Serving LGBTQIA2S+ Children in the Criminal Justice System

A Guide for Child Abuse Prosecutors and Multidisciplinary Teams

About the Authors

Zero Abuse Project envisions a world where every child is free from abuse. We protect children from abuse, maltreatment, and sexual assault by engaging people and resources through a trauma-informed approach of education, research, advocacy, and advanced technology.

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A defining feature of the forensic interview process is its flexibility in meeting the needs of each child when investigating allegations of child maltreatment. Just as the child's emotional, psychological, and physical needs are accounted for, so too must professionals consider culture when interacting with each child and family—from the initial outcry through the investigative and judicial processes. The 2023 National Children's Alliance Standards for Accredited Members, *Diversity, Equity, and Access*, puts it thusly: standard number two states that multidisciplinary teams (MDTs) should approach each case with culturally relevant planning and outreach, as these factors all impact how a child views or understands their experience, their perceptions, how they communicate about the abuse, and the support they receive following their outcry.[1] Cultural dynamics may extend from a number of characteristics, including ability, age, race, ethnicity, socioeconomic status, or religion. Dynamics related to **gender, gender identity, or sexual orientation** may also feature prominently and are the focus of this guide.[2]

This guide is intended to equip professionals with basic knowledge about LGBTQIA2S+ identities, how those identities may affect the needs of children and families, and how MDTs can adapt their processes and practices to better support those needs. The guide is non-exhaustive, and best practices evolve—professionals should examine and update their knowledge and understanding of LGBTQIA2S+ culture on an ongoing basis.

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[1] National Children's Alliance. (2023). *National Standards of Accreditation for Children's Advocacy Centers*.
[2] A glossary of terms related to LGBTQIA2S+ identity and culture is included at the end of this guide.

LGBTQIA2S+ Cultural Factors: An Overview

Increased Risks for LGBTQIA2S+ Youth

Transgender and nonbinary youth experience higher rates of **childhood sexual abuse** than cisgender children (15-34 percent for transgender and nonbinary youth, compared to 4.8 percent of the general population).[3] Furthermore, compared to their cisgender counterparts, trans and nonbinary youth report lower levels of life satisfaction and are three times more likely to use illegal drugs, three times more likely to engage in unprotected sexual behaviors, six times more likely to experience mental illness or mental health problems, and eight times more likely to attempt suicide.[4] In a survey of more than 12,000 LGBTQ youth ages 13-17, 11 percent reported having been sexually attacked or raped because of their actual or assumed LGBT identity; 77 percent reported receiving unwanted sexual comments, jokes, or gestures in the past year; and 20 percent reported being forced to do sexual things they did not want to do in the past year.[5]

LGBTQIA2S+ youth face **homelessness, out-of-home placement, and parental abandonment** at disproportionately higher rates than non-LGBTQIA2S+ youth: 28 percent of LGBTQIA2S+ youth have reported housing instability or homelessness at some point in their youth; 55 percent of LGBTQIA2S+ runaways reported running away due to fear or mistreatment related to their LGBTQIA2S+ identity; and 40 percent of LGBTQIA2S+ youth who faced parental abandonment reported being kicked out of their home due to their LGBTQIA2S+ identity.[6] Tensions between LGBTQIA2S+ youth and their families have been further exacerbated by the COVID-19 pandemic.[7] Additionally, when LGBTQIA2S+ youth require out-of-home placement, a lack of identity-affirming placements means LGBTQIA2S+ children are often placed in congregate-care settings.[8] Studies find that LGBTQIA2S+ youth average 6.35 placements before reaching permanency, nearly double that of non-LGBTQIA2S+ children.[9]

[3] Katharine A. Rimes, Nicola Goodship, Greg Ussher, Dan Baker & Elizabeth West (2017): Non-binary and binary transgender youth: Comparison of mental health, self-harm, suicidality, substance use and victimization experiences, International Journal of Transgenderism, 20(2-3), 230-240.

[4] Glick, D. A., Krishnan, M. C., Fisher, S. K., Lieberman, R. E., & Sisson, K. (2016). Redefining residential: Ensuring competent residential interventions for youth with diverse gender and sexual identities and expressions. *Residential Treatment for Children & Youth, 33*(2), 107–117.

[5] Human Rights Campaign. (2018). (rep.). *2018 LGBTQ Youth Report.* Retrieved from https://www.hrc.org/resources/2018-lgbtq-youth-report.

[6] DeChants, J.P., Green, A.E., Price, M.N, & Davis, C.K. 2021 . HomelessnessandHousingInstabilityAmongLGBTQYouth.WestHollywood,CATheTrevor Project.

[7] Fish JN, McInroy LB, Paceley MS, Williams ND, Henderson S, Levine DS, Edsall RN. "I'm Kinda Stuck at Home With Unsupportive Parents Right Now": LGBTQ Youths' Experiences With COVID-19 and the Importance of Online Support. J Adolesc Health. 2020 Sep;67(3):450-452.

[8] McCormick, Adam & Schmidt, Kathryn & Terrazas, Samuel. (2015). Foster family acceptance: Understanding the role of foster family acceptance in the lives of LGBTQ youth. *Children and Youth Services Review*. 61. 10.1016/j.childyouth.2015.12.005.

[9] McCormick, Adam & Schmidt, Kathryn & Terrazas, Samuel. (2015). Foster family acceptance: Understanding the role of foster family acceptance in the lives of LGBTQ youth. *Children and Youth Services Review*. 61. 10.1016/j.childyouth.2015.12.005.

In addition to homophobia and transphobia, LGBTQIA2S+ youth of color encounter **racism and discrimination**, sometimes on a daily basis. LGBTQIA2S+ youth of color often experience increased systemic oppression and bias related to their multiple, intersecting identities, compounding stress and negative effects on their health and wellbeing. These forms of oppression and discrimination can further complicate their ability to express, explore, and navigate their LGBTQIA2S+ identity.[10]

Identity-Related Abuse

In addition to the types of abuse that many children experience, LGBTQIA2S+ youth also experience abuse and harassment specifically related to their sexual orientation or gender identity. In a 2018 study by Damien W. Riggs and Clare Bartholomaeus, 1 out of 10 transgender participants reported facing identity-related abuse by members of their family.[11] Additionally, 67 percent of LGBTQ youth have heard their families make negative comments about LGBTQ people, and 48 percent of LGBTQ youth who are out to their parents say that their families have made them feel bad for being LGBTQ.[12]

Types of LGBTQIA2S+ Identity-Related Abuse

Emotional Abuse: LGBTQIA2S+ youth may experience identity-related emotional abuse in many ways, including but not limited to: denial of gender identity, family rejection, negative comments about their body or appearance, control of social networks or other isolation of the youth from their community, intentional use of deadnames/former names/names assigned at birth or incorrect pronouns, requests to not disclose one's gender identity to others, threats to out the LGBTQIA2S+ individual, gatekeeping or failing to show up for identity-affirming appointments, and abandonment.[13]

Physical Abuse: In addition to common forms of physical abuse youth experience, LGBTQIA2S+ youth may experience physical violence as a reaction to their gender identity or sexual orientation, withholding of medicine or medical care, and sometimes murder.[14]

Sexual Abuse: In addition to common forms of sexual abuse youth experience, LGBTQIA2S+ youth may experience sexual abuse or sexual assault committed under the guise of "correcting" the person's identity or sexuality or attempting to "turn" the youth heterosexual or cisgender.

Honor-Based Abuse: This term refers to employing any of the aforementioned forms of abuse under the guise of "restoring honor to the family." When summarizing findings from the 2015 United States Transgender Survey, researcher Dr. Sandy James found that respondents discussed "incidents when

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[10] Human Rights Campaign. (2018). (rep.). *2018 LGBTQ Youth Report.* Retrieved from https://www.hrc.org/resources/2018-lgbtq-youth-report.

[11] Damien W. Riggs & Clare Bartholomaeus. (2018). Gaslighting in the context of clinical interactions with parents of transgender children, *Sexual & Relationship Therapy*.

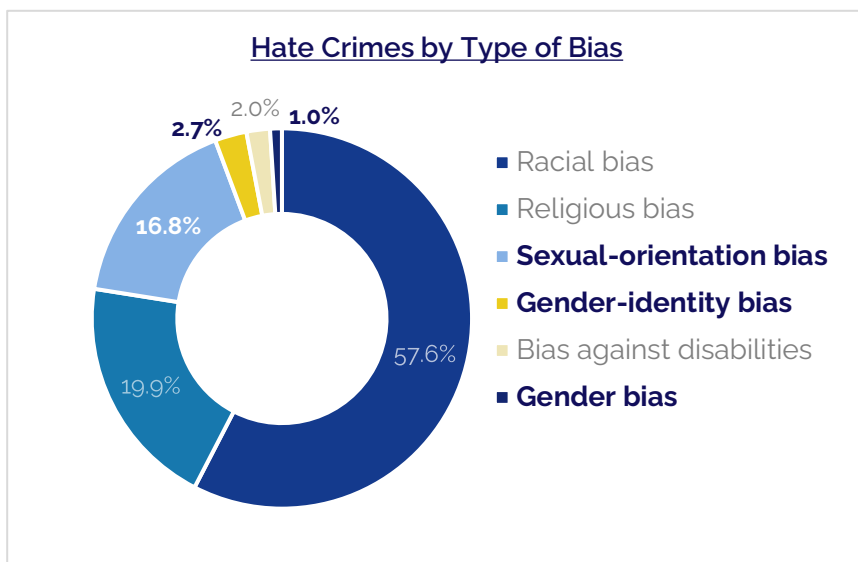[12] Human Rights Campaign. (2018). (rep.). *2018 LGBTQ Youth Report*. Retrieved from https://www.hrc.org/resources/2018-lgbtq-youth-report.

[13] Rogers, M. (2017). Transphobic 'Honour'-Based Abuse: A Conceptual Tool. *Sociology, 51*(2), 225-240.

[14] Ibid.

they were victimized and sought help and support but were blamed for their victimization because of their sexual orientation, gender identity, or sexual expression."[15]

Hate Crimes: Individuals can be the targets of violent crime simply because of their status as a LGBTQIA2S+ person or because of their perceived status as an LGBTQIA2S+ person. According to the Federal Bureau of Investigation's national statistics on hate crimes, in 2019 16.8 percent of hate crimes resulted from sexual-orientation bias, 2.8 percent were motivated by gender-identity bias, and approximately 1 percent were motivated by gender bias. Of the 1,395 hate crime offenses motivated by sexual-orientation bias that were reported by law enforcement that year: 62.2 percent were classified as anti-gay (male) bias; 24.5 percent were prompted by anti-lesbian, gay, bisexual, or transgender (mixed group) bias; 10.2 percent were classified as anti-lesbian bias; and 1.9 percent were classified as anti-bisexual bias. Of single-bias incidents, 224 offenses were a result of gender-identity bias, with 173 offenses based on anti-transgender bias and 51 on anti-gender non-conforming bias.[16]

Hate Crimes by Type of Bias

2.0% 1.0%
2.7%
16.8%
57.6%
19.9%

- Racial bias
- Religious bias
- **Sexual-orientation bias**
- **Gender-identity bias**
- Bias against disabilities
- **Gender bias**

Historical Context

While the scope of this guide is on the intersection of LGBTQIA2S+ children, youth, and families and the MDT's response to abuse and maltreatment, it is important to briefly contextualize this subject within the larger LGBTQIA2S+ rights' movement in the United States. Many point to the Stonewall Riots as the initiating event of the modern-day gay liberation movement.[17] It is important to note, however, that LGBTQIA2S+ identity has existed in many cultural contexts, for many generations, across time. The existence of and reverence toward gender-expansive people are notably documented within many indigenous communities around the world (despite colonization having

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[15] 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.

[16] Hate crime statistics (2019). Alexandria, VA: U.S. Dept. of Justice, Federal Bureau of Investigation.

[17] The Stonewall Riots, also referred to as the Stonewall Uprising or, simply, Stonewall, began on June 28, 1969, in New York City. They initiated a series of interactions between police and LGBTQIA2S+ protesters that stretched over six days, following a police raid of the Stonewall Inn bar. While raids of LGBTQIA2S+ establishments happened routinely, and it was not the first time patrons protested, the events following fundamentally changed the discourse surrounding LGBTQIA2S+ activism in the United States. While Stonewall became well known because of media coverage around the event, it was a culmination of years of LGBTQIA2S+ activism—activism that was largely lead by transgender and gender non-conforming people and people of color. https://guides.loc.gov/lgbtq-studies/stonewall-era

contributed to erasure and suppression of these identities).[18] While LGBTQIA2S+ activism as a social movement can be perceived as "new"—along with a resulting cultural shift in mainstream recognition and understanding—the LGBTQIA2S+ identity itself is not new in any sense.

The historical discrimination against and marginalization of LGBTQIA2S+ people plays out in tensions today between LGBTQIA2S+ people and the many service providers who make up MDTs. This history may inform the way that LGBTQIA2S+ children and families present within the forensic interview process. For instance, "homosexuality" was widely criminalized, with Illinois becoming the first state to decriminalize it in 1962, merely 60 years ago.[19] Similarly, gender identity has historically been socially controlled and criminalized as well: many jurisdictions enacted policies like the "three-item rule," which stipulated that a person could face punitive measures, including arrest, if they were caught wearing more than three items of clothing that weren't seen as "normative" for their sex assigned at birth.[20] In addition to being criminalized, homosexuality was also considered a mental illness until the American Psychological Association removed it from their *Diagnostic and Statistical Manual of Mental Disorders* in 1973.[21] Today, LGBTQIA2S+ people regularly report disparities in the healthcare they receive and encounter difficulties in accessing gender-affirming medical care and services.[22] Within the realm of child protection, a 2021 Supreme Court decision upheld that private foster care providers can bar LGBTQIA2S+ people from serving as foster parents.[23] In many states, pseudoscientific conversion therapy methods are still used in the mental health community with the intention of "fixing" or "repairing" a youth's LGBTQIA2S+ identity.[24] The aftereffects of these laws, and in some cases their ongoing purview, can still be felt today.

While this overview merely touches on the history, breadth, and scope of LGBTQIA2S+ achievements, challenges, and discrimination, being conscious of past and present harms is necessary in order for MDTs to serve with the best interest of children and families in mind.

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[18] Pre-colonial communities' history of gender fluidity. (2020, July 28). *BBC.* Retrieved from https://www.bbc.com/news/av/world-53573764; *Two spirit and LGBTQ identities: Today and centuries ago.* Human Rights Campaign. (2020, November 23). https://www.hrc.org/news/two-spirit-and-lgbtq-idenitites-today-and-centuries-ago
[19] *LGBTQ rights timeline in American history.* Teaching LGBTQ History. (2020, October 29). https://lgbtqhistory.org/lgbt-rights-timeline-in-american-history/
[20] Desk, N. (2015, May 31). *Arresting dress: A timeline of anti-cross-dressing laws in the United States.* PBS. https://www.pbs.org/newshour/nation/arresting-dress-timeline-anti-cross-dressing-laws-u-s
[21] American Psychological Association. (1975, January). *Discrimination against homosexuals.* American Psychological Association. https://www.apa.org/about/policy/discrimination
[22] *Healthcare equality index.* Human Rights Campaign. (2022). https://www.hrc.org/resources/healthcare-equality-index
[23] Totenberg, N. (2021, June 17). *Supreme Court rules Catholic group doesn't have to consider LGBTQ foster parents.* NPR. https://www.npr.org/2021/06/17/996670391/supreme-court-rules-for-a-catholic-group-in-a-case-involving-gay-rights-foster-c
[24] *Policy and position statements on Conversion Therapy.* Human Rights Campaign. (n.d.). https://www.hrc.org/resources/policy-and-position-statements-on-conversion-therapy

A Note on Language

This guide employs a variety of language and terminology associated with the LGBTQIA2S+ community. **A glossary of terms is included in the appendix.** Please note that the glossary is non-exhaustive, and the language and terminology included both there and throughout the guide is not an endorsement of those terms in all applications. This is for a few reasons:

1. There can be generational, regional, and cultural differences with regard to language in the LGBTQIA2S+ community. For example:

    ●   "Queer" is a word that, historically, was a slur used against LGBTQIA2S+ people. In some communities, this word has been reclaimed as a badge of honor or a political or sexual orientation. In other contexts, the word "queer" may still have a harmful connotation or be an outright slur.

    ●   "'Two Spirit' is an umbrella term encompassing various experiences of sexuality and gender in Indigenous Native American communities.[25] Two Spirit people may serve integral and important roles in their communities, such as leaders or healers. The term may refer to an embodiment of masculinity and femininity, but this is not its only significance. There are a variety of definitions and feelings about the term Two Spirit, and it does not resonate with everyone. Although the term itself became more commonly used around 1990, Two Spirit people have existed for centuries."[26] Two Spirit is a term that belongs to indigenous people. If a person is not indigenous, it is not appropriate for them to use this term to describe their identities.

    ●   Some men who have sex with men may employ the term "men who have sex with men" (MSM) instead of "gay." The two terms may have differing or overlapping meaning depending on the individual.

2. Language is ever evolving. As people find new ways to describe themselves, their experiences, and their orientations, new language develops. **Learning about queer culture is an ongoing process.**

    ●   For example, neopronouns are words that can serve as pronouns without expressing gender, like "ze" and "zir." Some people may use noun-self pronouns, usually based on pre-existing words (e.g., "fae/faeself"). Neopronouns are emerging as a new dimension to express selfhood.[27] (Please see the footnote for a pronoun practice tool.)[28]

3. People should follow how individuals describe themselves and their experiences.

    ●   Understanding a term does not mean it should be applied without the consent of the individual. The language individuals use to describe their own experiences should take precedence.

4. Identity-based language can be purposeful in delineating social categories and increasing visibility around certain identities or experiences or for political or social reasons. However, using identity-based labels can have an unintended consequence of alienating or separating people. **Most people do not fit neatly into distinct and separate categories.** It is important to be prepared to adjust language as appropriate.

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[25] Journalists for Human Rights. (n.d.). Style guide for reporting on Indigenous People. https://www.jhr.ca/wp-content/uploads/2017/12/JHR2017-Style-Book-Indigenous-People.pdf
[26] UC Davis LGBTQIA Resource Center. (2023, July 21). LGBTQIA Resource Center Glossary. https://lgbtqia.ucdavis.edu/educated/glossary
[27] Marcus, E. (2021, April 8). *A guide to neopronouns.* The New York Times. https://www.nytimes.com/2021/04/08/style/neopronouns-nonbinary-explainer.html
[28] *Practice with pronouns*. Practice with Pronouns. (n.d.). https://www.practicewithpronouns.com/#/?_k=g1w9fj

General Concepts

Names and Pronouns

Pronouns are words that are substitutes for a specific noun or noun phrase. Common pronouns you may hear include she/her/hers, he/him/his, and they/them/theirs. However, other pronouns also exist! Using the correct pronouns to refer to someone is a form of respecting and validating that person's identity. It can also be important to promoting their well-being. In 2018, researchers at the University of Texas at Austin conducted a study on the implications of using the correct name and pronouns with transgender youth. They found that when transgender youth were allowed to use their chosen/lived name at places such as work, school, and home, their risk of depression and suicide dropped.[29]

As part of a gender transition, some people may make shifts in the names and pronouns they use to refer to themselves. Others may go through a gender transition and not change their name, or they may use more than one set of pronouns. A "deadname," "former name," or "name assigned at birth" is the name that was previously used to refer to someone prior to their gender transition. This name should not be used in any context when interfacing with the individual or talking about the individual, even when they are not in the room, **unless explicitly requested by the individual. This dynamic will be further discussed later in this guide.**

Misgendering someone is the act of using incorrect pronouns or a deadname to refer to them. If you misgender someone, it is important to catch it, acknowledge the mistake, and apologize to the person. The person who experienced being misgendered is not the person to process your guilt about misgendering them with; don't make the misgendered person feel bad for correcting you. If someone notices that you misgendered someone and corrects you, thank them, move on, and reflect on ways to avoid the situation in the future.

MDTs often work with documents that may contain the deadname/former name/name assigned at birth of the child, youth, or family member involved in a case. Teams should actively consider how they can minimize the possibility of misgendering children, youth, or family members. Some suggestions include:

- Using a case number or other reference number to associate a child's legal documentation with a report so that the chosen/lived name and correct pronouns can be used consistently throughout the report or documentation.

- Briefly identifying the child's legal name and date of birth in the report and indicating the child will herein be referred to by their chosen/lived name and correct pronouns.

- Filing motions in the court process to maintain that the child's chosen/lived name and correct pronouns be used throughout the proceedings.

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[29] Robards-Forbes, E. (2018, November 8). *Using chosen names reduces odds of depression and suicide in transgender youths.* UT News. https://news.utexas.edu/2018/03/30/name-use-matters-for-transgender-youths-mental-health/

- Having your team guidelines reflect your practice around names and pronouns. Establish that during MDT functions, such as during team discussion and case review, the chosen/lived name and appropriate pronouns of the child will be used whether or not the person is in the room.

Using singular pronouns other than she/her/hers and he/him/his can take practice, but it's actually something that many people already do, sometimes subconsciously. Consider describing a scene where you are talking about someone who is unknown to you, such as someone who has left *their* wallet on the table at a restaurant. If a person brings the wallet to the lost and found, they may say something like "Someone left *their* wallet here. I hope *they* realize it before *they* get too far away from the restaurant." It's important to apply our ease of using they/them/theirs pronouns in this context to other contexts. Practicing with a trusted person can help you use them/them/theirs pronouns with greater ease.

Practice can also help with new names. Forensic interviewers and MDTs are accustomed to children indicating that they go by a name other than their legal name, such as a nickname. MDT professionals are trained to follow the child in those situations. Using a chosen/lived name and correct pronouns is no different.

> ## Using Chosen/Lived Names & Pronouns
>
> One important note about chosen/lived names and pronouns is that the child may also indicate how they want to be referred to in different contexts. For instance, the child might be comfortable with the advocate referring to them as their chosen/lived name and correct pronouns privately but may not be out to their parents and may prefer different names and pronouns to be used when interfacing with their non-offending caregivers.
>
> Further contextual considerations regarding the use of names and pronouns are outlined later in "The Forensic Interview Process."

Coming Out

Coming out is the process that LGBTQIA2S+ people go through when disclosing their identity to someone else. One may not be "out" to everyone, and many LGBTQIA2S+ people come out more than once over the course of their life.

Sharing details about one's sexual orientation or gender identity with others can be a deeply personal choice, and there are many reasons a child may not come out to MDT professionals while participating in the interview process or advocacy. Even if the MDT suspects LGBTQIA2S+ dynamics may be at play in the case, MDTs should not make assumptions or pressure a child to come out about any aspects of their identity. It is possible for a youth to participate in the MDT process without ever seeing a reason or feeling compelled to disclose their sexual orientation or gender identity.

MDTs should also avoid "outing" or revealing details about a person's sexual orientation or gender identity without consent (discussed in further detail later in this guide).

Myths Regarding Child Abuse and LGBTQIA2S+ Identity

There are many harmful biases, myths, and stereotypes regarding child abuse and sexual orientation, gender identity, and gender expression. These myths can color people's perceptions of victims of abuse, the perpetrators, and the nature of abuse and maltreatment involving LGBTQIA2S+ people.

Myth: **Men who perpetrate sexual abuse on boys are gay and are motivated by their sexual orientation.** Sexual orientation is not a primary motivator of sexual abuse. Most sexual abuse is motivated by the inclination to exert power, control, and dominance over others, and children are particularly vulnerable to being targeted in these types of crimes.[30] Considering that power and control are primary motivators of child sexual abuse, factors like access and opportunity generally are more important to perpetrators than the gender or sex of the child.[31] While the role of sexual orientation in sexual abuse is an understudied topic, available research indicates that most perpetrators of sexual abuse are heterosexual. One particular study determined that "…only 21% of the child molesters we studied who assault little boys were exclusively homosexual. Nearly 80% of the men who molested little boys were heterosexual or bisexual and most of these men were married and had children of their own."[32] An American Academy of Pediatrics study that looked at the sexual orientation of perpetrators found that in their sample of 269 cases, "two offenders were identified as being gay or lesbian. In 82% of cases the alleged offender was a heterosexual partner of a close relative of the child." The study concluded that "the risk children would identify recognizably homosexual adults as the potential abuser [is] from 0% to 3.1%."[33] A 2001 study from the Australian Institute of Criminology also looked at the sexual orientation of offenders.[34] Their findings concluded that "more than three-fourths of the offenders reported an exclusively heterosexual orientation."

Myth: **LGBTQIA2S+ youth, especially bisexual or pansexual youth, are inherently hypersexual and promiscuous. It is this behavior that makes them vulnerable to abuse**. Pansexuality and bisexuality do not inherently lead to an increase in sexual behavior. Furthermore, a person's real or perceived consensual sexual behavior should not be used to justify abuse, regardless of their sexual orientation. Note, however, that increased levels of sexual behaviors in young people (especially age-inappropriate sexual behavior and knowledge) can *sometimes* be consistent with a history of abuse or maltreatment, for children of all sexual orientations.

Myth: **LGBTQIA2S+ identity is caused by childhood trauma, especially sexual abuse.** Historically, LGBTQIA2S+ identity has been pathologized, and the belief that LGBTQIA2S+ identity is "non-normative" or "deviant" has contributed to assumptions about the role of childhood trauma in sexual identity development. One of these myths is the perception that LGBTQIA2S+ identity is "caused" by

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[30] Gravelin, C. R., Biernat, M., & Baldwin, M. (2019). The impact of power and powerlessness on blaming the victim of sexual assault. Group Processes & Intergroup Relations, 22(1), 98-115. https://doi.org/10.1177/1368430217706741

[31] Kaylor, L. E., Winters, G. M., Jeglic, E. L., & Cilli, J. (2022). An analysis of child sexual grooming legislation in the United States, *Psychology, Crime & Law*. DOI: 10.1080/1068316X.2022.2043313

[32] Abel, G. (1987, August). "The Child Abuser: How Can You Spot Him?," *Redbook*, 100.

[33] Jenny, C., Roesler, T. A., & Poyer, K. L. (1994). Are children at risk for sexual abuse by homosexuals? *Pediatrics*, *94*(1), 41–44. https://doi.org/10.1542/peds.94.1.41

[34] Smallbone, S. W., & Wortley, R. K. (2001). Child sexual abuse: Offender characteristics and modus operandi. *Trends & Issues in Crime & Criminal Justice*, *193*, 1–6.

childhood trauma, more specifically by sexual abuse. There is no denying that the experience of sexual abuse and maltreatment may raise questions, confusion, or uncertainties for youth as they navigate social, sexual, romantic, or dating relationships with others, but that doesn't mean that LGBTQIA2S+ identity is fundamentally a by-product or consequence of abuse. Messages like this not only perpetuate transphobia, homophobia, and heterosexism, but they also can discourage LGBTQIA2S+ victims from seeking help and support. Children who may have already been questioning their sexual identity or have been identifying as part of the LGBTQIA2S+ community prior to the abuse may be discouraged from seeking support because they encounter attitudes that attribute their sexual identity to their experience of abuse and maltreatment. This response can be demeaning and alienating to victims. Youth may have questions about how their gender or sexual identity may be affected by their experience of abuse. In advocacy or mental health contexts, practitioners should avoid responding to these questions in a way that promotes or reinforces transphobia, homophobia, or heteronormativity. For instance, if a child asks, "Am I gay because this happened?" recognize that the child may have already been questioning their sexual identity. In that case, a response like "Don't worry, you're not gay because this happened" could reinforce an impression that being gay is wrong or bad. Practitioners should explore children's questions and offer statements of reassurance that aren't disparaging toward LGBTQIA2S+ people, such as saying, "As you get older, you get to explore the kinds of relationships and partners that feel comfortable to you. The experience of sexual abuse does not define your sexuality and the connections with others you want to explore."

Myth: **Discussing gender expression, gender identity, or sexual orientation with children and youth, even in a developmentally appropriate way, is a form of sexual abuse grooming.** A 2022 research analysis on grooming legislation, titled "An Analysis of Child Sexual Grooming Legislation in the United States," defines sexual grooming as "the method by which an adult manipulates a potential minor victim into situations where sexual abuse can more readily take place, while at the same time preventing the minor from disclosing the abuse or others recognizing the inappropriate behaviors."[35] Grooming behaviors may include things like complimenting a child, giving gifts, escalating innocuous touching to more intrusive touching, showing a child sexual materials for the purpose of sexually desensitizing them, or giving them other special privileges or attention. Grooming is typically directed toward one child or a small cohort of children, rather than a group of children. The ultimate purpose of these interactions is to make it easier for the perpetrator to gain access to a child, and then engage in sexual interactions with the child without having to use physical force or being detected. The association of the term "grooming" with LGBTQIA2S+ people is tied to a longstanding false claim that LGBTQIA2S+ people sexually abuse children at higher rates than non-LGBTQIA2S+ people. While discussions around gender, gender expression, sexual orientation, and bodily autonomy should be developmentally appropriate, merely having these discussions and acknowledging the existence of LGBTQIA2S+ identities do not facilitate the sexual abuse of a child and thus, by definition, are not inherently grooming. A recent study by the American Association of Pediatrics also dispelled the myth that transgender and gender-diverse youth come to understand

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[35] Kaylor, L. E., Winters, G. M., Jeglic, E. L., & Cilli, J. (2022). An analysis of child sexual grooming legislation in the United States. *Psychology, Crime & Law*, *29*(9), 982–1000. https://doi.org/10.1080/1068316x.2022.2043313

their identity because of "social contagions" or mere exposure to transgender and nonbinary people.[36]

The Forensic Interview Process: Working with LGBTQIA2S+ Children, Youth, and Families

Understanding some of the historical and current context of LGBTQIA2S+ marginalization—both in the broader culture as well as professional and clinical settings—provides a springboard for how to approach and adapt forensic interviews to maximize success and minimize potential harm. The following overview outlines particular prompts and considerations for MDTs during the forensic interview process. See how these steps align with your current practices and procedures. Learn more about child forensic interview best practices and training opportunities at Zero Abuse Project.

Preparing for the Interview

Intake and Forensic Interview Scheduling

Understanding more about the cultural needs of children and families, related but not limited to LGBTQIA2S+ identity, is critical to adequately preparing for the interview. When defining team roles and responsibilities, MDTs should clearly delineate:

- Who is informing the child or youth's non-offending caregivers or support people about the forensic interview process?

- Who is gathering information about the child, youth, or case prior to the interview?

- Who is answering any questions the non-offending caregivers or support people may have about the process?

Below is a list of questions that can be helpful in determining the physical, developmental, linguistic, and cultural needs of the child or family. Not all of these questions may apply to every case. Use a conversational approach to these questions to avoid the family feeling as though it's an exam or that they are test subjects. Some of these questions may be asked during the initial notification of the family, whereas others may be asked onsite the day of the interview. If the child lacks a non-offending caregiver, MDTs should consider other significant adults in the child's life who could

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[36] Turban, J. L., Dolotina, B., King, D., & Keuroghlian, A. S. (2022). Sex assigned at birth ratio among transgender and gender diverse adolescents in the United States. *Pediatrics*, *150*(3). https://doi.org/10.1542/peds.2022-056567

potentially offer insights about the child on the topics below. You may even consider having this adult accompany the child to the interview. For example, if the child is in a residential program, a case manager or support staff member may be asked the following questions or to accompany the child.

- Physical accessibility
  - What can we do to make the space physically accessible for you or your child?
- Abilities
  - What helps your child communicate?
  - What should I know about how your child communicates?
  - Does your child have an IEP at school? Tell me about their IEP.
- Routine
  - Will this interview time disrupt any life events for your child?
  - Will it interrupt your child's medication, sleep, or meal schedule?
- Language and communication
  - What helps your child communicate?
  - What should the interviewer know about how your child communicates?
  - What languages does your child speak?
  - What is the child's preferred language?
  - What languages are used in their home?
  - In what language would your child feel most comfortable talking about their feelings and experiences?
  - Does your child use assistive devices to communicate? Please describe them.
    - Can the devices be available for the interview?
    - Can the interviewer get consultation on how to use the devices?
  - What are other ways your child expresses themself?
- Sensory considerations
  - Does your child have any sensitivities to sound?
  - Does your child have sensitivities to lighting?
  - Does your child have other sensory or stimuli sensitivities, e.g., are they nervous about large groups of people or closed doors?
  - Does your child have any other "triggers"?
- Mental health

- Does your child have any mental health diagnoses or conditions?
- Does your child use any items or devices to assist with mental health needs, e.g., a weighted blanket, fidget, or medication?

- Cultural considerations
  - What do you need out of our space?
  - Are there other needs we can assist with in our space (e.g., prayer space)?
  - What name does your child like to be called?
  - Does your child use a name other than their legal name?
  - What are your child's pronouns?
  - What is your child's gender?
  - What are your pronouns/the pronouns of the person who will be accompanying your child?

Some non-offending caregivers may not be familiar with a question about pronouns. Providing an example of what a pronoun is can be helpful to explain to the non-offending caregiver what you mean:

- "Pronouns are the words we want people to use when they talk about us. So for example, when people talk about me going to the store, I'd want them to say, '*She* went to the store to get eggs.' What are your pronouns/your child's pronouns?"

Some non-offending caregivers may be unfamiliar with or have incorrect perceptions about the name and pronouns the child uses. Be prepared to learn that the child may use a name or pronouns different from what is indicated by the non-offending caregiver.

When asking about names and pronouns, you may encounter a negative reaction or attitude from the non-offending caregiver. They may divulge information about the child or the child's identities and their own support or lack of support for the child's identities. These disclosures may impact what interactions look like the day of the interview. For instance, if a parent indicated the child is queer or trans and expressed their discontent or lack of support for that identity, it may be helpful to have separate advocates for the child and the caregiver. If it's not possible to have separate advocates, teams can use other tools to determine what is most affirming for the child, such as a brief questionnaire that could be given to the youth so that they can self-report helpful information. These alternatives will be discussed further in this guide.

Preparing the Physical Site

LGBTQIA2S+ related visuals in the Child Advocacy Center (CAC) can signal to children and families that the CAC is welcoming for LGBTQIA2S+ people. Common examples include signs, symbols, or

stickers containing the pride or progress flags.[37] The CAC should also have materials such as books and artwork that portray LGBTQIA2S+ children and families.

Displaying pamphlets, rack cards, and flyers that contain information about LGBTQIA2S+ specific resources is also something to consider. These materials should contain local as well as regional and national resources and options, as not every youth may feel comfortable identifying themselves as part of the LGBTQIA2S+ community in their school or local area. Materials should be posted both in public and private spaces in the CAC. For instance, your CAC may have takeaway brochures in public waiting areas so families can self-select those materials and may also have flyers or brochures in the bathrooms. Youth may feel more comfortable taking a photo of the flyer, texting the helpline number, or taking a card if they can do it privately, without the person who brought them there or others knowing.

Gender neutral restrooms are another way teams can prepare their site for LGBTQIA2S+ children and families. Single-stall restrooms are preferred. If you have multiple sets of gender-specific bathrooms at your site, you may consider converting one or more bathrooms into a gender-neutral restroom.

Wearing pronoun pins or including pronouns on name badges at the CAC can also be a visual cue that the space is welcoming for LGBTQIA2S+ people. Some CACs may also keep a basket of pronoun pins so youth can choose one at their discretion.

Preparing the Team

Team members should arrive at least 15 minutes prior to an interview to share information and perform any functions associated with the pre-interview process, such as meeting with a non-offending caregiver to gather information.

Team members should consider which interviewer and team members would be the best fit for the interview. Is there a trained forensic interviewer who has a higher level of comfort or experience working with the LGBTQIA2S+ community? Recognizing that LGBTQIA2S+ children experience higher rates of victimization, also consider an expanded or multi-session interview, as well as an interviewer with training in the lengthier interview process.[38]

Teams should consider whether any case dynamics require consultation prior to the interview and should solicit pertinent information. Relevant dynamics are not limited to LGBTQIA2S+ identity; an

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[37] *Rainbow flag.* GLBT Historical Society. (n.d.). https://www.glbthistory.org/rainbow-flag ; Jossell, S. (2021, June 8). *This pride flag is designed for intersex inclusion.* Them. https://www.them.us/story/progress-pride-flag-intersex-inclusive-makeover
[38] An expanded, or multi-session interview is one forensic interview broken up into multiple sessions to allow for more time to build rapport or explore the youth's experiences of abuse or maltreatment. Farrell, R. (2022). Not another bite at the apple. Zero Abuse Project. https://www.zeroabuseproject.org/wp-content/uploads/2022/04/Not-Another-Bite-at-the-Apple_Individualizing-the-FI-Process.pdf

LGBTQIA2S+ child may also have a disability or require an assistive device in the interview process. The team should always consider the holistic needs of the child presenting for the interview.

As discussed, teams should be prepared to use the chosen/lived name and appropriate pronouns for the child, even if they differ from what is indicated on legal paperwork. The team may also have to navigate the child's preferences regarding where different names or pronouns are used. For example, the child may not be comfortable being out to the non-offending caregiver who accompanied them to the interview and may prefer to use their legal name in front of the caregiver but their chosen/lived name and pronouns during the interview. As previously mentioned, teams should consider strategies for using the chosen/lived name and correct pronouns for the child in documentation and interactions.

Considering that 67 percent of LGBTQIA2S+ youth report hearing family members make negative comments about LGBTQ people, teams should be open to the possibility that a child may disclose concerns or make additional allegations regarding their family or the person who brought them for the interview.[39] Teams should revisit their procedures for handling these situations in the event that the disclosed concerns or allegations warrant an intervention or investigation.

Preparing the Child

All children should be appropriately prepared for the forensic interview process. Preparation may include informing the child about why they are coming to the CAC, giving the child permission to talk about their experiences, and reminding the child they're not coming because they are in any trouble. The orienting message is usually administered by the non-offending caregiver, or by a support person or team member when no non-offending caregiver has been identified in the process. The orienting message is important so that a misunderstanding about why the child is coming for the interview doesn't become a block or problem in the interview process. In fact, if the child is oriented about why they're coming for the interview and they express ignorance around the reason for being there, then there may be other barriers to disclosure at play, and the interviewer should explore other techniques to assist the child in overcoming those blocks.

In some cases, there may be tension caused by the non-offending caregiver's level of knowledge, understanding, or support of the child's LGBTQIA2S+ identity. In those cases, it may be helpful to have separate advocates meet with the child and the non-offending caregiver. This additional space may help the child more freely discuss attributes of their identity or express worries, concerns, or questions that they would not otherwise raise in front of an unsupportive, non-offending caregiver. The child may have questions about what will or will not be shared with a non-offending caregiver from either their discussions with advocates or from their interview. When broadly reviewing MDT procedures, teams should discuss what identity-related information generally will or won't be shared with parents or caregivers after an interview and in what context. This will assist advocates in

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[39] Human Rights Campaign. (2018). (rep.). *2018 LGBTQ Youth Report*. Retrieved from https://www.hrc.org/resources/2018-lgbtq-youth-report.

answering a child's questions about information-sharing in an authentic way. In specific cases, teams should have a purposeful discussion of the relevance of sharing identity-related information before disclosing this information to non-offending caregivers. If this information is not concretely relevant to the child's safety or the investigation, it should not be shared unless specifically requested by the child.

Some CACs and MDTs will employ a questionnaire with adolescents and teens so they can self-report their identities or needs, recognizing that they may not feel comfortable naming some of these needs or dynamics in front of their non-offending caregiver. Teams should discuss if they would like to use such a tool and, if so, what questions to include, what agreements they can make about who has access to the responses, and any legal considerations. For instance, some CACs let the child know that the questionnaire will go in the child's file and will be shared with the team but that the answers will not be directly shared with any caregiver or parent. Teams should be mindful of the potential impacts of having a youth write down answers on a survey versus discussing the questions verbally with an advocate. (See Addendum 1 for questions that may be included in a questionnaire.)

Including your names and pronouns on name tags or during introductions can indicate to or invite another person to do the same. Some children have a consciousness of their transgender, nonbinary, gender-expansive, or Two Spirit identity at a young age. However, for other children and families the concept of sharing names and pronouns upon meeting may be new. Interviewers should consider the child's age and case dynamics when deciding whether to include pronouns in their introduction. One approach is for the interviewer to first introduce themselves to the child in the waiting area or playroom with their name and pronouns and ask about the child's name and pronouns. Then, if the child has a question about what pronouns are or what the interviewer means, the interviewer can offer a brief explanation, e.g., "A pronoun is a word that is used to refer to someone instead of their name. For example, Mary went to the store and *she* got eggs. Mary uses the pronoun 'she.' What pronouns do you use?"

Preparing the Non-offending Caregiver

Teams should follow their normal procedures for preparing, engaging, and gathering information from non-offending caregivers prior to the forensic interview. As mentioned, you may glean that the non-offending caregiver is not supportive of the child's identities, has negative attitudes toward LGBTQIA2S+ people, or believes myths and misconceptions about the relationship between LGBTQIA2S+ identity and abuse.

Again, when tensions or lack of support are present around the child's identity, it can be helpful to provide separate advocates for the child and non-offending caregiver. Below are some suggestions for engaging non-offending caregivers who are not supportive of the child's LGBTQIA2S+ identity.

- **Tap in allies:** Some LGBTQIA2S+ staff may be comfortable working with parents or caregivers with negative attitudes toward LGBTQIA2S+ people, but for others it can be triggering or activating. An LGBTQIA2S+ ally may be the best fit for advocacy work with this parent.

- **Engage in active listening** and ask generative questions to understand their reluctance or reaction: Disparaging attitudes toward a child's LGBTQIA2S+ identity can have a detrimental impact on the young person regardless of the motivations underlying those attitudes.[40] However, advocates seeking clarification on what motivates a parent's lack of support for their child can potentially connect the parent with resources that ultimately increase their support.

    - For example: A non-offending caregiver may express a lack of support for their child's LGBTQIA2S+ identity because they fear that their child will be stigmatized or bullied. Talking to this caregiver about how their lack of support can negatively impact their child and affect their resilience could help outweigh the non-offending caregiver's concerns.

    - Other non-offending caregivers could be non-supportive because of religious or cultural beliefs. Connecting these non-offending caregivers with people who share similar religious or cultural backgrounds but have supportive attitudes toward LGBTQIA2S+ people could help these non-offending caregivers shift their understanding.

- **Make connections in the community:** Finding organizations locally, regionally, and nationally that can support parents and non-offending caregivers is a project teams can undertake prior to any specific case or child. This includes resources that are culturally or spiritually specific.

- **Create policies for expected conduct** at the CAC and fall back on these policies as needed: While non-offending caregivers may not agree with or support aspects of a youth's identity, advocates and support staff can remind non-offending caregivers that in this particular space the best interest of the child is paramount and that we follow the child. Reduce the potential for harmful interactions between the child and non-offending caregiver as much as possible. The child comes first.

- **Be prepared to respond to myths and misconceptions:** Familiarize yourself with the myths and misconceptions that exist about LGBTQIA2S+ identity and child abuse so that you can either answer questions as they arise or connect a non-offending caregiver with someone else who can answer their questions.

Forensic Interview Phase Considerations

A forensic interview is a neutral, information-gathering interaction conducted by a specially trained interviewer using a multidisciplinary approach in response to allegations of maltreatment.[41] There are many distinct but similar nationally recognized forensic interview protocols, as each is based on the same body of research. Each protocol is divided into phases or stages, but generally, the forensic interview protocol is a flexible process, enabling the interviewer to modify their approach based on

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[40] Robards-Forbes, E. (2018, March 8). *Using chosen names reduces odds of depression and suicide in transgender youths*. UT News. https://news.utexas.edu/2018/03/30/name-use-matters-for-transgender-youths-mental-health/
[41] Newlin, C. et al. (2015). *Child Forensic Interviewing: Best Practices.*

the child being interviewed. The flexibility or modifications are not "deviations" from the protocol, but rather they are tools used to increase accessibility. Below are LGBTQIA2S+ related considerations for each phase of the forensic interview process.

Rapport

Introduction and Setting: The objective of the rapport stage of the forensic interview is to orient the child to the interview process and practice narratives. Part of building rapport is establishing trust between the interviewer and the child. This begins with using the correct name. When introducing yourself and the interview setting in this phase of the protocol, be mindful that the child may use a name that's different from the one identified on their legal paperwork or by their non-offending caregiver. This dynamic is not exclusive to LGBTQIA2S+ youth. Any child may prefer a nickname whether or not it's related to their gender or gender transition. Interviewers should practice following the child by using their chosen/lived name (in the case of a gender transition or gender affirmation) or preferred name (in the case of a nickname). With adolescents and teens, interviewers can remind them of the name and pronouns the interviewer introduced themself with when first greeted in the waiting room or playroom. Interviewers can then confirm the youth's names and pronouns or ask them to write their name and pronouns. If a child uses a name or pronouns that are different from what was indicated by their non-offending caregiver or what was previously discussed, they may want to elaborate on that. Ask open invitation questions to allow the child to explain further. You could also prompt the child with language like "Tell me all about you and who you are since I've never met you before," or "Tell me what you'd like me to know about you." Prompts such as these leave space for the child to share any identity-based information that is important to them. Further suggestions include:

- "Hello, we just met out in the waiting room, and I want to remind you that my name is Marta, and my pronouns are she/her/hers. My job is to listen to people. Would you remind me of your name and pronouns?...How old are you?"

- "Hello, we just met out in the waiting room, and I want to remind you that my name is David, and my pronouns are they/them/theirs. I am going to write that up on the board. Here is a marker. Would you write your name and pronouns?...How old are you?"

- "Hi there, we just met…. Feel free to share anything you think I should know about your name and pronouns."

Recording and Observation: When informing the child that the interview is being recorded and that there is a team observing, they may have questions about what information will be shared with their non-offending caregiver. MDTs should have general team discussions about what type of information will or won't be shared with a parent after a forensic interview. Those details will vary by jurisdiction and the nature of the case. If teams are considering sharing any information about the sexual orientation, gender identity, or gender expression of a child with a non-offending caregiver, they should pause and deeply consider if there is an actual case- or safety-related purpose for doing so, particularly if there are safety or other concerns that involve the child's LGBTQIA2S+ identity. If it is

not deemed concretely relevant or important to share, teams may decide this specific detail, like **many** of the details of the interview, will not be shared directly with the parent or caregiver. It is possible, however, depending on the structure of civil and criminal cases in your jurisdiction, that the parent may have access to additional details and information as part of a court case or if a non-offending caregiver requests access to the child's file, even if the team does not disclose a youth's statements about their gender and sexuality to the parent. In any scenario, forensic interviewers should avoid misrepresenting what details will or will not be shared with a caregiver, as this could be deemed coercive and cause distress to the child. Language to use in addressing these concerns includes:

- "I hear you have a question about who is going to see the video. Tell me more about wondering who will see the video."

    - Potential follow-up: "Do you have worries or concerns about someone seeing the video?"

- Sample reassurance statement: "I want you to know I make this video so I don't have to take a lot of notes in the room today and can listen more to you. The video is just so my team can see what we talk about. We will not be showing your mom the video after we're done here today."

Child Reluctance: All children may experience motivational, institutional, developmental, or linguistic blocks during the course of a forensic interview, but for LGBTQIA2S+ children, that reluctance may be present from the onset. LGBTQIA2S+ children are subjected to higher levels of psychological, sexual, and physical maltreatment, including polyvictimization, as well as increased experiences of parent and caregiver non-support around their identities.[42] The forensic interviewer may consider spending increased time in the narrative event practice portion of the Rapport phase to ease some of a child's reluctance.

Family Structure: If the selected protocol requires the interviewer to obtain family information in the Rapport phase, be mindful that children, LGBTQIA2S+ or not, may have diverse family structures. Avoid assumptive questions, like "Do you have a mom and dad?" Interviewers may also consider asking about the pronouns of family members.

Other Caregivers or Trusted Adults: At times, inquiring about the child's family doesn't yield expected or meaningful information. Recognizing that there are sometimes tensions between LGBTQIA2S+ youth and their families of origin or caregivers, an interviewer may instead ask, "Who are people who take care of you" or "Who are important people in your life" to widen the circle.

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[42] Sterzing, P. R., Gartner, R. E., Goldbach, J. T., McGeough, B. L., Ratliff, G. A., & Johnson, K. C. (2019). Polyvictimization prevalence rates for sexual and gender minority adolescents: Breaking down the silos of victimization research. *Psychology of Violence*, *9*(4), 419–430. https://doi.org/10.1037/vio0000123
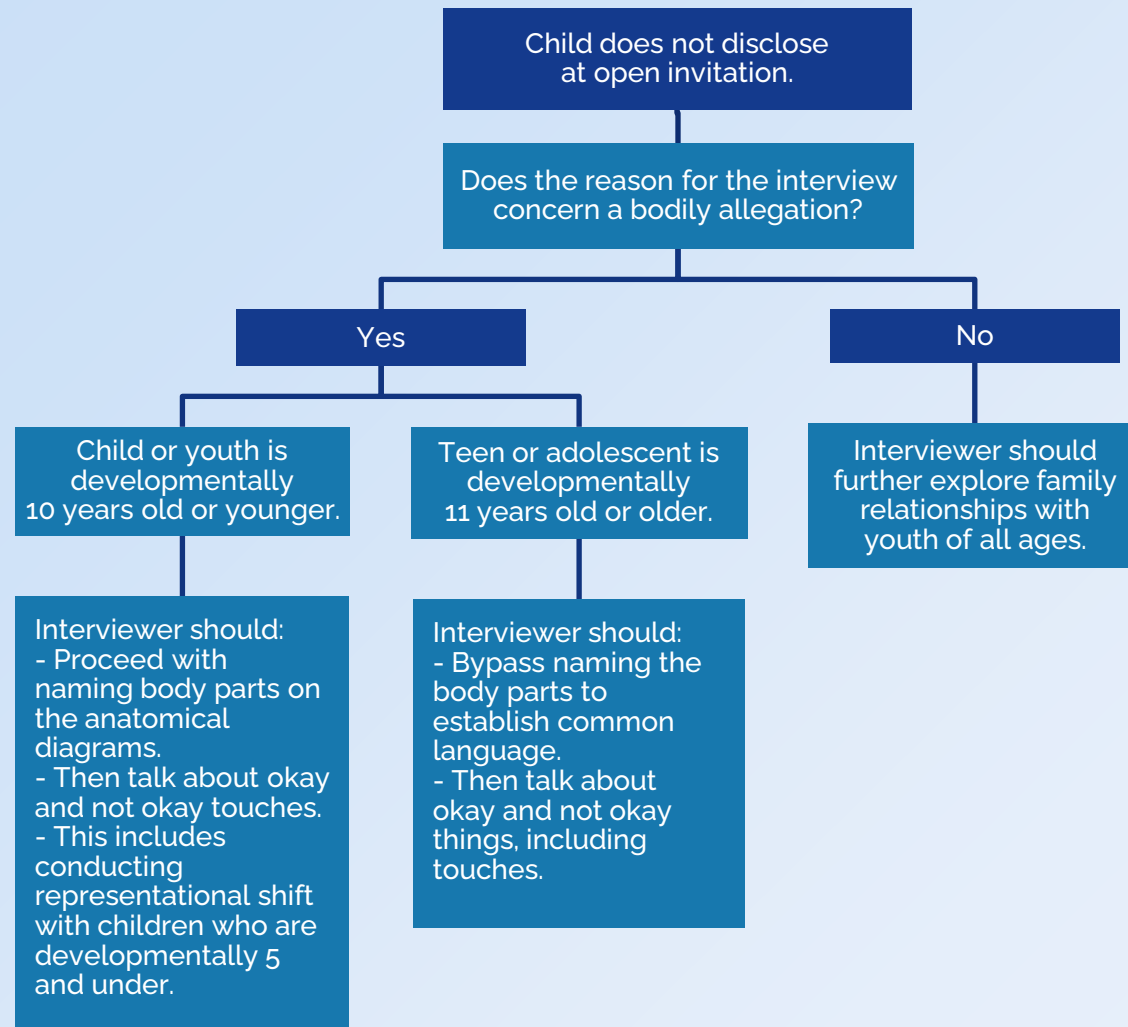
Transition to Topic of Concern

Follow your protocol's guidance with regard to transitioning to the topic of concern or the substantive matter in the forensic interview process. Be mindful that when asked about the reason for the interview (the open invitation), the child may first disclose another form of maltreatment. Because LGBTQIA2S+ youth experience higher rates of violence, abuse, and maltreatment (including polyvictimization), they may reference other life experiences that were not initially identified as the purpose for the forensic interview. Interviewers should be prepared to follow the child's statements and explore any and all potential maltreatment or abuse even if it differs from the original concern.

If the child does not make a disclosure at open invitation, consult your protocol's other structures for screening for maltreatment. For instance, in the ChildFirst® Forensic Interview Protocol, if a child does not disclose at open invitation, consult the Decision Tree:

- If open invitation fails and the reason for the interview concerns a bodily allegation *and*:
    - The child or youth is developmentally 10 years old or younger:
        - Interviewers should proceed with naming body parts on the anatomical diagrams and then talk about okay and not okay touches. (This includes conducting representational shift with children who are developmentally 5 and under.)
    - The teen or adolescent is developmentally 11 years old or older:
        - The interviewer should bypass naming the body parts to establish common language and move into talking about okay and not okay things, including touches.
- If open invitation fails and the reason for the interview concerns a non-bodily allegation:
    - Forensic interviewers should further explore family relationships with youth of all ages.

See the following section for guidance on the inclusive use of anatomical diagrams and dolls in the interview, including sample language.

ChildFirst Forensic Interview Protocol: Open Invitation Decision Tree

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                    ┌─────────────────────────┐
                    │  Child does not disclose │
                    │    at open invitation.   │
                    └─────────────────────────┘
                                 │
                    ┌─────────────────────────┐
                    │ Does the reason for the  │
                    │  interview concern a     │
                    │  bodily allegation?      │
                    └─────────────────────────┘
                        │                   │
                     ┌──────┐            ┌──────┐
                     │ Yes  │            │  No  │
                     └──────┘            └──────┘
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Child or youth is developmentally 10 years old or younger.	Teen or adolescent is developmentally 11 years old or older.	Interviewer should further explore family relationships with youth of all ages.
Interviewer should: - Proceed with naming body parts on the anatomical diagrams. - Then talk about okay and not okay touches. - This includes conducting representational shift with children who are developmentally 5 and under.	Interviewer should: - Bypass naming the body parts to establish common language. - Then talk about okay and not okay things, including touches.	

Explore Details

If a child discloses at open invitation—regardless of whether that disclosure is consistent with what the team has determined to be the initial purpose for the interview—interviewers should transition into the Explore Details phase of the protocol. If the open invitation fails, interviewers should employ their other structures to discuss maltreatment and then initiate the Explore Details phase later, after any disclosures of actual or potential abuse or maltreatment. Be mindful that children may disclose abuse or maltreatment they have experienced around their identities and the attitudes of family and

community members toward those identities, in addition to traditionally recognized forms of abuse. These disclosures should be explored as they may rise to a statutory level of maltreatment. Additionally, they can provide context around the child, the child's life, and the case.

With regard to bodily allegations, youth may also disclose instances of bullying, physical or verbal assault, or harassment or identity-specific harms like "corrective" or "honor-based" abuse.[43] Interviewers should explore these disclosures. Recognizing the increased rates of polyvictimization suffered by LGBTQIA2S+ youth,[44] interviewers should screen for other forms of maltreatment (as should be done in interviews with all children) and explore any additional statements made by the child before exiting the interview.

Closure

During the Closure phase children are given the opportunity to ask questions of the interviewer. As previously discussed, the child may have questions about what information may be shared with their family, non-offending caregiver, or the person who brought them to the interview. Interviewers should explore these questions and provide reassurance statements that are consistent with the team's process.

The Use of Interviewing Aids with LGBTQIA2S+ Children and Youth

Many forensic interview protocols allow for the use of interview aids during the forensic interview process. The use of aids such as anatomical dolls or diagrams should be purposeful within the context of the forensic interview protocol. Interviewers should be trained in the use of the dolls and diagrams before using them in the interview.

Anatomical Diagrams

Research affirms that the use of anatomical diagrams can assist children in clarifying their disclosure, help demonstrate meaning in the absence of language proficiency, and increase the disclosure of previously unreported touches due to the memory cue.[45] For these reasons, the planned and purposeful use of anatomical diagrams can greatly benefit children and youth in the forensic interview. For example, in the pre-disclosure Transition to Topic of Concern phase of the ChildFirst®

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[43] Rogers, M. (2017). Transphobic 'Honour'-Based Abuse: A Conceptual Tool. *Sociology, 51*(2), 225-240.
[44] Sterzing, P. R., Gartner, R. E., Goldbach, J. T., McGeough, B. L., Ratliff, G. A., & Johnson, K. C. (2019). Polyvictimization prevalence rates for sexual and gender minority adolescents: Breaking down the silos of victimization research. *Psychology of Violence, 9*(4), 419–430. https://doi.org/10.1037/vio0000123
[45] Vieth, V. (2022). Anatomical diagrams and dolls: Guidelines for their usage in forensic interviews and courts of law. *Mitchell Hamline Law Review, 41*(8). https://open.mitchellhamline.edu/cgi/viewcontent.cgi?article=1274&context=mhlr org/wp-content/uploads/2019/02/NCPTC-Anatomical-Dolls-and-Diagrams-position-paper.pdf

Forensic Interview Protocol, anatomical diagrams are used to name body parts to establish common language with children who are developmentally 10 years old or younger. Post-disclosure, diagrams are used for clarification purposes with children of all ages. Other nationally recognized forensic interview protocols may stipulate additional purposeful uses and techniques for anatomical diagrams.[46] Diagrams, such as those provided by Zero Abuse Project, should be unclothed, proportionally appropriate pencil sketches that have body parts. They should match the age and ethnicity of the child or person being interviewed and should **never** focus on the alleged perpetrator.

Forensic interviewers should be mindful of not making assumptions about the body parts that a child does or doesn't have. Be sure to present both diagrams (below), as the child may indicate that they have body parts reflected on either diagram.

Sample Anatomical Diagrams
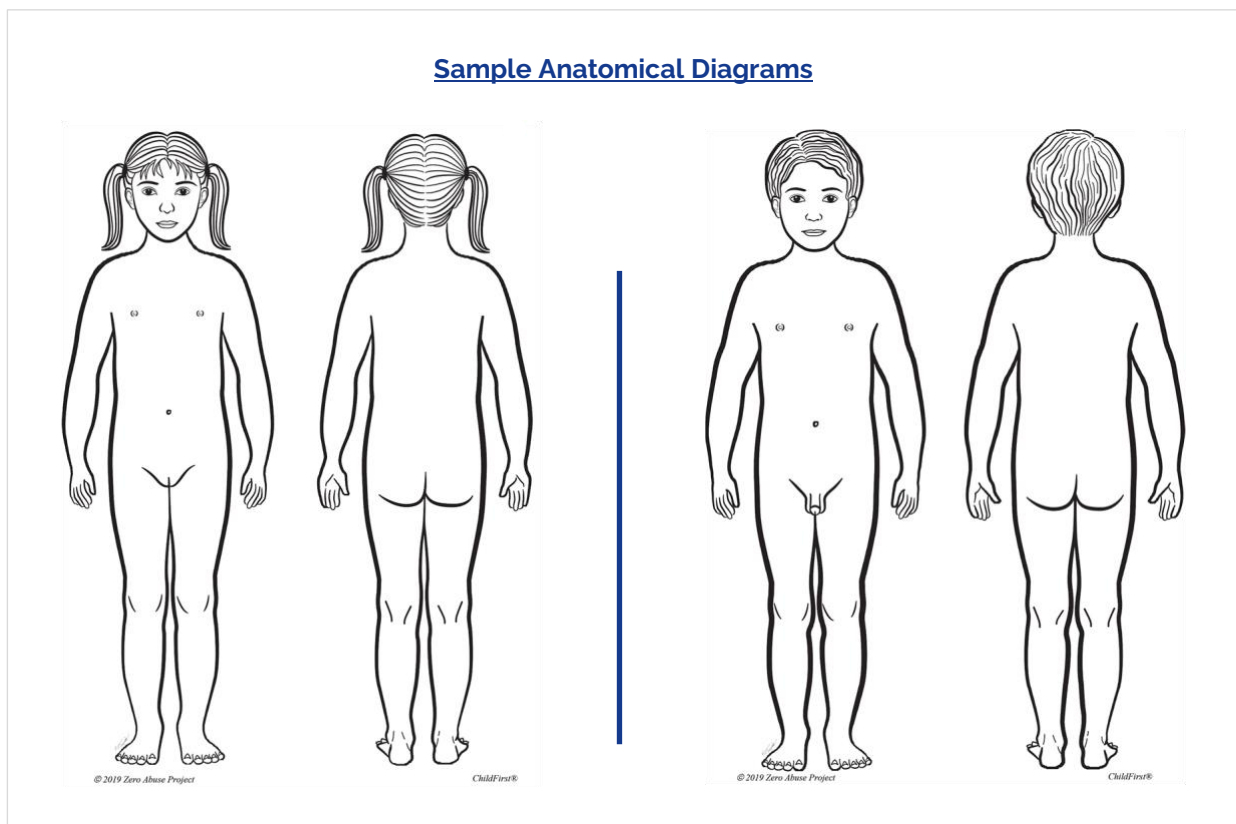
When conducting representational shift as part of a purposeful, pre-disclosure introduction of diagrams with a child who is developmentally 5 years old or younger, use language like the following instead of gender-specific language:

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[46] Newlin, C., et al. (2015). Child forensic interviewing: Best practices. U.S. Department of Justice, Office of Juvenile Justice and Deliquency Prevention. https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/pubs/248749.pdf

- "Which one looks most like you?"

- "Which one has body parts like your body parts?"

Follow the child if they offer additional clarification, such as indicating that they don't wear their hair in pigtails or have different features. These clarifications are not inconsistent with representational shift and can actually demonstrate enhanced representational shift: instead of acquiescing to the interviewer, the child is showing they understand that the diagrams represent bodies and body parts, including theirs, and they are offering feedback on how the drawings could be *more* like them.

When using the diagrams for clarification post-disclosure, the child may also reference both diagrams to describe bodily experiences. It can be helpful to offer both diagrams to the child, youth, or teen when clarifying.

Anatomical Dolls

Anatomical dolls should **only** be used: in a forensic interview, as a demonstration aid, post-disclosure, and with a purposeful introduction by a forensic interviewer trained to use them. Anatomical dolls should be proportionally appropriate and match the body parts of the child or alleged offender(s), based on the child's narrative description or use of diagrams. (Unlike the anatomical diagrams, dolls may be used to represent the offender under certain conditions.) Dolls can be used purposefully in the interview process to assist with clarification, consistency, distancing, and communication.[47]

Dolls are not appropriate for every interview, nor with every child. Anatomical dolls should come from a reliable source. It is appropriate to use dolls with any developmental age, as long as the child can make a representational shift and there is an articulated purpose for doing so. A child should never be compelled to use a doll as a demonstration aid if they express that they do not want to use this tool. A forensic interviewer should only assist the child with the dolls if the child explicitly asks. Furthermore, dolls should only be used with a purposeful introduction. This introduction includes selecting a doll consistent with the body parts the child reported in their disclosure. To do so, use language such as:

- "Sometimes when I listen to kids, I use dolls so kids can show me things. These dolls have body parts like people do. These dolls are not for playing."

Depending on the child's age, the interviewer may review the child's names for the body parts on the anatomical doll. Regardless of what the child described during the allegation, the dolls should be presented fully clothed, with the child then asked to "show what happened." The interviewer should continue to use open invitations and clarifying questions to cue the child to narrate what they are demonstrating with the dolls.

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[47] Hlavka, A., Olinger, S.D., Lashley, J. (2010). The use of anatomical dolls as a demonstration aid in child sexual abuse interviews: A study of forensic interviewers' perceptions. *Journal of Child Sexual Abuse*, *19*(5), 519-553.

In some cases, depending on the child's age and the nature of the disclosure, a doll representing the alleged perpetrator may also be introduced. (Note that young children may have difficulty manipulating two dolls.) The doll representing the alleged perpetrator should also have body parts consistent with the child's report of the alleged perpetrator's body parts.

When presented with a doll, a child may suggest that the doll's clothing is inconsistent with their gender expression. It is okay to change the clothing on the doll to be consistent with the child's verbal observation or request.

The child may clarify or provide additional details about how else they are like or unlike the doll, such as comments on how they have longer hair than the doll or that they wear glasses. Like with the diagrams, these sorts of comments are not in opposition to representational shift but can actually enhance it.

Blocks and Problems in the Forensic Interview

At times, a child may be reluctant to share information with the forensic interviewer. In these instances, the interviewer can employ several techniques or strategies to explore and allay the child's concerns. The examples below provide a glimpse into some LGBTQIA2S+ related concerns you may encounter and ways to address them.

Misunderstood motivations and alternative hypotheses: Consider any and all motivations for disclosure and non-disclosure in the forensic interview. A child's willingness to disclose or not disclose in their interview can be affected by many different dynamics. Forensic interviewers should be intentional about exploring the chain and nature of the disclosure to understand motivational blocks that can be present. For instance, a youth experiencing homelessness who becomes involved in commercial sexual exploitation may consider this form of maltreatment to be the *only* opportunity they have to gain independence from an unsupportive or abusive home life. During a forensic interview, this dynamic may make it appear as though the youth is "protecting" the alleged perpetrator or that they believe they are "consenting" to their involvement in these types of crimes—when in fact, that does not reflect the youth's perspective on their overall situation. It also does not negate that the child may have potentially experienced victimization, regardless of their perspective on the matter. Holistically understanding the child's other concurrent or historical experiences of abuse and maltreatment can contextualize their affect towards or orientation regarding this exploitation. Youth, particularly teens and adolescents, often conduct a "cost-benefit analysis" regarding their circumstances and the potential ramifications of making a disclosure. For example, they may weigh how a disclosure could shift or fracture relationships, contribute to a lack of resources, or trigger abandonment by disbelieving caregivers. This analysis can impact how and when they disclose and how they talk about their experiences.

Worries and concerns about what will be shared and with whom: As discussed, the child may have questions about what will or will not be shared with a non-offending caregiver both from their discussions with advocates as well as from their interview. Teams should have discussions before

and after the interview about what information will be shared with parents or non-offending caregivers and the relevance of sharing identity-specific information so that interviewers can answer these questions in a truthful and reflective way.

Misgendering and deadnaming: Misgendering youth in the interview or using their deadname is disrespectful and, accordingly, can damage your rapport with the youth. If you accidentally misgender a youth and you catch it, apologize, fix the mistake, and swiftly carry on. ("I'm sorry/excuse me, [Chosen Name], tell me more about how that touch felt.") Similarly, if the youth corrects you, simply thank them, move forward, and reflect later on how to avoid the situation in the future.

The need for reassurance statements: Reassurance statements can be a helpful tool in forensic interviews. Reassurance statements are different from positive reinforcements or gratification statements in that they address the child's base worries and concerns by speaking to the nature of the forensic interview and grounding the interaction in the purpose of the process. Reassurance statements are defensible. Examples of reassurance statements include:

- Exploring the child's statements around their thoughts and feelings about being present for the interview, their participation in the interview, or their disclosures of victimization.
    - Example: "You told me you feel scared to talk about this. Tell me about feeling scared."
    - Example: "I see that you have some tears. Tell me how you're feeling right now."
- Using "I hear you" statements to reassure the child that you are actively listening.
    - Example: "I hear it when you say that this is hard to talk about. Tell me about it being hard."
- Anchoring the interaction in its purpose.
    - Example: "I want you to know you're not here because you're in any trouble with me."
    - Example: "I hear it when you say that you think everyone is going to think you're disgusting because this happened. I want you to know my job isn't to think people I listen to are disgusting or to have judgments about things they tell me. My job is just to listen."
- Checking in on ways the interviewer can make things more comfortable for the child.
    - Example: "Is there anything I can do to make you feel more comfortable?"
    - Example: "It's okay to let me know if you need a break."

Other methods for overcoming blocks or reluctance include spending additional time in the Rapport phase of the protocol or spending additional time in the interview overall—an expanded or multi-session interview may be appropriate if there is an articulated purpose and your team has an available interviewer trained in an expanded protocol.

Post-Forensic Interview MDT Response

After the forensic interview, teams should seek to corroborate or refute statements made by the child in the course of the interview, as well as provide the child with supports and resources related to any disclosures of abuse or maltreatment. Providing support also extends to addressing other needs or concerns that the child expressed. Prior to meeting with the non-offending caregiver, teams should discuss what will or will not be shared with them from the interview, with consideration given to the child's preferences, worries, and concerns. If during the course of the interview, the child makes a disclosure about the non-offending caregiver or person who brought the child for the interview that day, teams should follow their protocols for such scenarios, remembering that the child's safety is paramount.

When the MDT is charged with providing supportive services or external referrals, the team should do their due diligence in vetting those referrals and finding resources that have experience and competencies working with LGBTQIA2S+ children and families. **Below are some considerations for the MDT. Team members should also consult their particular profession's code of ethics regarding its stance on working with LGBTQIA2S+ people and the care and services they are entitled to receive.**

Law Enforcement

LGBTQIA2S+ youth may experience reluctance or barriers to working with law enforcement due to the history of criminalization of LGBTQIA2S+ identities, revictimization by the criminal justice system, and perpetration of additional violence. Throughout history, there have been many attempts to erase LGBTQIA2S+ identities or criminalize behaviors seen as queer or "other"—from the "three-items rule" and vagrancy laws, to marriage bans and legislation restricting access to identity-affirming care. In addition to laws and legislation criminalizing queer identities, LGBTQIA2S+ victims have reported retraumatization by law enforcement's response to their victimization. The *2017 Lesbian, Gay, Bisexual, Transgender, Queer and HIV-Affected Hate and Intimate Partner Violence Report* from the National Coalition of Anti-Violence Programs found that 60 percent of LGBTQIA2S+ intimate partner violence (IPV) survivors reported interacting with law enforcement. Of those survivors, 47 percent reported indifferent attitudes from law enforcement, and 11 percent reported hostile attitudes from or behaviors by law enforcement. Additionally, 5 percent of IPV survivors who interacted with law enforcement reported some form of misconduct by police, and of those, 20 percent reported the use of excessive force.[48] These dynamics often leave LGBTQIA2S+ victims of abuse without perceived safe avenues of reporting maltreatment or violence, or subsequently create reluctance in interacting with law enforcement investigations once a report has been made.

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[48]The National Coalition of Anti-Violence Programs. (2018). (rep.). *Lesbian, Gay, Bisexual, Transgender, Queer, and HIV-Affected Hate and Intimate Partner Violence in 2017.* Retrieved from https://avp.org/2017-hv-ipv-report.

Law enforcement agencies can take an active role in building back trust with LGBTQIA2S+ populations in the communities they serve. Due to LGBTQIA2S+ youth's higher rates of homelessness and family rejection, they may engage in survival crimes such as shoplifting for resources or be more vulnerable to exploitation. Law enforcement should work to understand the youth's behavior in context and avoid criminalizing youth. When interacting with homeless LGBTQIA2S+ youth, law enforcement should first seek to understand the youth's behavior and offer resources prior to punitive action. For example, when appropriate, officers could connect the youth with temporary or emergency housing, social services, or other supportive services in lieu of making an arrest.[49] Additionally, law enforcement can begin to build trust with the LGBTQIA2S+ youth in their community by learning about local LGBTQIA2S+ youth-serving organizations, intentionally engaging with LGBTQIA2S+ youth at community gatherings, or holding forums where LGBTQIA2S+ youth and law enforcement can communicate about community dynamics and problem-solving strategies.[50]

Child Protection

LGBTQIA2S+ youth face parental abandonment and homelessness at higher rates than non-LGBTQIA2S+ youth, often due to identity-related issues. While LGBTQIA2S+ youth make up approximately 7 percent of the youth population, they make up nearly 40 percent of the homeless youth population.[51]

Out-of-Home Placement

In a 2018 study, researchers found that 44 percent of LGBTQIA2S+ youth in foster care reported they were removed from care because of their LGBTQIA2S+ identity. This lack of inclusive or accepting foster homes means LGBTQIA2S+ youth are overrepresented in congregate-care settings. LGBTQIA2S+ youth who had foster care experiences reported conflict, rejection, instability, harassment, bullying, blame for their bullying, and isolation from their peers. LGBTQIA2S+ youth in foster care also reported double standards when it came to the opportunities provided to their straight counterparts; many youth reported not being allowed to engage in same-sex relationships or being kept away from LGBTQIA2S+ peers, while their straight foster siblings didn't have the same restrictions regarding dating or friendships. Although LGBTQIA2S+ abuse survivors also experience many of these dynamics at their home of origin, they may view homelessness as a safer option than the same treatment in a foster home.[52]

[49] Queens Neighborhood Youth Justice Council. (2016). (rep.). *Bridging the gap: Strengthening LGBTQ youth and police relations.* Queens Youth Justice Center. Retrieved from https://www.innovatingjustice.org/publications/bridging-gap-strengthening-lgbtq-youth-and-police-relations.
[50] Ibid.
[51] Choi, S.K., Wilson, B.D.M., Shelton, J., & Gates, G. (2015). Serving our youth 2015: The needs and experiences of lesbian, gay, bisexual, transgender, and questioning youth experiencing homelessness. Los Angeles: The Williams Institute with True Colors Fund.
[52] Scannapieco, M., Painter, K. R., & Blau, G. (2018). A comparison of LGBTQ youth and heterosexual youth in the child welfare system: Mental health and substance abuse occurrence and outcomes. *Children and Youth Services Review, 91,* 39–46. https://doi.org/10.1016/j.childyouth.2018.05.016

It's imperative that foster care providers have access to training and education regarding the dynamics of LGBTQIA2S+ victimization and what youth might need out of a safe and affirming placement. Foster care agencies should actively recruit and train accepting and affirming foster care providers. With a lack of accepting homes, LGBTQIA2S+ youth are overrepresented in congregate-care settings where they may face: additional discrimination or harassment from their care providers or peers, less one-on-one support, and more restrictions than are appropriate for their care needs (as congregate-care settings are often used for youth with higher support needs).[53]

Prosecution

When preparing children and youth for the court process, the MDT should be mindful of any cultural dynamics it has learned about the child and family during the investigation. Prosecutors should actively inquire about how the child identifies and what names and pronouns the child uses, and should work with the courts to ensure these identifiers are used throughout the trial.

It may be necessary for a prosecutor to hire an expert who can discuss queer dynamics and debunk any of the myths previously mentioned regarding relationships between sexuality or gender identity and victimization. Prosecutors should also screen potential jurors during voir dire for anti-LGBTQIA2S+ biases.

Advocacy

CAC advocates should receive ongoing training on working with LGBTQIA2S+ populations and make connections with LGBTQIA2S+ youth-serving community organizations. An advocate's role is to center the lived experience of each individual and family in their advocacy, and doing so requires a willingness to continue to learn about the identities of the people they're advocating for. Advocates should keep an updated list of affirming agencies and providers to make appropriate referrals for youth and their families. Advocates can also take an active role in ensuring any client-facing space is culturally representative of a broad spectrum of families, including stocking waiting areas with magazines, books, artwork, toys, and imagery that convey the center is affirming of LGBTQIA2S+ identities.

It may occasionally be necessary to provide separate advocates for the LGBTQIA2S+ youth and their caregiver(s). In some cases, a caregiver may not be aware or supportive of the child's LGBTQIA2S+ identity. Advocates should follow the child's lead, and ask the child how they would like to be referred to by the advocate and CAC staff, both privately and in front of their caregivers. As previously mentioned, it may not be safe for some youth to be out to their family, and it is never an advocate's (or another team member's) job to out a child without their permission. This information may be gathered conversationally with the youth, or some CACs may employ a form or questionnaire

[53] McCormick, A. & Schmidt, K. & Terrazas, S. (2015). Foster family acceptance: Understanding the role of foster family acceptance in the lives of LGBTQ youth. *Children and Youth Services Review, 61*. 10.1016/j.childyouth.2015.12.005.

for youth to fill out upon arriving at the CAC to help the staff and MDT better understand their needs (see addendum 1 for example). Although it is appropriate for any team member to politely correct another team member if they mistakenly use an incorrect name or pronoun, advocates in particular should ensure they correct any naming errors, as it is an important component of advocating for the identity of that youth or caregiver.

Mental Health

Mental health team members and external mental health referrals should be vetted by the MDT to ensure that when LGBTQIA2S+ youth are referred for mental health services, they will be met with affirmation of their identity, rather than further emotional harm. When vetting mental health providers, consider exploring the following dynamics:

- Has the provider had experience working with LGBTQIA2S+ youth?
    - What was that experience like for the provider?
    - What was their comfort level?
- Has the provider received training on the dynamics of LGBTQIA2S+ identities or working with LGBTQIA2S+ youth?
- Is the provider willing to adapt to a change in names or pronouns?
- How might the provider respond to a parent who denies a child's gender identity, name, or pronouns?
- What does it mean to the provider to be culturally affirming?

Medical

In a 2022 Healthcare Equity Index from the Human Rights Commission, 29 percent of lesbian, gay, and bisexual respondents and 73 percent of transgender respondents reported beliefs that they would be treated differently by medical professionals than their straight or cisgender counterparts due to their LGBTQIA2S+ identity. In the same report, 56 percent of lesbian, gay, and bisexual respondents and 70 percent of transgender respondents reported some experience of discrimination in healthcare, including "refusing to provide needed care, refusing to touch them or using excessive precautions, using harsh or abusive language, blaming them for their health status, or being physically rough or abusive." These beliefs and experiences may create a barrier to LGBTQIA2S+ youth seeking or receiving appropriate care following their abuse experience.[54]

All children who have experienced alleged maltreatment should be offered a medical exam following their forensic interview. MDTs should identify affirming medical care providers in their

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[54] *Healthcare equality index.* Human Rights Campaign. (2022). https://www.hrc.org/resources/healthcare-equality-index

community and review their procedures regarding working with LGBTQIA2S+ patients in order to make appropriate referrals.

Cultural Liaisons and Subject Matter Experts

To better meet the unique needs of each child, consider including cultural liaisons or subject matter experts on your multidisciplinary team. These individuals can offer their expertise and perspective on various cultural issues or topics and can include representatives from tribal nations, domestic violence or multicultural experts, disability rights specialists, and others. Teams may consider including a professional with expertise in LGBTQIA2S+ dynamics to educate the team on issues that may present before, during, or after the forensic interview and investigative process. MDTs may include members at varying capacities. Though an LGBTQIA2S+ youth service provider or other expert might not participate on the team in the same capacity as investigative members, their unique perspective can assist all disciplines on the team—and most importantly, the child.

Conclusion

LGBTQIA2S+ youth can experience significant hardships in comparison to their cisgender or heterosexual peers, but anecdotal evidence and research alike illustrate the power of affirmative interactions in creating stability and resilience for LGBTQIA2S+ children and youth. Centering the best interest of the child in the forensic interview process requires more than just an understanding of the forensic interview protocol or the purview of MDT roles; it also requires digging deeper and approaching the populations and communities we serve with affirmation and empathy.

Addendum 1:

Sample Questionnaire

(See footnote for more information on the use of this questionnaire.) [55]

Name: _____

Birth Date: _____

Please answer these questions to help us learn about you and how best to support you. There are [number] pages of questions (front and back). This paper will go in a file and will not be shown to your family or the people who brought you to the Child Advocacy Center (CAC) today. Ask a staff person if you need help reading or understanding the questions.

- When people talk to me or talk about me, I like them to call me this name or nickname:

  _____

- Is it okay to use this name with the person who brought you here today? (Circle one)   **Yes / No**

  If you answered "No," what name would you like us to use with the person who brought you here?

  _____

- I speak these languages:

  _____

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[55] These sample questions are modified from a tool developed by the Randolph-Tucker Children's Advocacy Center in West Virginia. A special thank you to their CAC for sharing this resource. This questionnaire was given to youth, typically aged 11 years and older. If MDTs are interested in integrating their own version of this resource, they should discuss the appropriate use of such a tool, what questions to include, and any legal considerations..

- Tell us all of the ways you identify yourself.

    I am:

    - Black or African American

    - White or Caucasian

    - Latino/a/e/x or Hispanic

    - American Indian or Alaska Native

    - Asian American or Pacific Islander

    - Multiracial: _____

    - Something else: _____

    I am also:

    - A girl or woman

    - A boy or man

    - Nonbinary

    - Genderqueer

    - Transgender

    - I don't understand

    - Something else: _____

- I want people to use these words (gender pronouns) when they talk about me. Here is an example:

    "Sarah went to the store. **She** bought milk with **her** money."

    - she/her/hers

    - he/him/his

    - they/them/theirs

    - I don't understand

    - Something else: _____

- Do you get support (accommodations) in school?
    - Yes
    - No
    - I don't know

    If you do get support in school, what kinds of help or accommodations do you get?

    _____

    _____

    _____

- Have you ever gone to counseling or therapy?
    - Yes
    - No
    - I don't know

- Are you interested in talking to a counselor or therapist?
    - Yes
    - No
    - I don't know
    - I already have a counselor or therapist to talk to. Their name is:

        _____.

- What else do you want the CAC staff to know about you?

    _____

    _____

    _____

- Do you know why you came to the Children's Advocacy Center today?

    – Yes

    – No

    – I don't know

- How do you feel about being here today?

    _____

    _____

    _____

- If you are comfortable with someone from the CAC calling you, please write your cell phone number here:

    _____

Addendum 2:

Glossary of Terms

Agender: This term describes someone who does not identify with a particular gender.

Ally: Someone working to end oppression through the support and advocacy of a group other than one's own.[56]

Androgyne: A person with a gender that is both masculine and feminine or in between masculine and feminine.

Aromantic: "A romantic orientation generally characterized by not feeling romantic attraction or a desire for romance. Aromantic people can be satisfied by friendship and other non-romantic relationships. Many aromantic people also identify with a sexual orientation, such as asexual, bisexual, etc."[57]

Asexual: A broad spectrum of sexual orientations generally characterized by feeling varying, usually low-level, degrees of sexual attraction or desire for partnered sexuality. "Asexuality is distinct from celibacy, which is the deliberate abstention from sexual activity despite sexual desire. Some asexual people do have sex and experience varying levels of sexual attraction. There are diverse ways of being asexual. A person who does not experience sexual attraction can experience other forms of attraction (such as romantic attraction), as physical attraction and emotional attraction are separate aspects of a person's identity. These may or may not correlate with each other—for instance, some people are physically and romantically attracted to women. However, others might be physically attracted to all genders and only emotionally attracted to men."[58]

Bigender: Having two genders; exhibiting cultural characteristics of masculine and feminine roles.

Biphobia: Hate, fear, distrust, or prejudice directed toward bisexual people; the belief in and systematic privileging of monosexuality as superior, and the systematic oppression of non-monosexuality.[59]

Bisexual: A term used to describe someone who is romantically, affectionally, sexually, or emotionally attracted to more than one sex, gender, or gender identity. A person whose primary sexual and affectional orientation is toward people of the same and other genders, or toward people regardless of their gender. Some people may use bisexual and pansexual interchangeably.

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[56] UC Davis LGBTQIA Resource Center. (2023, July 21). LGBTQIA Resource Center glossary. https://lgbtqia.ucdavis.edu/educated/glossary
[57] Ibid.
[58] Ibid.
[59] Ibid.

Butch: "A gender expression that fits societal definitions of masculinity; usually used by queer women and trans people, particularly by lesbians. Some consider "butch" to be its own gender identity."[60]

Cisgender: "A gender identity, or performance in a gender role, that society deems to match the person's assigned sex at birth. The prefix cis- means 'on this side of' or 'not across.' The term highlights the privilege of people who are not transgender."[61]

Cissexism/Genderism: The belief that there are, and should be, only two genders and that one's gender (or most aspects of it) is inevitably tied to assigned sex assigned at birth.

Coming out: Coming out is the process by which LGBTQIA2S+ people voluntarily share their sexual orientation or gender identity with others. This process is unique for each individual, and there is no right or wrong way to come out. Terms also used that correlate with this action are: "being out," which means not concealing one's sexual orientation or gender identity, and "outing," a term used for making public the sexual orientation or gender identity of another who would prefer to keep this information private.[62] One may not be "out" to everyone, and many LGBTQIA2S+ people come out more than once over the course of their life.

Conversion therapy: Banned in many (but not all) states and countries, conversion therapy is the practice of attempting to "repair" or "change" someone's sexual orientation or gender identity from an LGBTQIA2S+ identity to straight/heterosexual or cisgender/gender-conforming. Conversion therapy practices often involve lasting emotional, psychological, or physical harm to the LGBTQIA2S+ person.

Deadname/former name/name assigned at birth: The name that was previously used to refer to someone prior to their gender transition. This name should not be used in any context when interfacing with the individual or talking about the individual, even when they are not there.

Demisexual: A sexual orientation in which someone feels sexual attraction only to people with whom they experience emotional bonds.

Femme: "Historically used in the lesbian community, this term is being increasingly used by other LGBTQIA2S+ people to describe gender expressions that reclaim and disrupt traditional constructs of femininity."[63]

Gay: A sexual and affectional orientation toward people of the same gender. This term may be used by men, women, and nonbinary people and is sometimes used as an umbrella term for the LGBTQIA2S+ community.

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[60] Ibid.
[61] Ibid.
[62] Ibid.
[63] Ibid.

Gender: A social construct used to classify a person as a man, woman, or other identity. It is different from the sex one is assigned at birth.

Gender binary: The notion that gender exists solely in two, often opposing, categories: masculine and feminine.

Gender dysphoria: The feeling of discomfort or distress that might occur in people whose gender identity differs from their sex assigned at birth or sex-related physical characteristics. Transgender and gender-diverse/expansive people might experience gender dysphoria at some point in their lives. However, many transgender and gender-diverse people feel at ease with their bodies, with or without medical intervention. A diagnosis for gender dysphoria is included in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), published by the American Psychiatric Association. The diagnosis was created to help people with gender dysphoria access necessary health care and effective treatment. The term focuses on *discomfort* as the problem, rather than the identity.[64]

Gender expansive: "An umbrella term used for individuals who broaden their own culture's commonly held definitions of gender, including expectations for its expression, identities, roles, or other perceived gender norms. Gender expansive individuals can include those who identify as transgender, as well as anyone whose gender in some way is seen to be broadening the surrounding society's notion of gender."[65]

Gender expression: "How one expresses oneself, in terms of dress or behaviors. Society—and people who make up society—characterize these expressions as 'masculine,' 'feminine,' or 'androgynous.' Individuals may embody their gender in many ways and have terms beyond these to name their gender expression(s). Examples include how a person wears their hair or makeup or what clothes they choose."[66]

Gender fluid/Genderfluid: "A person whose gender identification and presentation shifts, whether within or outside of societal, gender-based expectations; being fluid in motion between two or more genders."[67]

Gender identity: How an individual experiences their own gender; a sense of one's self as trans, genderqueer, woman, man, or some other identity, which may or may not correspond with the sex and gender one is assigned at birth.[68]

Gender non-conforming: "Adjective for people who do not subscribe to societal expectations of typical gender expressions or roles. The term is more commonly used to refer to gender expression

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[64] Mayo Foundation for Medical Education and Research. (2024, January 17). Gender dysphoria. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/gender-dysphoria/symptoms-causes/syc-20475255
[65] UC Davis LGBTQIA Resource Center. (2023, July 21). LGBTQIA Resource Center glossary. https://lgbtqia.ucdavis.edu/educated/glossary
[66] Ibid.
[67] Ibid.
[68] Ibid.

(how one behaves, acts, and presents oneself to others) as opposed to gender identity (one's internal sense of self)."[69]

Gender normative: The adherence to traditional or societal markers, expressions, and presentations of masculinity or femininity.

Gender queer/Genderqueer: A person whose gender identity or gender expression falls outside the dominant societal norm for their assigned sex, is beyond genders, or is some combination of them.[70]

Gender role: The learned roles, attributes, or behaviors deemed appropriate to a particular gender, determined by prevailing cultural norms.

Gender transition: The process of taking steps to live as one's true gender identity. Transitioning is different for each individual and may or may not involve medical interventions such as taking hormones or having surgery. Some people may not choose to transition in certain ways for a variety of reasons. The extent of someone's transition does not make that person's gender identity any less or more valid. Transitioning may include **socially transitioning**, such as going by certain pronouns or going by a lived name that affirms one's gender identity. Transitioning may also involve making changes to one's physical appearance (such as wearing certain clothing or wearing one's hair in a different style or length) or changes to the body (such as medically transitioning through hormones or surgery). Transitioning can also involve changing legal documents to match one's authentic sense of self.[71]

Heteronormativity: "The harmful societal notion that heterosexuality and cisgenderism are normal, while those who exist or identify outside of these confines are "other"; also, attitudes or behaviors that incorrectly assume gender is binary (ignoring genders besides women and men) and that people should and will align with conventional expectations of society for gender identity, gender expression, and sexual and romantic attraction. For example, someone assigned female at birth is expected to 1) have a body that is considered "female" by the dominant culture, 2) identify as a girl or woman, 3) act feminine and fulfill the roles associated with girls or women, and 4) be romantically and sexually attracted to men."[72]

Heterosexism: The assumption or belief that all people are or should be heterosexual.

Heterosexual/Straight: A sexual orientation in which a person feels physically and affectionally attracted to people of a gender other than their own exclusively.

Homophobia: Hate, fear, distrust, or prejudice directed toward someone for being a member of the LGBTQIA2S+ community.

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[69] Ibid.
[70] Ibid.
[71] Ibid.
[72] Ibid.

Homosexuality: An outdated term to describe a sexual orientation in which a person feels physically and emotionally attracted to people of the same gender. Historically, the term was used to pathologize gay and lesbian people. Some people have since reclaimed this term.

Intersex: "An umbrella term to describe a wide range of natural body variations that do not fit neatly into conventional definitions of male or female. Intersex variations may include, but are not limited to, variations in chromosome compositions, hormone concentrations, and external and internal characteristics. Many intersex people are subjected to non-consensual medical interventions in early childhood by doctors to make the individual's sex characteristics conform to society's idea of what 'normal' bodies should look like. The prevalence of intersex identity is more common than people may assume, although society's denial of their existence has allowed very little room for intersex issues to be discussed publicly."[73]

Lesbian: A woman (trans or cis) whose primary sexual and affectional orientation is toward people of the same gender. Some nonbinary people also identify as lesbians.

LGBTQIA2S+: Acronym for "lesbian, gay, bisexual, transgender, queer, intersex, asexual, Two Spirit" with a "+" sign to acknowledge the expansive nature of sexual orientations and gender identities.

Misgendering: The act of using incorrect pronouns or a deadname to refer to someone.[74]

Neopronouns: A personal pronoun is a form of speech that stands in for a person or group of people. A neopronoun can be a word created to serve as a pronoun without expressing gender, like "ze" and "zir." A neopronoun can also be a "noun-self pronoun," in which a pre-existing word is drafted into use as a pronoun, e.g., "fae/faeself."[75]

Nonbinary: "A gender identity and experience that embraces a full universe of expressions and ways of being that resonate for an individual, moving beyond the male/female gender binary. It may be an active resistance to binary gender expectations or an intentional creation of new unbounded ideas of self within the world. For some people who identify as nonbinary, there may be overlap with other concepts and identities, such as gender expansive and gender non-conforming."[76]

Pansexual: This term describes someone whose sexual or romantic attraction is not determined by gender or sex.

Omnigender: Encompassing all genders. The term is used to challenge the concept of there being only two genders.

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[73] Ibid; Intersex 101. InterACT: Advocates for intersex youth. (n.d.). https://interactadvocates.org/faq, https://interactadvocates.org/wp-content/uploads/2017/03/INTERSEX101.pdf
[74] Katz-Wise, S. L. (2021, July 23). Misgendering: What it is and why it matters. *Harvard Health.* https://www.health.harvard.edu/blog/misgendering-what-it-is-and-why-it-matters-202107232553
[75] Marcus, E. (2021, April 8). A guide to neopronouns. The New York Times. https://www.nytimes.com/2021/04/08/style/neopronouns-nonbinary-explainer.html
[76] UC Davis LGBTQIA Resource Center. (2023, July 21). LGBTQIA Resource Center glossary. https://lgbtqia.ucdavis.edu/educated/glossary

Omnisexual: This term describes someone who is sexually or affectionally attracted to all genders.

Orientation: "One's attraction or non-attraction to other people. An individual's orientation can be fluid, and people use a variety of labels to describe their orientation. Some, but not all, types of attraction or orientation include: romantic, sexual, sensual, aesthetic, intellectual, and platonic."[77]

Outing: Outing occurs when someone reveals the LGBTQIA2S+ identity of someone else, with or without their permission or knowledge. Outing someone who is not ready to be out at all or in certain circles could be dangerous for the LGBTQIA2S+ person and should not be done without their consent.

Queer: Historically a slur used against LGBTQIA2S+ people. In some communities, this word has been reclaimed as a badge of honor or a political or sexual orientation. In other contexts, the word "queer" may still have a harmful connotation or be a slur.

Questioning: The exploration of one's own gender identity, gender expression, or sexual orientation.

Sex: A medically constructed categorization. Sex is often assigned based on the appearance of the genitalia, either in ultrasound, at birth, or later in life when secondary sex characteristics appear.

Sexual orientation: An emotional, romantic, sexual, or affectional attraction or non-attraction to other people. Sexual orientation can be fluid, and people use a variety of labels to describe their sexual orientation.

Trans: In some cases "trans" is used as a more inclusive term for "transgender" that better encompasses gender non-conforming and nonbinary folks. In other cases it is used as an abbreviated way of saying transgender.

Transgender: "An adjective used most often as an umbrella term and frequently abbreviated to 'trans.' Identifying as transgender, or trans, means that one's internal knowledge of gender is different from conventional or cultural expectations based on the sex that person was assigned at birth. While the term may refer to a woman who was assigned male at birth or a man who was assigned female at birth, 'transgender' can also describe someone who identifies as a gender other than woman or man, such as nonbinary, genderqueer, genderfluid, no gender or multiple genders, or some other gender identity."[78]

Transphobia: Hate, fear, distrust, or prejudice directed toward transgender or gender-expansive people.

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[77] Ibid.
[78] Ibid.

Two Spirit: "An umbrella term encompassing sexuality and gender in Indigenous Native American communities. Two Spirit people often serve integral and important roles in their communities, such as leaders and healers. The term may refer to an embodiment of masculinity and femininity, but this is not its only significance. There are a variety of definitions and feelings about the term Two Spirit, and the term does not resonate for all indigenous people. Although the term itself became more commonly used around 1990, Two Spirit people have existed for centuries."[79] Two Spirit is a term that belongs to indigenous people; if a person is not indigenous, it's not appropriate for them to use the term to describe their identities.

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[79] Ibid.