historically been policed and criminalized due to harmful laws and stereotypes, these youth, especially those participating in survival sex work, are at much greater risk of being arrested in comparison to cisgender and heterosexual youth (Kynn et al., 2024).

LGBQ+/GNCT youth face higher rates of poor mental health and other negative health outcomes in comparison to cisgender and heterosexual youth, in part because of this discrimination and criminalization (Hobaica et al., 2024; Kynn et al., 2024; Ramos, Barnert, & Bath, 2021). These poor outcomes often become exacerbated through involvement in the JLS, with LGBQ+/GNCT youth facing a heightened risk of emotional, physical, and sexual violence while in JLS facilities by both staff and peers (Kynn et al., 2024; Hobaica et al., 2024). Additionally, because contact with law enforcement and the JLS can be traumatic in and of itself, research has also demonstrated that youth who were "emotionally and mentally healthy" prior to contact with the JLS experience distress as a result (Hobaica et al., 2024).

These stressors can have lasting impacts on LGBQ+/GNCT youth in multiple aspects, from their mental and physical health to their educational attainment and employment prospects (Barnert et al., 2018; Kynn et al., 2024; Yun et al., 2022). For this reason, it is important for counties to provide quality care to youth in the JLS who identify as LGQB+/GNCT. The continuum of care in the Stepping Home Model, from secure youth treatment facilities to less restrictive programs, can provide LGQB+/GNCT youth as well as their families with transformative and healing journeys that can promote their long-lasting success and wellbeing.

3) OVERVIEW OF TERMINOLOGY RELATED TO GENDER AND SEXUALITY

To understand principles related to providing care to youth identifying LGBQ+/GNCT in the JLS, it is important to have a shared understanding of basic terms and concepts related to gender and sexuality to avoid harmful assumptions and misunderstandings (Wilber, 2015). Using research-informed definitions from the Annie E. Casey Foundation (2023), below are commonly used terms for discussing youths' gender and sexuality. This list is not exhaustive of all terminology used by LGBQ+/GNCT individuals, but it can serve as a starting point for staff and practitioners to aid in understanding youth. Additionally, while many of these terms are frequently used by LGBQ+/GNCT individuals, not all of them may resonate with youth in the JLS, and the terminology itself can be confusing and change over time. Staff and practitioners should therefore work to understand youth and use the terms they choose to identify themselves with.

- Sex: Describes the classification of a person as male or female. At birth, babies are assigned a sex that typically corresponds with their external anatomy.
- Intersex: Describes a person born with sex characteristics that are not typical for male or female bodies. Sex characteristics are physical features relating to sex - including genitals, (female) breasts, and other reproductive anatomy - as well as secondary features that emerge during puberty. Intersex is an umbrella term, and

intersex characteristics and traits are not always apparent or identified at birth. The “I” in the longer version of LGBTQ (LGBTQIA+) stands for intersex.

- Sexual orientation: An enduring emotional and/or physical attraction (or non-attraction) to other people. Sexual orientation can be fluid and encompasses a variety of labels, including, but not limited to:
    - Lesbian: A woman who is attracted, emotionally and/or physically, to other women.
    - Gay: A person who is attracted, emotionally and/or physically, to someone of the same gender. The term can be used by men, women, or individuals who identify as nonbinary.
    - Bisexual: A person who is attracted to both men and women.
    - Queer: A term used by some people, particularly younger people, to describe someone whose sexual orientation is not exclusively heterosexual. Queer was once used a pejorative term and has been reclaimed by some - but not all - members of the LGBTQ community.
    - Questioning: A person who identifies as still discovering and exploring their sexual orientation, gender identity, gender expression, or some combination thereof. Using this term can enable an individual to identify as part of the LGBTQ community while avoiding other labels and recognizing that their process of self-identification is still underway.
    - Pansexual: A person who is attracted to, or has the potential to be attracted to, people of any gender or gender identity.
    - Asexual: A person who is not sexually attracted to others and has no desire to engage in sexual behavior. Asexuality differs from celibacy in that a person who is celibate is sexually attracted to others but chooses to abstain from sex. Sometimes, asexual is abbreviated as “ace.”
- Gender identity: A person’s internal identification as man, woman, something in between, or something other than the two conventional gender options. A person’s gender identity is not visible to others and can match or differ from their assigned sex at birth.
    - Cisgender: A person whose gender identity matches the sex - male or female - originally identified on their birth certificate (i.e., people who are not transgender). Cisgender, which is pronounced sis-gender, describes only a person’s gender identity - not their sexual or romantic attractions. Sometimes, cisgender is abbreviated as “cis.”
    - Transgender man: A person who identifies as a man but was assigned female sex at birth. This person may or may not actively identify as transgender.

    - Transgender woman: A person who identifies as a woman but was assigned a male sex at birth. This person may or may not actively identify as transgender.
    - Transition: A complex process by which transgender people align their anatomy (medical transition) and gender expression (social transition) with their gender identity. Transitioning is a multi-step process that often occurs over a long period of time. It can include such steps as using a different name, using new pronouns, dressing differently, updating legal documents, use of hormone therapy, and surgery.
    - Nonbinary: Describes a person whose gender identity falls outside of the two-gender construct (man or woman). For example, nonbinary can describe an individual whose gender changes over time, who does not identify as man or woman, or who associates with elements of both genders. Some individuals who identify as nonbinary prefer the term enby.
- Gender expression: Describes how individuals communicate their gender to others through their clothing, speech, mannerisms, and other factors. Gender expression differs from gender identity. A person can express one gender yet identify with another.
- Gender fluid: Describes a person whose gender expression or gender identity - or both - changes over time. Not everyone whose gender identity or expression changes identifies as gender fluid.
- Gender dysphoria: Describes the extreme discomfort that a person feels because their assigned sex at birth does not match their gender identity. This sense of unease or dissatisfaction can cause depression and anxiety and negatively impact an individual's daily life.
- Gender nonconforming: Describes a person who does not adhere to traditional expectations - in terms of their appearance or behavior - of their assigned gender. Some people who are gender nonconforming identify as transgender but others, for example, masculine-presenting lesbians, do not.
- Two-Spirit: Describes a person who identifies as having both a masculine and a feminine spirit. It is used by some Native American and Alaska Native people to describe their sexual, gender and/or spiritual identity.

It should be noted that ideas of gender and sexuality vary across individuals, cultures, and communities, as noted in the above definition of two-spirit. We recommend that providers and systems of care work to expand their understanding of gender and sexuality while maintaining cultural humility**.**

4) GUIDES TO PROVIDING CARE TO LGBQ+/GNCT YOUTH IN THE JLS

Several organizations and agencies have published guides, informed by scholarly literature and other research, that can be used to provide care to youth in the JLS who identify as LGBQ+ and/or GNCT. Below are summaries of two exemplary guides by the Annie E. Casey Foundation and Impact Justice.

Annie E. Casey Foundation: *Lesbian, gay, bisexual and transgender youth in the juvenile justice system: A guide to juvenile detention reform.*

The Annie E. Casey Foundation's (AECF) 2015 guide provides recommendations and best practices to promote the safety and well-being of LGBQ+/GNCT youth in the JLS. The recommendations are organized into a) equal and respectful treatment; b) safety; c) privacy and dignity; and d) qualified medical and behavioral health care. Each are summarized below.

Equal and Respectful Treatment:

- Staff should be provided with pre-service and ongoing training that teaches basic concepts, terminology, safety concerns, and the negative impact of stigma and bias to provide competent, non-discriminatory, and respectful treatment to LGBQ+ and GNCT youth. Recommended training curriculum includes the *Toward Equity* Training Curriculum, developed by the Equity Project (2015).
- Staff should apply consistent behavioral standards to all youth, regardless of sexual orientation or gender identity/expression, to avoid mistreatment. Staff should also treat hostility toward LGBQ+ and GNCT youth the same as mistreatment against any other group, and should be held accountable for homophobia, transphobia, and other harassment.
- Staff may not punish or prohibit behavior perceived as defying gender norms. Youth should be able to express their gender through clothing, hairstyle, and/or mannerisms and should not be expected to hide their identities. This includes items necessary to present their gender identity consistent with safety and security procedures including binders, packers, bras, and other items as requested. Additionally, LGBQA+ and GNCT youth should not be segregated or removed as a means of preventing harassment.
- Staff must respect the affirmed gender of all youth for all purposes, including providing all youth with access to sex-segregated housing, resources, programs, and privileges aligned with their gender identity and respecting chosen names and pronouns, regardless of the youth's legal identity documents.

Safety:

- Facilities should adopt a clear, written policy prohibiting harassment or abuse (e.g., physical, verbal, or sexual abuse; name-calling, teasing, and bullying)

based on gender identity and/or sexual orientation and requiring fair and respectful treatment by staff who can also reinforce these policies by addressing concerns promptly, modeling respectful behavior, and holding other staff accountable. Youth should be provided with written and verbal explanations of facility rules and procedures at admission, including those regarding harassment and how violations can be reported.

- Facilities should have a confidential and accessible grievance procedure where youth can confidentially report harassment, discrimination, retaliation, or abuse according to PREA (Prison Rape Elimination Act of 2003) standards. There should be at least one method to anonymously report abuse or harassment to a public or private entity outside of the agency that is able to receive and immediately forward reports to agency officials.
- Staff should ask youth about their sexual orientation and gender identity upon their arrival, according to PREA-mandated safety assessments. While PREA regulations require facilities to ask about identity, staff cannot force or coerce disclosure.
- Staff should make individualized classifications on housing rather than automatic decisions based on actual or perceived LGBQ+/GNCT status. Sexual orientation and gender identity can be used to assess the risk of youth being victims of harassment or assault, but not as evidence that LGBQ+ and GNCT youth are predatory. Youth who do not have a documented history of perpetrating sexual assault should be housed away from youth who do have histories of perpetrating sexual assault.
- Except as a last resort and in the least restrictive manner, staff should not use isolation as it can cause significant physical and emotional harm to youth. The basis for the concern and isolation placement must be documented and youth must maintain access to services, education, and other programs.
- Staff should not automatically house transgender or intersex youth according to their sex assigned at birth. Housing should be determined after consideration of the youth's health and safety, potential management and security problems, the youth's perception of their safety, and recommendations from the youth's health provider. When the youth, staff, or the youth's health provider identifies a specific and credible safety concern with placing youth consistent with their gender identity, an exception may be made. Staff must document the reason for the housing decision, and the decision must be reviewed by the facility administrator or designee. These decisions must be reassessed every 60 days to review the youth's safety and well-being.

Privacy and Dignity:

- Staff must defer to youth about when and with whom to disclose information internally about the youth's LGBQ+/GNCT status, with necessary disclosures only occurring for safety and wellbeing reasons and through consultation with the youth. Youth should be allowed to discuss and disclose their identity and orientation freely and with support and acceptance.
- Unless required by court order, staff must not disclose a youth's LGBQ+ or GNCT status to anyone, including the youth's parents. Staff should consult with youth about how they want the information recorded and with whom they wish it to be shared. Engaging with youth on these issues also demonstrates respect and sensitivity and builds trust.
- Staff must conduct searches of transgender and intersex youth professionally and respectfully, and in the least intrusive manner possible, consistent with security needs. PREA regulations limit cross-gender strip searches or body cavity searches to medical providers and only in exigent circumstances and prohibit staff from physically determining a youth's genital status. Cross-gender pat down searches must be justified, documented, and limited to extreme circumstances. Juvenile facilities may either use medical staff to perform searches or ask youth to identify the gender of the staff with whom they would feel most comfortable conducting the search.
- Staff should accommodate any youth whose physical or emotional condition justifies privacy while showering, performing bodily functions, or changing clothing, in alignment with PREA regulations. Nonmedical staff of the opposite gender may not be present in these situations, except for exigent circumstances or when such viewing is incidental to routine cell checks.

Qualified Medical and Behavioral Health Care*:*

- Youth must receive full medical assessment by qualified medical personnel adhering to relevant standards of care like WPATH (World Professional Association for Transgender Health) standards, with emphasis on identifying, diagnosing, and treating gender dysphoria. Nonmedical staff should not make decisions about whether youth are entitled to be evaluated for transition-related care. Upon request by youth or referral by facility medical staff, staff should ensure that youth have access to qualified health care professionals for assessment and medically necessary treatment.
- Policies must require provision of medically necessary transition-related care to transgender youth, as determined by qualified medical personnel who are familiar with relevant standards of care. The guide shares the 2020 position

statement by the National Committee on Correctional Health Care (NCCHC) on transgender healthcare in carceral settings, which is discussed later in this paper.

- Facilities must not use providers that attempt to change a youth's sexual orientation or gender identity. Leading professional medical and mental health associations have universally rejected these interventions as unnecessary, ineffective, and dangerous. Facilities should ensure that medical and behavioral health providers do not engage in any form of conversion therapy, which should be contractually prohibited.

Impact Justice: *Lesbian, Gay, Bisexual, Questioning, and/or Gender Nonconforming and Transgender Girls and Boys in the California Juvenile Justice System: A Practice Guide.*

In 2017, Impact Justice created a guide that provides recommendations for caring for LGBQ+/GNCT youth in California. Recommendations are based on federal and state laws, statutes, and regulations that have created new expectations of personnel in the JLS. While most of the recommendations in this guide are similar to the AECF standards of care, Impact Justice provides the following unique recommendation:

Collect data on sexual orientation, gender identity, and gender expression (SOGIE): While jurisdictions typically track the race or ethnicity of youth they serve, most have historically *not* kept track of the sexual orientation, gender identity, and gender expression (SOGIE) of youth. However, PREA guidelines now encourage JLS departments across the country to track the SOGIE of individuals. Prior to implementing data collection protocols, jurisdictions should: 1) Implement nondiscrimination and grievance policies to protect youth from adverse consequences of disclosing their SOGIE; 2) Provide services to assist LGBQ+/GNCT youth with their healthy development and family, school, and peer relationships; 3) Provide training to staff about how to communicate with youth sensitively and effectively about SOGIE; 4) Standardize SOGIE questions and policies to make disclosure optional; and 5) Implement appropriate controls on disseminating SOGIE information.

Additionally, to gather more accurate SOGIE data, jurisdictions should: 1) Create private settings for youth to respond to questions and include materials like that demonstrate to youth that the department affirms all SOGIE; 2) Explain to youth that they will be asked a standard set of intake questions that include sexual orientation, gender identity, and gender expression because the department wants to know about all the layers of their identities; and 3) Ask SOGIE questions woven together with other demographic questions, including age, race, zip code, etc.

5) GENDER-AFFIRMING CARE FOR GNCT YOUTH

When discussing care for LGBQ+ and GNCT youth in the JLS, *gender-affirming care* is an important aspect of optimizing outcomes. This term generally refers to practices and interventions, both medical and non-medical, within care that normalize, consider, and affirm the gender identity of GNCT individuals (Call, Challa, & Telingator, 2021). There is no universal model of gender-affirming care; not all gender diverse youth request all medical interventions, and some may prefer to have none (Call et al., 2021). There is also very limited research specifically regarding GNCT youth in the JLS and related gender-affirming interventions and outcomes. However, leading professional organizations have released position statements and corresponding guidelines to aid in providing gender-affirming care to GNCT youth. Key position statements from several organizations that can be applicable to the JLS are summarized below.

Position Statements

Endocrine Society: The Endocrine Society (2024) has recently reaffirmed its statement in support of providing gender-affirming care for GNCT adolescents. The Society recommends what many view as a conservative approach to gender-affirming care for adolescents, including: beginning treatment with puberty-delaying medications that are generally reversible; considering hormone therapy once adolescents are older and can provide informed consent, which they state as being 16 years old; and waiting until individuals turn 18 to undergo gender-affirming genital surgery after it is determined by the youth's health provider(s) that it is medically necessary and would enhance the youth's overall wellbeing.

Society for Adolescent Health and Medicine: The Society for Adolescent Health and Medicine (2022) has issued position statements and corresponding recommendations related to gender-affirming care for adolescents, including: health care providers should promote family connectedness and acceptance of GNCT youth as part of the gender-affirming care they provide; and juvenile legal systems should provide gender-affirming care to GNCT youth to promote their wellbeing. Recognizing the targeted harassment of health care providers who provide gender-affirming care, the Society also supports the protection of access to gender-affirming care for GNCT youth. The Society states that this type of care is critical to the well-being and health of GNCT youth and should be protected by not only health care providers, but by policymakers, staff who work with GNCT youth, and the general community and public.

National Commission on Correctional Health Care: The National Commission on Correctional Health Care's position statement on care for GNCT individuals in carceral

facilities, including adolescents, supports gender-affirming care that respects their unique medical, mental health, and psychosocial needs. The statement highlights research that demonstrates lasting improved mental health for transgender youth who receive hormone therapy and provides several recommendations, including: facilities that lack transgender expertise should consult with psychiatry, psychology, adolescent medicine, and endocrinology consultants as needed; clinical decision-making to begin or continue hormone treatment or surgical procedures while incarcerated or upon release should be based on individual medical need, risks and benefits, accepted standards of care, and in consultation with competent health care providers; and evaluations to determine the necessity of gender-affirming surgeries should be performed on a case-by-case basis, with procedures to be provided when determined to be medically necessary according to accepted medical standards.

Summary of position statements on gender-affirming care: The above organizations provide various recommendations and guidelines on aspects of gender-affirming care such as medical services and standards of care. Counties can reference these position statements when creating policies and promoting practices that protect GNCT youth and provide them with the necessary gender-affirming care in their facilities.

Experiences of GNCT youth receiving gender-affirming care

The experiences of GNCT youth when accessing gender-affirming care is also critical to consider when providing them with care. Below is a summary of a literature review on this topic. While not specific to GNCT youth in the JLS, the insights gleaned from this study are relevant to treating youth in the Stepping Home continuum.

Kearns, S., Kroll, T., O 'Shea, D., & Neff, K. (2021). Experiences of transgender and non-binary youth accessing gender-affirming care: A systematic review and meta-ethnography. *PLoS One, 16*(9), e0257194.
https://doi.org/10.1371/journal.pone.0257194

Kearns and colleagues (2021) conducted a systematic review of qualitative literature examining the experiences of transgender and nonbinary youth accessing gender-affirming care. The following themes were identified by the authors and are summarized below: disclosure of gender-identity, pursuit of care, cost of care, complex family/caregiver dynamics, and patient-provider relationships.

Disclosure of Gender Identity: Youth report reluctance to disclose their gender identity or "coming out" as a barrier to accessing gender-affirming care. Access to gender-affirming care typically requires consent from a parent/guardian, which makes disclosure an

imperative step. However, due to fears around disclosure, youth often postpone receiving care. Youth report finding encouragement and guidance from other transgender youth (both in person and online through websites like YouTube) as helpful in disclosing their gender identity and seeking care.

Pursuit of Care: When pursuing gender-affirming care, youth encounter several structural barriers. Youth can struggle to find a competent provider for gender-affirming care, especially for mental health support. Geographical locations also make it difficult for youth to receive care, especially when living in rural areas. Waiting times are the most prominent barrier in pursuing gender-affirming care as the period before the initial appointment and in between appointments contribute to dysphoria and anxiety that impact both the youth and their families.

Cost of Care: Youth also face financial barriers when attempting to access gender-affirming care. Many youth report worrying about how the cost of care will impact their parents or cause financial burdens for the family. Financial barriers to gender-affirming care also relate to insurance disparities as it can be difficult for youth to obtain insurance if they are not in school or working. In addition, providers that are competent in gender-affirming care may not accept youths' insurance. Also, not all insurance plans cover all gender-affirming services such as hormone therapy or surgeries. Flexible insurance plans and health care providers who are invested in gender-affirming care can help alleviate some of these barriers.

Complex Family/Caregiver Dynamics: Families/caregivers can also impact access to care. Families/caregivers' willingness to listen to their children and learn from them helps facilitate the process of accessing care. Additionally, many become fierce advocates for their youth by battling structures and systems like schools, health systems, and insurance companies that can perpetuate barriers. Conversely, families/caregivers can also pose insurmountable barriers to care when they refuse to support their children's transitions. Because families/caregivers go through a complicated process themselves when their children "come out," health care professionals can provide invaluable support and reassurance for the whole family.

Patient-Provider Relationships: Youth report several barriers regarding their relationships with providers. Youth describe many providers as unable to provide gender-affirming care, which can lead to feelings of dread, fear, and avoidance when accessing care. Moreover, youth report feeling as if they must prove their gender identity to providers. In addition, youth describe overtly negative and non-affirming practices such as providers not following proper pronoun/name etiquette or flat out refusing to provide needed services. Youth report that tense or difficult interactions with

providers make them feel invalidated and judged. Despite reported barriers, youth also indicate positive experiences, such as praising specialist clinics and care navigators.

Summary of experiences of GNCT youth in receiving gender-affirming care: Research highlights the various barriers that GNCT youth face when accessing gender-affirming care, from complex interpersonal dynamics to structural challenges with health care providers and organizations. Counties can consider these barriers and work to alleviate them when providing care that affirms the gender identities of GNCT youth.

CONCLUSION

For all youth in the system, research demonstrates that providing care that is responsive to and affirming of youths' gender and sexual identities supports their long-term wellbeing and success. This understanding should also extend to the traumas and histories of youth, particularly those who have been victims of sex trafficking and other forms of abuse, such as girls. While boys, especially Black and Latino boys, represent the largest group of youth in the JLS, they also face their own unique challenges with roots in hegemonic masculinities that have led to their hyper-criminalization and overrepresentation in the system. Gender-affirming care for GNCT youth can look different depending on what a youth needs and how they identify, so staff and other personnel in counties and partnering agencies can prioritize making an active effort to listen to and understand the youth they serve. By providing quality care that is affirming of and responsive to youths' intersecting identities and experiences of gender and sexuality, counties in California can become leaders in transforming the JLS into a healing and holistic system that promotes youths' resilience and wellbeing.

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