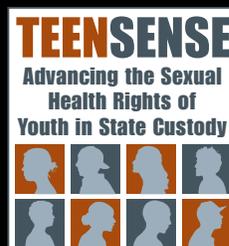




Teen SENSE

Model Standards: Staff Training Focusing
on the Needs of Youth in State Custody



This work is made possible by generous donations from:



The Teen SENSE Model Standards Have Been Endorsed By:

NYC Administration for Children's Services

African American Office of Gay Concerns

AIDS Alliance for Children, Youth and Families

BreakOUT!

HiTOPS

Hetrick-Martin Institute

Hyacinth AIDS Foundation

Juvenile Justice Project of Louisiana

Maine Children's Alliance

National Center for Lesbian Rights

National Coalition of Anti-Violence Programs

National Organization for Women, New Jersey

National Alliance of State and Territorial AIDS Directors

Planned Parenthood – Central and Greater Northern New Jersey

SUNY Downstate Medical Center – Heat Program

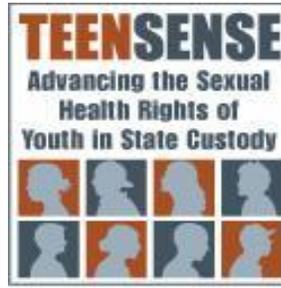
SUNY Downstate Medical Center – FACES Program

True Colors, Inc. Sexual Minority Youth Services of Connecticut

University of Medicine and Dentistry of New Jersey – Robert Johnson, MD, The Sharon
and Joseph L. Muscarelle Endowed Dean)

University of Medicine and Dentistry of New Jersey – Paulette Stanford, MD, Division of
Adolescent and Youth Adult Medicine)

University of Medicine and Dentistry of New Jersey – JUMP Program



TEENSENSE

MODEL STANDARDS:

Staff Training Focusing on the Needs of Youth in State Custody

MISSION STATEMENT

The Center for HIV Law and Policy is a national legal and policy resource and strategy center for people with HIV and their advocates. We work to reduce the impact of HIV on vulnerable and marginalized communities and to secure the human rights of people affected by HIV.

We support and increase the advocacy power and HIV expertise of attorneys, community members, and service providers, and advance policy initiatives that are grounded in and uphold social justice, science, and the public health.

We do this by providing high-quality legal and policy materials through an accessible web-based resource bank; cultivating interdisciplinary support networks of experts, activists, and professionals; and coordinating a strategic leadership hub to track and advance advocacy on critical HIV legal, health, and human rights issues.

To learn more about The Center for HIV Law and Policy and our HIV Policy Resource Bank, visit our website at www.hivlawandpolicy.org.

To contact us,
email us at info@hivlawandpolicy.org

Or write to
The Center for HIV Law and Policy
65 Broadway, Suite 832
New York, NY 10006
212-430-6733 phone
212-430-6734 fax

ACKNOWLEDGEMENTS

The Center for HIV Law and Policy thanks Kate Chaltain, Mark Guest, and Kat Dunnigan for research and drafting of an early version of this publication, and Nancy Caamaño, Elizabeth Casparian, Kaiyti Duffy, Melissa Keyes-Digioia, Robert Johnson, M.D., Jody Marksamer, Fatima Meadows, Guido Sanchez, Kimberly Page-Shafer, Stephen Pitt, Michelle Staples-Horne, Stephanie Witt, Gulielma Leonard Fager, and Gary Paul Wright for their helpful comments and collaboration. This document reflects all of their input. We would also like to thank the youth of the New Jersey Training School for Boys of Monroe Township, New Jersey, and the Female Secure Care and Intake Facility of Bordentown, New Jersey, for their honesty and insight, and the staff of the respective facilities for their hospitality.

The development and publication of these standards would not have been possible without the generous and sustained support of the MAC AIDS Fund, Broadway Cares/Equity Fights AIDS, the Arcus Foundation, and the Elton John AIDS Foundation.

TEEN SENSE

A Multidisciplinary Initiative Working to Secure the Right of Youth in State Custody to Comprehensive, LGBTQ-Inclusive Sexual Health Care and Sexual Health Literacy Programs, and to Increase the Capacity of Young People to Serve as Sexual Health Advocates.

Teen Sexual Health and Education Now in State Environments (Teen SENSE) is a multidisciplinary initiative that works to secure the right of youth in state custody to comprehensive, LGBTQ-inclusive sexual health care and sexual health literacy programs. This includes ensuring that staff of foster care, detention, and other government-operated and -regulated youth facilities are equipped to understand and protect all youth in their care, regardless of sexual orientation, gender identity, and gender expression. Professional standards and expert consensus indicate that the provision of these services is vital to the health, safety, and well-being of young people. This is not only a matter of good public health policy, but is required by law.

Experts in adolescent medicine, public health, sexual health education, child welfare, and juvenile justice engage with community organizers and youth advocates to develop a complete advocacy model and coordinate its implementation. The Center for HIV Law and Policy (CHLP) provides ongoing support for Teen SENSE, and coordinates activities among all partnering individuals and organizations.

Teen SENSE develops legal guides that set forth the legal and human rights foundation for the right of youth in state custody to comprehensive, LGBTQ-inclusive sexual health care and sexual health literacy programs. The Teen SENSE Model Policies and Standards outline the minimum requirements state facilities should meet in order to appropriately address the sexual health needs of youth in state custody. We advocate for the implementation of our Model Policies and Standards by NGOs and government agencies responsible for the health and safety of youth in their care.

The Youth Advocacy Corps, a related initiative of Teen SENSE, provides an opportunity for young people from across the country to develop competence and real-world experience in sexual health advocacy. Through the Youth Advocacy Corps, young people learn about issues related to sexual health and the law, and develop the skills necessary to become effective advocates through contact with policymakers at the local, state and federal level.

Teen SENSE is designed for implementation by government agencies in any jurisdiction. The Model Policies and Standards are suitable guidance for youth facilities across the United States.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	2
INTRODUCTION	5
PART ONE: GOAL	7
PART TWO: TARGET AUDIENCE	7
PART THREE: CORE COMPONENTS OF COMPREHENSIVE STAFF TRAINING PROGRAMS	7
I. Training Protocol Standards	7
II. Training Outcome Standards	7
PART FOUR: CONTENT AREAS	8
PART FIVE: EDUCATIONAL OBJECTIVES	8
I. Protect the rights of all youth, including LGBTQ youth and youth with HIV, in state custody	8
II. Describe the correlation between the effects of stigma based on sexual orientation, gender identity, or gender expression and the reasons why some youth may be in custody	9
III. Explain the detrimental effect homophobia and transphobia have on health outcomes for LGBTQ youth	9
IV. Implement agency policies and practices that support healthy adolescent development of gender identity and sexuality	9
V. Provide for the privacy and confidentiality of all youth, including LGBTQ youth and youth with HIV	10
VI. Provide for the safety of all youth, including LGBTQ youth and youth with HIV	10
VII. Engage respectfully with LGBTQ youth’s gender identity and gender expression	11
VIII. Ensure that LGBTQ youth have knowledge of and access to services and/or social events consistent with their interests and geared toward the community with which they identify	11
IX. Use appropriate and respectful terms to identify youth of all sexual orientations, gender identities, and gender expressions	12
X. Make referrals and provide resources as necessary for care and treatment	12
XI. Meet the specific health care needs of transgender youth	12
XII. Appreciate and understand the need for these competencies and make an investment in the process	13
Appendix: Sexuality and Healthy Relationships, Sexual Orientation, and Gender Roles and Identity	14

INTRODUCTION

What are the Model Standards for Staff Training?

Model Standards: Staff Training Focusing on the Needs of Youth in State Custody is the product of a comprehensive review of existing materials and an effort to combine the best and most inclusive practices and policies regarding training for youth facility staff into one document. These standards are not a curriculum, but are intended to help facility directors and trainers ensure that training curricula for staff at foster care homes and facilities, detention facilities, and correctional institutions include the minimum amount of information that will allow staff to adequately understand and respond to the needs of all youth in their custody, with an emphasis on lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth. These standards are designed to apply to youth facility staff at every level, including caseworkers, medical service providers, security personnel, and probation officers.

Unlike the *Model Standards: Sexual Health Care for Youth in State Custody* and *Model Standards: Sexual Health Literacy for Youth in State Custody*, which address the needs of both heterosexual and LGBTQ youth, *Model Standards: Staff Training Focusing on the Needs of Youth in State Custody* is focused on the particular needs of LGBTQ youth. LGBTQ youth are disproportionately represented in state custody settings. They often face harassment, physical and emotional abuse, and ostracism from other youth and the adults charged with their care. These standards address the general lack of understanding about sexual orientation, gender identity, and gender expression, and the need for youth facility staff to be culturally competent in LGBTQ issues in order to prevent sexual violence, including abuse and harassment.

Teen SENSE takes a comprehensive view of sexual health care, recognizing that medical care, education, and environment are all essential components of sexual health care. *Model Standards: Staff Training Focusing on the Needs of Youth in State Custody* is one component of the Teen SENSE initiative. Teen SENSE has also published *Model Standards: Sexual Health Care for Youth in State Custody* and *Model Standards: Sexual Health Literacy for Youth in State Custody*. These three sets of standards (“the Model Standards”) should be read together as interconnected and related components of providing appropriate, comprehensive sexual health care for youth in state custody.

Teen SENSE has also developed a legal guide, entitled *Juvenile Injustice: The Unfulfilled Rights of Youth in State Custody to Comprehensive Sexual Health Care*, which sets forth the affirmative legal rights of juveniles in state custody to comprehensive sexual health care. The legal guide and the Model Standards are advocacy tools designed to be used together to bring regular, consistent, and comprehensive sexual and reproductive health care to the most at-risk, vulnerable, and underserved youth populations.

How were the Standards created?

The core of *Model Standards: Staff Training Focusing on the Needs of Youth in State Custody* is based on materials from the National Commission on Correctional Health Care, *Standards for Health Services in Juvenile Detention and Confinement Facilities*, Standard Y-C-09 (2004); Physicians for Reproductive Choice and Health, Adolescent Reproductive Education Health Program, *Gay, Lesbian, BiSexual,*

Transgendered and Questioning Adolescents, Power Point Presentation (2006); Child Welfare League of America, *Best Practice Guidelines for Serving LGBTQ Youth in Out-of-Home Care* (2006); and National Center for Lesbian Rights, *The Legal Rights of Young People in State Custody* (2006).

PART ONE: GOAL

To ensure that training curricula designed for staff at state foster care and youth detention facilities meet basic standards regarding the health and well-being of all youth in state custody, regardless of sexual orientation or gender identity.

PART TWO: TARGET AUDIENCE

Staff *at every level* of child welfare and juvenile justice agencies, including all administrative staff, medical and mental health providers, direct care staff, social workers, contractors, security personnel, and any other employees or volunteers who may have contact with youth in custody.

PART THREE: CORE COMPONENTS OF COMPREHENSIVE STAFF TRAINING PROGRAMS

I. Training Protocol Standards

Training sessions will:

- Be provided to all members of target audience at initial orientation and at designated intervals thereafter to reinforce concepts.
- Take into account the professional roles, professional and life experience, education, and learning styles of participants.
- Use principles and practices of adult learning and active training to create effective training programs.

II. Training Outcome Standards

These standards are designed to help trainers develop staff training curricula that address the many general and sexual health care needs of youth, particularly LGBTQ youth, in state custody. In order for staff training to be effective, training programs for juvenile justice and child welfare staff should help participants become able to:

- Protect the rights of all youth, including LGBTQ and HIV positive youth, in state custody.
- Describe the correlation between the effects of stigma based on sexual orientation or gender identity and the reasons why some youth may be in custody.
- Explain the meaning and immutability of sexual orientation, gender identity, and gender expression as an inalienable part of individual and human identity and self-worth.
- Explain the detrimental effects that homophobia and transphobia have on health outcomes for LGBTQ youth.
- Implement agency policies and practices that support healthy, safe, age-appropriate exploration and expression of sexual/gender identity for all youth.
- Provide for the privacy and confidentiality of all youth, including LGBTQ and HIV positive youth.
- Provide for the safety of all youth, including LGBTQ and HIV positive youth.
- Apply rules regarding sexuality and sexual or gender-related behavior equally to all youth.
- Engage respectfully with LGBTQ youth's gender identity and expression.

- Ensure that LGBTQ youth have knowledge of and access to services and/or social events consistent with their interests and geared toward the community with which they identify.
- Use appropriate and respectful terms to identify youth of all sexual orientations and gender identities.
- Make referrals and provide resources as necessary for sexual health care and treatment.
- Appreciate and understand the need for these competencies and make an investment in the process.
- Ensure that the specific health care needs of transgender youth are met.

PART FOUR: CONTENT AREAS

In order to meet educational objectives, trainings should cover the following content areas at a minimum:

- Law and policy;
- Diversity/cultural awareness/vocabulary;
- Identity/sexuality/gender formation;
- Effects of homophobia/transphobia/heterosexism;
- Importance of appropriate sexual health education;
- Understanding, identifying, preventing, and reporting sexual abuse by staff or other youth.

PART FIVE: EDUCATIONAL OBJECTIVES¹

I. Protect the rights of all youth, including LGBTQ youth and youth with HIV, in state custody.

Youth are particularly vulnerable to rights abuses, either because they do not fully understand their own rights, or because they feel – or actually are – powerless to assert them. This is especially true for youth in state custody. Staff must understand, respect, and protect the rights of youth in their care.

To demonstrate competency, participants will be able to:

- Understand their legal and ethical responsibilities to treat all youth, including LGBTQ and HIV positive youth, fairly and with respect.
- Identify the state, federal, and international rights of youth in state custody.²
- Articulate application of state laws and policies prohibiting discrimination based on sexual orientation and gender identity to youth in state custody.
- List at least three ways professionals can protect the rights of all youth in custody.

¹ See National Center for Lesbian Rights, *LGBTQ Youth in the Juvenile Justice System* (2006) and *The Legal Rights of LGBTQ Youth in the Child Welfare System* (2006), available at http://www.nclrights.org/site/PageServer?pagename=issue_youth_docsDownloads#fcjj (last visited Sept. 16, 2011).

² See The Center for HIV Law and Policy, *Juvenile Injustice: The Unfulfilled Rights of Youth in State Custody to Comprehensive Sexual Health Care* (2010), available at <http://www.hivlawandpolicy.org/resources/view/565> (last visited Sept. 16, 2011).

II. Describe the correlation between the effects of stigma based on sexual orientation, gender identity, or gender expression and the reasons why some youth may be in custody.

Youth who identify as LGBTQ are more likely than other youth to become homeless. LGBTQ youth also are more likely to be harassed and ostracized at school, leading to truancy. These factors make LGBTQ youth more likely to end up in foster care or engage in conduct that may lead to their detention.

To demonstrate competency, participants will be able to:

- Indicate understanding of the societal, familial, and developmental challenges confronting LGBTQ youth in and out of custody and the relevance of these issues in meeting the individualized needs of LGBTQ youth in custody.
- Indicate understanding of social alienation experienced by some LGBTQ youth and especially youth who fall loosely into an “at risk” category.
- List three reasons why LGBTQ youth are at risk for (1) child welfare system involvement, (2) dropping out of school, (3) homelessness, and (4) serving time in juvenile detention facilities.

Please refer to the Appendix for more information on sexuality, sexual orientation, and gender roles, and identity.

III. Explain the detrimental effects that homophobia and transphobia have on health outcomes for LGBTQ youth.

As a result of stigma, fear, and a history of mistreatment, LGBTQ youth are less likely to be engaged in regular health care, which leads to poor health outcomes.

To demonstrate competency, participants will be able to:

- Indicate understanding of difficulties and prejudices facing LGBTQ youth in and out of custody.
- Articulate the negative effects trauma and stigma have on adolescent development.
- List at least three negative health outcomes that LGBTQ youth who have been rejected by their families are at greater risk of experiencing compared to LGBTQ youth who have not faced family rejection.
- List three factors that may improve health outcomes for LGBTQ youth.
- Demonstrate understanding of the facts of, and reasons why, LGBTQ youth in custody are at greater risk of sexual abuse and other violence.

IV. Implement agency policies and practices that support healthy adolescent development of gender identity and sexuality.

Once policies are adopted by the policy makers within the agency authorized to oversee state foster and detention facilities, staff within the facility must understand how to implement the policies. In order to accomplish this, staff must develop sensitivity to LGBTQ youth. Staff must not only support, but also encourage, LGBTQ youth to embrace their own sexual/gender identity.

To demonstrate competency, participants will be able to:

- Indicate a sensitivity to and understanding of age-appropriate adolescent sexuality and gender expression.
- Articulate to youth the agency's rules indicating what conduct is not allowed in state facilities with respect to the treatment of other youth on the basis of sexual orientation.
- Identify at least three ways in which the agency supports youth in appropriate expression of sexuality and/or gender identity.
- Differentiate between instances of non-consensual sexual abuse and consensual sexual activity between youth.
- Articulate to youth the forms of sexual abuse, how to identify abuse, and how to report it safely.
- Demonstrate an understanding of agency policies and practices regarding sexual orientation and gender expression.
- Indicate an understanding of youth developmental stages, including the ways in which trauma and stigma experienced by some youth can interfere with these development stages.
- Provide ongoing, interactive, and youth-appropriate programs on sexuality and gender
- Provide a safe environment for youth to ask questions and gather information.
- Identify the reporting procedures for infractions of agency policies and the ways to which infractions are responded.

V. Provide for the privacy and confidentiality of all youth, including LGBTQ youth and youth with HIV.

Youth in state custody are less likely to seek needed services if they are concerned that their privacy will be violated. To encourage youth to access services, staff must maintain confidentiality and understand why it is imperative to do so. This is also important for LGBTQ youth who may feel or be vulnerable to violence if their sexual orientation, gender identity, or gender expression is disclosed to others within the facility.

To demonstrate competency, participants will be able to:

- Offer private and confidential counseling, meetings, and medical interventions (including medication distribution) to all youth.
- Maintain confidential records for all youth and know who has access to these records.
- Articulate the relevance of state and local confidentiality laws to their work with LGBTQ youth.
- Discuss with youth their rights to privacy and confidentiality.
- Identify procedures for ensuring the confidentiality of all youth's health status and conditions, particularly HIV.

VI. Provide for the safety of all youth, including LGBTQ youth and youth with HIV.

As a result of dynamics within a state detention or foster care facility, some youth may be vulnerable to harassment or violence. Because these youth are in the care of the state, the state has an obligation to provide for their safety and protect them from harm. Staff must understand which conduct is inappropriate, how to address inappropriate or potentially abusive staff interactions with youth, when to intervene, and how to address the situation without punishing the person who was the subject of the harassment or violence.

To demonstrate competency, participants will be able to:

- Provide all youth with safety and protection as required by law.
- List sub-populations of youth who may be additionally vulnerable to sexual or physical assault in state facilities.
- Demonstrate awareness of what constitutes emotional abuse that is sometimes directed particularly at LGBTQ youth.
- Identify at least two strategies that can be used to respond to situations in which one youth is verbally harassing or threatening another youth because of sexual orientation and/or gender identity.
- Describe how professionals can provide safety to LGBTQ and HIV positive youth in custody without resorting to isolating the youth, which is in violation of the youth's rights.
- Identify ways to detect and eliminate an individual youth's risk of sexual abuse or assault.
- Respond to all complaints of physical and sexual abuse (including abuse allegedly perpetrated by professionals) in a timely and appropriate manner.
- Differentiate between instances of non-consensual sexual abuse and consensual sexual activity between youth.

VII. Engage respectfully with LGBTQ youth's gender identity and gender expression.

Staff who are uncomfortable with expressions of gender that are outside what is considered to be the norm are more likely to treat youth with varying gender identities in a way that is not supportive or respectful. For example, calling youth by derogatory names (including "fag" or "faggot" or referring to something as "gay" in a derogatory manner) is unacceptable behavior. Unequal or disrespectful treatment, whether intentional or inadvertent, can never be tolerated.

To demonstrate competency, participants will be able to:

- Indicate a sensitivity and understanding of how all youth express their gender.
- Provide a safe environment for youth who have a non-conforming gender identity.
- Encourage youth to respect the gender identity of transgender and gender non-conforming youth.
- Use a transgender youth's preferred name and pronoun when referring to that youth.
- Explain the difference between sexual orientation and gender identity.
- List at least three things staff can do to show respect for a youth's gender identity.

VIII. Ensure that LGBTQ youth have knowledge of and access to services and/or social events consistent with their interests and geared toward the community with which they identify.

LGBTQ youth often face isolation and depression due to society's response to their sexual and gender identity. Youth should have access to and knowledge of supportive communities and service providers for counseling and related resources.

To demonstrate competency, participants will be able to:

- Familiarize themselves with LGBTQ issues and the basic counseling skills needed to offer resources to in-custody youth with questions or concerns.
- Identify community-based healthcare programs, including mental health care, that are competent to work with LGBTQ youth and available to youth with whom participants interact.
- Identify at least one accessible local supportive service agency or organization for LGBTQ or HIV positive youth.

IX. Use appropriate and respectful terms to identify youth of all sexual orientations, gender identities, and gender expressions.

Using terms that validate a youth's sexual or gender identity demonstrates an understanding and sensitivity toward the issues youth struggle with and will likely lead to better outcomes for those youth because they feel respected.

To demonstrate competency, participants will be able to:

- Indicate knowledge of LGBTQ terminology and definitions.
- Demonstrate the ability to use LGBTQ terminology and definitions in their work with young people.

X. Make referrals and provide resources as necessary for care and treatment.

LGBTQ youth, particularly transgender youth and HIV positive youth, may have particular health care needs. As a result, these youth must have access to medical care in a timely matter. All information surrounding the visit, including reason for the visit and diagnosis, must remain confidential.

To demonstrate competency, participants will be able to:

- Provide timely and ongoing medical care and treatment, including counseling and mental health care, unique to transgender youth.
- Ensure the availability of private and confidential counseling, meetings, and medical interventions (including medication distribution) to all youth.
- Identify procedures to maintain the confidentiality of records for youth.
- List at least three examples of when referrals should be made to a supportive service agency or network for LGBTQ identified or HIV positive youth.
- Identify at least one supportive service agency or network for LGBTQ identified or HIV positive youth.

XI. Meet the specific health care needs of transgender youth

Transgender youth have unique health care needs that often go unmet due to institutional ignorance, fear, stigma, or discrimination. By law, however, state facilities are obligated to provide medically appropriate and culturally sensitive health care to all youth, including transgender youth, who are in

their custody. Specifically, when a state takes custody of a juvenile, it has an obligation to ensure the health and safety of juveniles in its care.³

To demonstrate competency, participants will be able to:

- Understand legal responsibilities to provide appropriate medical and mental health care to all youth, including transgender youth.
- Understand state, local or facility rules or policies for the housing of transgender youth, and recognize why some youth's gender presentation may diverge from that of the majority at the facility.
- Demonstrate the ability to identify competent medical and mental health professionals who can evaluate and provide treatments to transgender youth in state custody.
- Understand the importance of implementing the treatment recommendations made by a medical professional with expertise in providing care to transgender youth.
- Identify at least three steps professionals should take to ensure that transgender youth in custody are receiving the medical treatments they need from supportive providers with expertise in this area.

XII. Appreciate and understand the need for these competencies and make an investment in the process.

If staff members are going to follow through with concepts explained at trainings, they must understand why what they are learning is important and be able to demonstrate a commitment to supporting the youth in their care.

To demonstrate competency, participants will be able to:

- Articulate their legal and ethical responsibilities to treat all youth fairly and with respect.
- Understand the positive impact that educated and sensitive adults can have on youth in state custody.
- Understand that youth will follow the positive example of staff members as easily as they will follow disrespectful behavior by staff.

³ See, e.g., *Youngberg v. Romeo*, 457 U.S. 307 (1982), where the Supreme Court held that those who are in state custody but have not been convicted of a crime are entitled to an even more protective standard of care than those convicted of a crime. Although the Supreme Court has not explicitly applied *Youngberg* to minors in custody, the reasoning of *Youngberg* applies at least equally to these minors, of whom the state assumes custody through civil proceedings. This more protective standard applies even to those in juvenile detention facilities because, when a minor commits an act that constitutes a crime if committed by an adult, the minor is adjudicated delinquent in a civil action rather than convicted of a crime (See *DeShaney v. Winnebago County Dep't of Social Servs.*, 489 U.S. 189, 209 n.9 (1989)). Because juvenile institutions are legally deemed “noncriminal and nonpenal” in nature, “juveniles . . . who have not been convicted of crimes, have a due process interest . . . which entitles them to closer scrutiny of their conditions of confinement than that accorded convicted criminals.” *A.J. v. Kierst*, 56 F.3d 849, 854 (8th Cir. 1995) (internal quotations omitted). Indeed, the Constitution in general provides youth in state custody with stronger protections than civilly committed adults. As the Eighth Circuit has stated, “the evolving standards of decency against which courts evaluate the constitutionality of conditions certainly provide greater protections for juveniles than for adults.” See *Kierst*, 56 F.3d at 854.

Appendix: **Sexuality and Healthy Relationships, Sexual Orientation, and Gender Roles and Identity**

This section provides supplemental materials for staff and trainers on key information pertaining to sexuality, sexual orientation, and gender roles and gender identity. The following was adapted from the Teen SENSE Model Sexual Health Education Standards.

Sexuality and Healthy Relationships

- Staff should be able to understand the concept of sexuality as the expression of human sexual feeling and a natural, healthy part of being human.
 - Staff should be able to discuss the concept of sexuality as including how a person feels about his or her body, whether a person feels masculine or feminine or somewhere in between, the way a person dresses, the way a person moves, how a person speaks, who the person is attracted to and falls in love with and the way a person acts and feels about other people in general. Staff should be able to address other aspects of sexuality that are not listed above, as this list is not meant to be exclusive.
 - Staff should understand that sexuality is multifaceted and has biological, social, psychological, spiritual, ethical, and cultural dimensions.
 - Staff should understand that most people, regardless of biological sex, gender, age, ability, and culture are sexual beings, though sexual expression is not necessarily a significant part of some people's lives.
 - Staff should be able to identify how sexuality can be more rewarding and positive when expressed in a non-exploitive way.
 - Staff should understand that sexuality is experienced in a variety of ways at different stages and points in people's lives, and that everyone has his or her own way of expressing his or her sexuality to others and feeling or experiencing it for himself or herself.

Sexuality, Society, and Culture

- Sexuality and Society:
 - Staff should be able to discuss the messages society gives youth about how they are supposed to act, date, and sexually behave; how these messages can often conflict with messages from their family and community; how these messages may differ depending on their gender and age; and how these messages contribute to peer pressure. Staff should understand the diversity of views on sexuality and the importance of making independent decisions.
 - Staff should practice the ability to critically evaluate messages from different sources and establish guidelines for their own behavior.
- Sexuality and the Media: Staff should be able to discuss and describe the profound effect media has on sexual information, values, and behavior; ways in which the media's portrayal of sexuality is realistic and unrealistic; and the messages youth have received from television, movies, music videos, and on the internet, including whether these messages are accurate.
 - Staff should be able to identify stereotypes reflected in the media and how these stereotypes can negatively affect them and their opinion about certain groups of people, including LGBTQ individuals, and gender roles.
- Sexuality and Religion: Staff should be able to discuss and describe how various religions' views about sexuality affect people's sexual attitudes, behaviors, and sexual decision-making and the conflict that can occur between people's values and religious beliefs in the context of sexuality.

- Staff should understand how gender roles and beliefs about sexual orientation have historically been affected by religion and how, although LGBTQ people have historically been excluded from many religious congregations, a growing number of congregations now openly welcome members of the LGBTQ community. Staff should be encouraged to discuss ways that religion has affected their feelings about sexuality or the feelings of someone they know.
- Sexuality and the Law: Staff should be familiar with the U.S. laws governing sexual and reproductive rights. This particularly pertains to the following:
 - The Supreme Court has ruled that, to a certain extent, people have the right to make personal decisions concerning sexuality and reproductive health matters, such as abortion, contraception, sterilization, and engaging in same-sex sexual relationships.
 - State laws govern the age of consent for sexual behaviors.
 - Some states and cities have passed laws banning discrimination on the basis of sexual orientation. Staff should be familiar with relevant laws in their city or state.
 - The Supreme Court recently ruled that state laws restricting certain types of sexual behavior between consenting adults are unconstitutional. Consenting adults, regardless of gender or sexual identity, cannot be criminally prosecuted for engaging in a sexual relationship.
 - Courts across the United States are currently debating legal issues concerning same-sex marriage and many states have passed same-sex marriage bills.
 - Public nuisance behavior, such as exhibitionism and voyeurism, are illegal in most states.
 - Prostitution is illegal in all states except for Nevada.
 - Child pornography – a visual depiction of a minor engaging in sexually explicit conduct – is illegal in all states.
 - Some federal and state laws protect individuals from harassment in jobs, schools, and state institutions if the harassment is based on the individual’s sex, identified or perceived sexual orientation, or gender identity.

Sexual Orientation

- Staff should understand that:
 - Sexual orientation refers to a person’s physical and/or romantic attraction to an individual of the same and/or different gender,
 - Sexual orientation can fall across a spectrum, and that one’s understanding and identification of his/her sexual orientation may change over the course of his/her lifetime. Staff should understand that sexual orientation is only one aspect of who a person is. Staff should also understand that gay and lesbian romantic relationships are just as fulfilling as heterosexual relationships and that LGBTQ people may form families and have children just as successfully as heterosexual people.
 - Staff should understand that LGBTQ and heterosexual people come from all countries, cultures, races, ethnicities, socio-economic backgrounds, and religions, and that scientific theories have concluded that sexual orientation cannot be changed by therapy or medicine.
 - Staff should be able to identify discrimination against, rejection of, and harassment of LGBTQ youth by peers, family, schools, and others. Staff should also be able to identify the effects such behavior can have on LGBTQ youth. Such effects include causing LGBTQ youth to be afraid to identify as LGBTQ and at increasing risk of depression, dropping out of school, homelessness, and substance abuse.

- Staff should understand that people of all sexual orientations deserve respect and have the right to express their sexual orientation and identity. Staff should be able to discuss strategies for reporting harassment of themselves or others based on sexual orientation.
- Staff should be able to identify and discuss the concepts of heterosexism, internalized homophobia, and how such phobias can contribute to LGBTQ adolescent isolation.
- Staff should understand the concept of coming out and why coming out can be important to an individual.
- Staff should be able to identify the additional challenges and threats LGBTQ youth of color may face due to both racism and homophobia.
- Staff should understand how the above listed challenges can lead to increased mental health difficulties, such as depression and increased substance abuse among LGBTQ youth. Staff should understand that, despite these challenges, the majority of LGBTQ youth lead normal, productive lives and develop resilient adaptations to social biases and mistreatment.

Gender Roles and Gender Identity

- Staff must be able to define gender roles, gender identification, and gender stereotypes. Staff should understand that gender identification may include male, female, or other (e.g. intersex, cross-gender, etc.) identification. Gender expression may not necessarily match gender identity. Staff should also understand that the way a person expresses his or her gender does not necessarily have anything to do with whether that person is heterosexual, gay, lesbian, or bisexual.
- Staff should understand and be able to recognize and describe the following definitions and concepts:
 - **Transgender:** “Transgender” describes people whose internal sense of gender (gender identity) doesn’t match what society expects of them based on their biological sex. Transgender is also used as a general term to describe many different identities that exist such as “transsexual,” “drag king,” “drag queen,” “crossdresser,” “genderqueer,” “shapeshifter,” bigendered,” and “androgynous.” Transgender people are often described as: Male-to-female (M-to-F), or Female-to-male (F-to-M), or by the gender they currently identify with (“male identified” or “female identified”).
 - **Transsexuals:** described people who have had, are in process of, or are planning sex-reassignment surgery. They may also use hormonal means to change parts of the body to match their own understanding of gender without having a complete genital sex-reassignment surgery.
 - **Androgynes:** describes androgynous presentation. Androgynous behavior combines both genders or is gender-neutral.
- Staff should be able to understand the concept of gender identity as something that may change over the course of an individual’s lifetime, and that transgender people report experiencing conflict over gender assignment throughout childhood and adolescence.
- Staff should understand that gender identity is just one part of who a person is and discuss the need to respect people of all gender identities. Staff should be able to identify gender discrimination, harassment, and violence, discuss the harms of discriminating against someone because of their gender identity, the impact that it has on individuals, and the need to report discrimination to a trusted adult, school official, or law enforcement authority.
- Staff should be aware that there is some federal, state, and local legal protection from discrimination based on gender identity, and youth should be aware of the laws in the city and state in which they reside.