



TRANSFORMING  
JUSTICE FOR  
YOUTH WITH  
DIVERSE  
**SOGIE**  
IN WAYNE  
COUNTY



*by*  
**MICHIGAN COUNCIL  
ON CRIME AND  
DELINQUENCY**



*co-authored by*  
**TARA MCMANUS  
MARY KING  
ELENA BRENNAN**



# Acknowledgements

*The Michigan Council on Crime and Delinquency (MCCD) would like to thank the following for making this project possible.*

**The McGregor Fund:** The McGregor Fund provided funding support for the project. They are a private foundation established in 1925 by gifts from Katherine and Tracy McGregor “to relieve the misfortunes and promote the well-being of humankind.” The geography of principal interest is the city of Detroit, and Macomb, Oakland and Wayne counties, and its grantmaking prioritizes basic needs, recovery and restoration, and transformational skill building opportunities for teens and adults in poverty.

**The Ruth Ellis Center:** The Ruth Ellis Center provided the content expertise for how to work most effectively with young people who have diverse sexual orientations, gender identities and/or expressions, and partnered in implementing every aspect of this project. The Ruth Ellis Center (REC) is a youth social services agency with a mission “to provide short-term and long-term residential safe space and support services for runaway, homeless, and at-risk lesbian, gay, bi-attractional, transgender and questioning (LGBTQ) youth.” The Ruth Ellis Center works with child welfare, juvenile justice, and integrated health settings to ensure LGBTQ youth are safe and supported no matter where they go for services.

**The National Center for Lesbian Rights (NCLR):** Shannan Wilber, Youth Policy Director at the National Center for Lesbian Rights, provided expertise and counsel in developing model policy language, training curricula, and presentations for the “SOGIE 101” and policy implementation trainings. The NCLR is a national legal organization committed to advancing the civil and human rights of lesbian, gay, bisexual, and transgender people and their families through litigation, legislation, policy, and public education. Since 1977, NCLR has been at the forefront of advancing the civil and human rights of our full LGBTQ community and their families through impact litigation, public policy, and public education.

**Wayne County Leadership:** Wayne County leadership, especially Warren C. Evans, provided executive-level support for this project, including recording a video for our training curriculum.

**Wayne County Juvenile Justice Professionals:** The following organizations provided total project support, including designating staff to help develop and implement trainings, and participating in policy changes to better support the youth with diverse SOGIE in their care:

- Assured Family Services (Juvenile Assessment Center)
- Growth Works (aka Western Wayne Care Management Organization)
- StarrVista
- CCMO-Center for Youth and Families
- Bridgeway Services, Inc.
- Black Family Development, Inc.

**Spectrum Juvenile Justice Services:** The Lincoln Center provided space in which to hold multiple training events over the two years of the project.

## Table of Contents

5	Terminology
6	Background
7	Purpose
8	Project Summary
12	Early Outcomes
13	Lessons Learned
16	Conclusions

# Executive Summary

Youth with diverse SOGIE are among the most vulnerable populations at every stage of the juvenile justice system. Approximately 20% of the overall population of youth in detention or confinement settings identify as LGBTQ—almost three times the total estimated percentage of LGBTQ-identified youth in the U.S.<sup>1</sup> They are twice as likely to be arrested and held in secure detention or confinement for truancy, warrants, probation violations, running away, and sex work.<sup>2</sup> Of the youth with diverse SOGIE in detention or confinement, about 85% are young people of color.<sup>3</sup> While incarcerated, these youth are seven times more likely to be sexually assaulted and are at extreme risk of self-harm and solitary confinement than their straight-identified peers.<sup>4</sup>

Wayne County, and the City of Detroit in particular, is home to the largest portion of justice-involved youth in the state of Michigan. Wayne County's

nationally recognized juvenile justice model is grounded in robust community-based treatment; yet the system had not yet focused on programs providing culturally competent treatment and support services specifically for youth with diverse SOGIE.

To fill this systemic gap, the *Transforming Justice for Youth with Diverse SOGIE in Wayne County* project (originally called *Transforming Justice for LGBTQ Youth*) was created, with support from Wayne County leadership. The project is a partnership between the Michigan Council on Crime and Delinquency and the Ruth Ellis Center. Supported by the McGregor Fund, its goal is to create an affirming juvenile justice system in Wayne County so young people are not criminalized because of their sexual orientation, gender identity or expression (SOGIE); the unique needs of youth with diverse SOGIE are appropriately addressed in community-based settings; and, harms associated with current detention and incarceration practices are prevented.

Over the course of two years, the project partners built a foundation for a SOGIE-affirming juvenile justice system in Wayne County by:

- 1 Hosting listening sessions with youth-justice stakeholders and youth with diverse SOGIE who were currently or formerly involved in Wayne County's juvenile justice system;
- 2 Providing SOGIE 101 trainings for youth-serving agencies and facilities;
- 3 Developing and implementing affirming policies and practices for working with youth with diverse SOGIE in Wayne County juvenile justice agencies; and
- 4 Organizing policy implementation trainings for county stakeholders.

## As a result of these activities:

- 89 89 juvenile justice staff from Assured Family Services and the five Wayne County Care Management Organizations (CMO's) were trained in SOGIE 101 frameworks and identities.
- 100 Over 100 staff were trained in how to implement the new diverse SOGIE affirming policies and practices
- 21 Partner organizations have implemented an average of 21 new policies to affirm the health, safety, and well-being of youth with diverse SOGIE in their care.
- 22.6% & 12% There was a 22.6% decrease in the number of youth with diverse SOGIE held in detention and residential placement, and the average length of stay for those youth was reduced by 12%.
- 50% The number of referrals to the Ruth Ellis Center increased by 50%





# SOGIE

**SOGIE** is an acronym that stands for sexual orientation, gender identity, and gender expression. The term ‘LGBTQ’ is specific to lesbian, gay, bisexual, transgender and queer people, but SOGIE refers to characteristics common to all human beings because everyone has a sexual orientation and a gender identity. Due to its inclusivity, “diverse SOGIE” is often used to describe the LGBTQ community.

**Throughout this report, youth that identify as lesbian, gay, bisexual, transgender, queer, gender nonconforming, two-spirit and/or intersex will be referred to as “youth with diverse SOGIE.”**



# Report Terminology <sup>5</sup>

**SEXUAL ORIENTATION:** An attraction to others that ranges from attraction to only men/boys or only women/girls, to varying degrees of attraction to both men/boys and women/girls, to attraction to neither men/boys nor women/girls.

**SOGIE:** An acronym for sexual orientation, gender identity, and gender expression.

**GENDER IDENTITY:** An individual's core and hard-wired sense of their own identity as a boy/man, woman/girl, something in between, or outside the male/female binary. Everyone has a gender identity, which may or may not align with that person's sex assigned at birth.

**GENDER EXPRESSION:** A person's presentation or communication of their gender to others, through hairstyles, clothing, physical mannerisms, alterations of their body, or name and pronoun.

**LESBIAN:** Describes a woman/girl who is attracted to other women/girls.

**GAY:** Describes a person who primarily is attracted to individuals of the same gender. While historically used to refer specifically to men/boys who are attracted to other men/boys, it is also used to refer to women who are attracted to women, or gender nonconforming people as well.

**BISEXUAL:** Describes a person who is attracted to both men/boys and women/girls.

**TRANSGENDER:** Describes a person whose gender identity is different from their assigned sex and who lives, or desires to live, in accord with their gender identity. A transgender man is a person who was assigned female at birth, but identifies as, and desires to live as, a man. A transgender woman is a person who was assigned male at birth, but identifies as, and desires to live as, a woman. Being a transgender person does not imply any specific sexual orientation, as one can still be straight, gay, lesbian, etc.

**CISGENDER:** Describes a person whose gender identity matches their sex assigned at birth.

**QUEER:** An umbrella term that describe a person who does not identify as straight or cisgender. The term has negative connotations for some people, given its historical use as a pejorative term. Many people have reclaimed the term, often to expand upon limited sexual and gender-based categories.

**GENDER NONCONFORMING:** Describes a person whose appearance or manner does not conform to traditional gender stereotypes. For the purpose of this document, the term "gender nonconforming" includes youth who identify as "non-binary," meaning that their gender identity is neither man/boy nor woman/girl. The terms "genderqueer," "bigender," or "agender" also describe gender identities that fall outside the gender binary.

**TWO-SPIRIT:** A person who identifies as having both a masculine and feminine spirit. The term is used by some Native American/First Nations people to describe their sexual, gender and/or spiritual identity<sup>6</sup>.

**INTERSEX:** A general term used for variations in sex characteristics in which a person is born with a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male. Variations may appear in a person's chromosomes, genitals, or reproductive organs like testes or ovaries. Some intersex traits are discovered at birth, while others may not be discovered until puberty or later in life. Previously, intersex children were subjected to medically unnecessary interventions in infancy, with best practice now counseling that all procedures be delayed until the intersex person can participate in the decision. Just like other people, an intersex person may identify as male, female, or non-binary, and may be lesbian, gay, bisexual, or straight. Being intersex does not mean that a person does not identify as male or female.

## Background

Michigan is home to an estimated 311,000 adults and 61,000 youth who identify as having a diverse sexual orientation, gender identity and/or expression (SOGIE), and a lack of legal protections makes them vulnerable to discrimination and harm.<sup>7</sup>

As a result, these same Michigan residents report experiencing discrimination in employment, housing, public accommodations, education, and police interactions.<sup>8</sup>

For example, the 2017 Michigan Youth Risk Behavior Survey found that lesbian, gay, and bisexual students were 17% more likely to report being bullied at school and 13% more likely to be electronically bullied than heterosexual students.<sup>9</sup> These same students were also 10% more likely to report missing school because they felt unsafe.<sup>10</sup>

Specifically focusing on transgender youth, the 2015 U.S. Transgender Survey found that 77% of Michigan respondents who were out or perceived as transgender experienced gross mistreatment at some point between grades K-12: 55% of respondents reported experiencing verbal harassment, 26% reported experiencing physical assault, and 10% reported experiencing sexual violence while in school. One in five transgender students faced such severe mistreatment that they left school.<sup>11</sup>

About two-thirds of the Michigan transgender population reported some form of mistreatment when interacting with police or other law enforcement officers who



**Michigan is home to an estimated 311,000 adults and 61,000 youth who identify as having a diverse SOGIE and a lack of legal protections makes them vulnerable to discrimination and harm.**

thought or knew that they were transgender. This included verbal harassment from officers, repeatedly being referred to as the wrong gender, and physical or sexual assault, including being forced by officers to engage in sexual activity to avoid arrest.<sup>12</sup>

In the juvenile justice system, youth with diverse SOGIE are among the most vulnerable populations. About 20% of the overall population of youth in detention or confinement identifies as LGBTQ—almost three times the total estimated percentage of LGBTQ-identified youth in the U.S.<sup>13</sup> They are twice as likely to be arrested and held in secure detention or confinement for truancy, warrants, probation violations, running away, and sex work.<sup>14</sup> Of the youth with diverse SOGIE in detention or confinement,

about 85% are young people of color.<sup>15</sup> While incarcerated, these youth are seven times more likely to be sexually assaulted and are at extreme risk of self-harm and solitary confinement than their straight-identified peers.<sup>16</sup> In addition, 12% of youth in juvenile facilities identify as transgender or gender nonconforming.<sup>17</sup> Transgender and gender nonconforming youth are particularly vulnerable in confinement, experiencing higher levels of sexual abuse, harassment, and mistreatment, particularly when facilities lack clear, enforceable guidance on how to protect their safety and promote their well-being.<sup>18</sup>

Wayne County, home of Detroit, has the largest population of justice-involved youth in the state. Wayne County's nationally recognized juvenile justice model is grounded in robust community-based treatment; yet the system had not focused on providing support, or connecting with existing agencies that offer culturally competent treatment and support services, specifically for youth with diverse SOGIE. Wayne County leadership, including the county executive, the chief justice, and CEO's of private agencies delivering services for court-involved youth, were all ready to do things differently, to support youth with diverse SOGIE under their care. This project provided the opportunity.





# Purpose



*Transforming Justice for Youth with Diverse SOGIE* was a partnership project between the Michigan Council on Crime and Delinquency (MCCD) and the Ruth Ellis Center. Supported by the McGregor Fund, this project aimed to create a LGBTQ-affirming juvenile justice system in Wayne County where LGBTQ youth are not criminalized because of their gender identity or expression; the unique needs of these youth are appropriately addressed in community-based settings; and harms associated with current detention and incarceration practices are prevented. The project had several objectives and activities:

## OBJECTIVE 1

Understand the opportunities, barriers and challenges to serving justice-involved youth with diverse SOGIE.

*Host listening sessions with youth with diverse SOGIE and young adults who were currently or previously involved in the Wayne County juvenile justice system.*

## OBJECTIVE 3

Enhance the capacity and cultural competence of the courts, Assured Family Services, juvenile facilities and CMO's to effectively identify and address the needs of youth with diverse SOGIE.

*Complete SOGIE 101 trainings with juvenile justice practitioners.*

*Train staff on how to effectively implement the new policies.*

## OBJECTIVE 2

Develop SOGIE-informed policies and procedures to be adopted by the Wayne County juvenile courts, youth service providers, and residential facilities.

*Conduct policy reviews with Assured Family Services and the Care Managements Organizations (CMO's).*

## OBJECTIVE 4

Increase referrals and use of behavioral health services by youth with diverse SOGIE/families.

*Include information about Ruth Ellis Center services and develop a court-specific referral process.*

Through these actions, the project partners intended to create a replicable guide showing how the health, safety, and well-being of youth with diverse SOGIE can be protected in a county-based juvenile justice system. This report outlines the steps taken throughout the project, complete with early outcomes, lessons learned, and next steps to advance justice for youth with diverse SOGIE throughout Michigan.

# Project Summary

Participatory research and community engagement were fundamental to the development and implementation of this project. From the outset, MCCD and the Ruth Ellis Center held listening sessions with youth with diverse SOGIE who were involved in the Wayne County juvenile justice system, and hosted meetings with Wayne County youth service providers, including leadership from the county’s Care Management Organizations and the Assured Family Services Juvenile Assessment Center. These meetings shaped the project strategy, model policy language, and training curriculum. Once the groundwork was laid, the project partners engaged in policy reviews, trainings, and eventually the creation and implementation of new procedures among the county’s juvenile justice service providers.

## Wayne County’s Juvenile Justice Model

*Starting in 2000, Wayne County launched a single entry, single-payer juvenile system with expanded alternatives to locked facilities. The new model’s commitment was to treat each individual youth as a person (within a family context) in need of opportunities and resources rather than societal diseases that needed to be contained.<sup>19</sup>*

*Unlike other counties in Michigan, where program responsibility is typically divided between the Court, County and local Department of Health and Human Services (DHHS) office, the Wayne County Department of Children and Family Services has been delegated sole authority for administration of juvenile justice services for juveniles on court probation or committed to DHHS. The Juvenile Assessment Center (JAC), through Assured Family Services, is the single-point of entry for all juveniles. There are five Care Management Organization agencies that develop, implement, and manage a Treatment Plan of Care for each young person, which includes community-based and residential service placement options. Case management is a core responsibility of the CMO’s and includes all court related functions. CMO’s manage and pay for services from vendors.<sup>20</sup>*



**The number one request was for service providers to ask about and use a youth’s pronouns and chosen name in every interaction. Correct pronoun and name use were perceived as acts of respect.**

## Listening Sessions

Listening sessions were conducted with 20 diverse SOGIE identifying individuals, between the ages of 14 and 27, who had current or previous involvement in the juvenile justice system. Results from the listening sessions, coupled with national best practices, were used to develop youth-informed policy and practice recommendations aimed at improving cultural competence around sexual orientation and gender identity and expression for juvenile justice providers in Wayne County.

Many participants felt that their diverse SOGIE directly impacted family relationships, resulting in a lack of support, neglect, and sometimes, domestic violence and subsequent child welfare involvement and homelessness. There was also a reported lack of support and biases among peers that led to



being bullied, fighting for self-protection, or involvement in the “wrong crowd.” Participants felt that these strained relationships and broken support systems led to their charges, including truancy, possession, prostitution, and arson at young ages.

Participants agreed that while some staff in the juvenile justice system were helpful, sensitive, and appropriate, others were disrespectful, emotionally abusive, and physically neglectful during their stay. Youth also described some staff as rude and lacking in diversity training. Listening session participants sometimes felt targeted and blamed because of their diverse SOGIE especially if staff did not treat them poorly until after learning of their identity.

Participants also listed several actions that juvenile justice providers could take to ensure their needs are met when involved in the juvenile justice system. The number one request was for service providers to ask about and use a youth’s pronouns and chosen name in every interaction. Correct pronoun and name use were perceived as acts of respect. Conversely, when this was ignored, it often set up cascading behaviors of disrespect by the participants while they were in the justice system. As one participant stated, “if you don’t respect me, I don’t have to respect you.”

Other requests included treating those that identify as diverse SOGIE with the same respect and acceptance as their straight identifying peers, and a desire to have staff protect and keep their diverse SOGIE identity confidential if requested. Participants also expressed a general desire for kindness and a personal connection with staff, as it made them feel more secure and cared for while they were in the system.

Lastly, to address discrimination and increase mutual respect within the juvenile

justice system, youth in the listening sessions emphasized the importance of a system-wide training to teach staff about diversity, empathy, sexual orientation, gender identity, gender expression, and pronoun sensitivity. Participants felt that an effective training would strengthen empathy and decrease harm.

## Organizational Partners Meeting

MCCD convened a meeting with the Ruth Ellis Center, and representatives from Assured Family Services and the various CMO’s in Wayne County to learn about any struggles or concerns they had when working with youth with diverse SOGIE. Meeting participants presented various observations and recommendations based upon their direct experiences. Several recurring themes and concerns were identified throughout the discussion, including:

- 1 Improving safety for youth with diverse SOGIE in detention facilities;
  - 2 Coming into full compliance with the Prison Rape Elimination Act (PREA) within all youth-serving facilities;
  - 3 Improving cultural competency for staff serving youth with diverse SOGIE;
  - 4 Coordinating care for youth with diverse SOGIE to ensure treatment plans are complementary and not contradictory;
  - 5 Expanding diversion options for youth with diverse SOGIE;
  - 6 Supporting staff in developing therapeutic relationships with youth with diverse SOGIE;
- Better understanding of national

- 7 best practices for working with transgender youth in residential facilities; and

- 8 Ensuring initial and on-going staff training for long-term success.

The group then helped brainstorm potential solutions, made commitments to participate in the project, and developed next steps.

## SOGIE 101 Trainings

All project partners sent one or two trainers to a SOGIE “Train the Trainer” event and received certification from the U.S. Department of Justice *Toward Equity: Increasing Safety for LGBTQ Youth in Juvenile Justice*. Next, a project curriculum development/training team was assembled. Team members included staff from MCCD, REC, and to maximize trainee interest, engagement and acceptance, at least one staff person from each participating agency. In addition, the Wayne County Executive, Warren C. Evans, recorded a video welcome to show his support.

In consultation with Shannan Wilber, Youth Policy Director at the National Center for Lesbian Rights, the team developed a local *Toward Equity* training. They modified the national curriculum to address the Wayne County-specific challenges identified in the listening sessions and organizational partner meetings.<sup>21</sup> The training includes six modules, is trauma-informed and uses an intersectional lens. The final

training modules include:

- 1 An introduction to the project and an overview of issues affecting youth with diverse SOGIE;
- 2 A SOGIE overview and explanation of vocabulary;
- 3 Attitudes and myths about the diverse SOGIE community;
- 4 Implementation tools;
- 5 An overview of the Prison Rape Elimination Act (PREA); and,
- 6 Information about Ruth Ellis Center and an explanation of their referral process.

A total of 89 staff were trained from Assured Family Services, the CMO's, residential facilities, and counseling agencies. Although training seats were prioritized for Assured Family Services and the CMO's, we received a request from some of the residential providers to send a few of their program staff as space allowed. During the training, the residential provider staff spoke about the need for their 24/7 direct-care staff to receive training and support to work more compassionately and effectively with youth who have diverse SOGIE.

Exit surveys indicated that 89% of respondents were "very satisfied" with the training, and 62.85% of respondents indicated that the training significantly increased their SOGIE-specific content knowledge. Notably, there was an increase of 600% in staff willingness to ask youth for their chosen name and pronouns as measured by pre and post-testing and a 90% increase in staff confidence to refer youth with diverse SOGIE to services that will support them in their identity.

## Policy Reviews

MCCD staff met with leadership teams from Assured Family Services and the five CMO's and collaboratively reviewed their existing policies to determine if they adequately addressed the unique needs of court-involved youth with diverse SOGIE. Using a checklist developed by the National Center for Lesbian Rights and MCCD, each organization identified whether they had effective policies in place, if their policies needed to be modified, or if they needed to develop new policies to reflect the national best practices for working with and affirming the youth with diverse SOGIE in their care.

The **National Center for Lesbian Rights** developed model policy language to support youth probation or correctional agencies wanting new or updated policies and procedures to address the unique needs of court-involved youth with diverse SOGIE (see Appendix A). The policy is grounded in federal law and applicable professional standards and addresses:

- **Nondiscrimination**
- **Equal and Respectful Treatment**
- **Policy Dissemination**
- **Grievance Procedure;**
- **Confidentiality;**
- **Training of Employees, Contractors, and Volunteers;**
- **Intake and Assessment;**
- **Literature and Written Materials;**
- **Classification and Housing;**
- **Clothing and Personal Hygiene;**
- **Privacy;**
- **Searches;**
- **Medical and Behavioral Health Care**
- **Glossary of Definitions.**



**There was an increase of 600% in staff willingness to ask youth for their chosen name and pronouns as measured by pre and post-testing and a 90% increase in staff confidence to refer youth with diverse SOGIE to services that will support them in their identity.**





## Policy Implementation

Throughout the policy review process several key areas were identified as needing further clarification or additional staff training in order to properly implement new policies/procedures:

- 1 How to ensure confidentiality in documentation;
- 2 How to ask SOGIE questions during intake and assessment;
- 3 Using chosen names and pronouns;
- 4 How to make classification and housing decisions for youth with diverse SOGIE;
- 5 Responding to harassment related to SOGIE, and
- 6 Providing gender affirming medical and behavioral health care.

In response, MCCD, the Ruth Ellis Center, and Shannan Wilber, in partnership with representatives from Assured Family Services and four of the CMO's, developed a new training for staff to provide a larger context for the new policies and tools to effectively implement and integrate the diverse SOGIE affirming policies into their everyday work.

95 juvenile justice staff were trained in how to implement diverse SOGIE affirming policies and practices. Exit surveys indicated that 69.5% of respondents were "very satisfied" with the training, and 48.6% indicated that the training significantly increased their diverse SOGIE-specific knowledge.

Pre and post-testing revealed a 78% increase in staff willingness to disclose their gender pronouns when introducing themselves to

youth, and a 43% increase in willingness to ask youth their chosen name and gender pronouns, with 50% of respondents indicating in the pre-test that they have already started asking youth about their preferred name and gender pronouns.

As follow-up, MCCD and the Ruth Ellis Center facilitated all-staff meetings at three of the CMO's to review the policies and procedures with leadership and to practice agency-specific procedures. An additional 10 staff were trained through these agency-specific follow-ups.

All six organizational partners are currently in the process of adopting and implementing diverse SOGIE affirming policies and practices. To date, participating organizations have incorporated an average of 21 additional policies that affirm the diverse SOGIE identities of youth in their care.

## Early Outcomes

Although it is too early to identify the full nature and scope of the project's impact, initial data seem to indicate movement in the right direction. Building awareness about the unique challenges faced by court-involved youth with diverse SOGIE through staff and leadership training, coupled with targeted policy and practice changes, led to increased cultural competence among staff, increased referrals and use of behavioral health services, and reductions in both the use and length of detentions/residential placements for youth with diverse SOGIE. Specifically, the project achieved the following outcomes:

### Improved cultural competence, knowledge and skills among juvenile justice staff

- 73%** increase in juvenile justice staff willingness to disclose their gender pronouns when introducing themselves to youth;
- 43%** increase in willingness to ask youth their chosen name and gender pronouns
- 90%** increase in staff confidence to refer youth with diverse SOGIE to services that will support them in their identity

### Improved policies and procedures that incorporate SOGIE-specific language

- 21** On average, organizations implemented 21 new policies to affirm the health, safety, and wellbeing of youth with diverse SOGIE in their care.

### Increased number of referrals from Assured Family Services and the CMO's for diverse SOGIE-affirming behavioral health services

- 50%** This project saw a 50% increase in referrals to the Ruth Ellis Center

### Improved policies and procedures that incorporate SOGIE-specific language

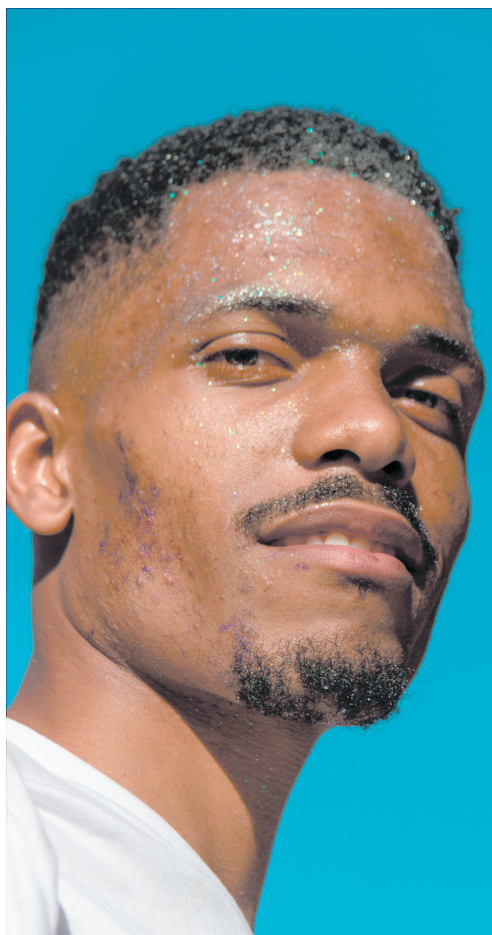
- 22.6%** This project saw a 22.6% decrease in the number of youth with diverse SOGIE in detention/residential placement.
- 12%** The average length of stay for youth with diverse SOGIE in detention/residential placement was reduced by 12%.





# Lessons Learned

Throughout the course of this project, MCCD and the Ruth Ellis Center learned several important lessons that impacted the project and its implementation in Wayne County.



## 1 Listen to youth with Diverse SOGIE

- **Speak with directly impacted people when developing training.** The listening sessions were fundamental to the training curriculum development. A group of youth with diverse SOGIE who had been court-involved shared what was most harmful and what was most helpful about their experiences in the juvenile justice system, and specifically, their interactions with staff. Training modules were based on what they wanted juvenile justice providers to know.
- **Ask about, and then use, a youth's chosen name and pronouns.** The data is clear that using proper names and pronouns for transgender, nonbinary, or genderqueer youth is essential to their health, safety, and well-being. Increasing the number of contexts (ex. school, home, court) in which a young person can use their chosen name and pronouns reduces depressive symptoms, suicidal ideations, and suicidal behavior <sup>22</sup>.

In addition to improving youth health and safety, using a young person's chosen name and pronouns in the juvenile justice system is one of the most effective strategies for building trust, respect, and rapport between youth and juvenile justice staff.

- **When recording SOGIE information, youth preferences and safety must be the priority.** In order to protect a youth's safety and privacy, any documentation revealing a diverse SOGIE must be kept confidential. Research shows the importance of asking youth about their SOGIE status during initial intake and assessment to determine if the youth has concerns or needs related to their SOGIE.

Unfortunately, the case management system used in Wayne County—the Juvenile Assessment and Intervention System (JAIS)—does not currently have protected fields, or any method to keep certain information concealed, so there is not yet a countywide solution to this issue. MCCD and the Ruth Ellis Center are working with stakeholders to consider ways to incorporate this information in the JAIS system in a protected manner. In the meantime, MCCD and the Ruth Ellis Center are working with organizations one-on-one to develop systems for protecting a youth's diverse SOGIE information. Such solutions include keeping the information in a written file that is kept in a locked room and not shared with anyone except the case manager and his or her supervisor, or having clients sign a release any time the information is requested for sharing.

## 2 Support Staff with Training and Clear Policies.



- **Train all staff, including leadership, on how to successfully work with youth who have diverse SOGIE.** Most staff participating in this project—as leaders, trainers or trainees—were interested in learning how to serve youth with diverse SOGIE more successfully, particularly youth who identified as transgender or gender nonconforming. Providing a training that introduced best practices and gave staff tools they could immediately employ in their work (i.e., asking youth for their chosen name and pronouns, and then using them), improved their level of cultural competency. Because new concepts often take more than one training to become ingrained, and staff turn over regularly in many youth-serving agencies, it is important that SOGIE-based training be incorporated as a regular practice.
- **Include staff from trainee organizations on the training team.** To increase staff buy-in and build sustainability, this project's training team included staff members from Assured Family Services and the CMO's, in addition to Shannan Wilber and staff from MCCD and the Ruth Ellis Center. Having agency staff engaged in the development and presentation of the SOGIE 101 and policy implementation trainings also resulted in agency-specific point persons with a deeper understanding of the issues affecting youth with diverse SOGIE and the resources available in the community to support them.
- **Adopt the NCLR and CCLP Model Policy.** The National Center for Lesbian Rights (NCLR) and the Center for Children's Law and Policy (CCLP), with support from the National PREA Resource Center, released a Model Policy for Transgender, Gender nonconforming, and Intersex Youth in Youth Confinement Facilities<sup>23</sup> to provide youth justice facilities with policies and practices that promote the safety, dignity, and well-being of system-involved transgender, gender nonconforming, and intersex youth. Any agency supervising or treating justice-involved youth should adopt these best practices and train and support staff, while holding them accountable for their implementation.



### 3

## Understand the Process for Housing Youth According to Gender Identity

**Michigan’s current licensing regulations for juvenile justice facilities define sex as that which is recorded on the person’s birth certificate.** The Michigan Department of Health and Human Services Division of Child Welfare Licensing is responsible for the licensing of child-caring institutions, which include all juvenile justice facilities. Their licensing regulations currently define sex as “that which is recorded on the person’s birth certificate” instead of as “gender identity.”

As stated in Michigan’s current licensing regulations:

- 1 A facility must have licensing terms that reflect both male and female in order to house transgender, gender nonconforming, or intersex youth according to their gender identity, and
- 2 Young people over the age of five years old cannot share a room with a youth of an opposite biological sex.<sup>24</sup>



A request for a variance under “Mich Admin Code, R 400.4137 Sleeping rooms” would be required for a facility to have youth who are not the same “sex” (as defined by the Division of Child Welfare Licensing) share a sleeping room, even if one of the youth identifies as transgender, if the youth are over the age of five.<sup>25</sup> The Prison Rape Elimination Act (PREA) standards dictate that housing and classification decisions must be made on a case-by-case basis, and that a youth’s gender identity, their own requests for where they should be housed, and any safety concerns must be considered. This case-by-case determination prohibits automatic rules that require specific housing assignments of transgender residents.

It is difficult to reconcile the licensing regulations with the PREA standards. As a practical matter, the licensing regulations limit the number of housing options available for transgender, gender nonconforming and intersex residents and undermine individualized housing decisions, increasing the likelihood of sexually assault, self-harm and solitary confinement.<sup>26</sup> In order to meet the needs of transgender, gender nonconforming, and intersex youth who are placed in detention and residential facilities, two changes would be required. One, more facilities would need to modify their licensing terms to reflect both male and female. Two, those same facilities would need to work with their licensing consultant to receive a variance. The result would be an increase in facilities that can fully support the health, safety, and well-being of the transgender, gender nonconforming, and intersex youth in their care.

MCCD, the Ruth Ellis Center, and the Michigan Department of Health and Human Services have been working together to find ways to support and enhance facilities’ understanding of the licensing regulations and variance process, in order to increase the number of detention and residential facility options available to house transgender, gender nonconforming, and intersex youth according to their gender identity.

## Conclusion

The *Transforming Justice for Youth with Diverse SOGIE in Wayne County* project was created to promote and implement policies and practices that protect the health, safety, and well-being of justice-involved youth regardless of their sexual orientation, gender identity or gender expression.

Over the two years of implementing this project, MCCD and the Ruth Ellis Center, in collaboration with our project partners at the NCLR, Assured Family Services, and the Care Management Organizations, have taken first steps to achieving this goal by providing trainings and implementing policies that affirm a young person's diverse SOGIE.

Early outcomes indicate the success of these activities in improving cultural competence, knowledge, and skills among juvenile justice staff, reducing the number and length of stay for youth in detention or residential placement, increasing the number of referrals for diverse SOGIE-affirming behavioral health services, and improving policies and procedures that incorporate SOGIE-specific language.

This project also highlighted barriers to SOGIE information confidentiality and assigning detention/residential placements according to gender identity, and the need to adequately train and support staff in 24/7 direct care facilities to work with youth who have diverse SOGIE. MCCD and the Ruth Ellis Center support a countywide information system for protecting a youth's diverse SOGIE information and would like to engage in training and policy work with residential and detention facilities to educate them about SOGIE framework and identities, licensing regulations, and the variance process for housing transgender, gender

nonconforming, and intersex youth. Finally, this project created a process that can be replicated with other Wayne County juvenile justice stakeholders and in other counties throughout Michigan. It is the hope of MCCD and the Ruth Ellis Center that juvenile justice providers across the state will adopt this replicable process in order to provide safe and affirming services for justice-involved youth with diverse SOGIE throughout Michigan.



“

**It is imperative that direct-care staff at these facilities receive specialized training and support to work compassionately and effectively with the youth under their care who have diverse SOGIE.**



## Next Steps

Justice-involved youth with diverse SOGIE are impacted by a variety of agencies and institutions, which may include School Resource Officers, the Wayne County Sheriff's Office, Detroit Police Department, Juvenile Court, Wayne County Juvenile Detention Facility, and/or private residential providers. To achieve complete system transformation in Wayne County, each of these entities will need adequate training, policies and practices to affirm youth with diverse SOGIE. However, there is a higher risk of sexual assault, solitary confinement and self-harm for youth who identify as transgender, gender nonconforming, or intersex in detention centers and residential placements, where staff interact with youth under their care for 24 hours a day.<sup>27</sup> It is imperative that direct-care staff at these facilities receive specialized training and support to work

compassionately and effectively with the youth under their care who have diverse SOGIE. Figuring out the logistics of training 24/7 staff and implementing policies and practices to affirm youth with diverse SOGIE in these settings is the logical next step.

In addition, residential facilities need education and support to become licensed to house both males and females, and to complete the variance process for housing transgender, gender nonconforming, and intersex youth.

Over time, this project can be further expanded and replicated to include staff and leadership in schools, the Juvenile Court, the Wayne County Sheriff's Office, and the Detroit Police Department to ensure that all youth-serving entities receive adequate training and implement policies and practices to affirm youth with diverse SOGIE.



**Justice-involved youth with diverse SOGIE are impacted by a variety of agencies and institutions, which may include School Resource Officers, the Wayne County Sheriff's Office, Detroit Police Department, Juvenile Court, Wayne County Juvenile Detention Facility, and/or private residential providers. To achieve complete system transformation in Wayne County, each of these entities will need adequate training, policies and practices to affirm youth with diverse SOGIE.**

# Endnotes

1. Angela Irvine, *We've Had Three of Them: Addressing the Invisibility of Lesbian, Gay, Bisexual, and Gender Nonconforming Youths in the Juvenile Justice System*. (Columbia University, 2014)
2. *Ibid*
3. Angela Irvine and Aisha Canfield, *The overrepresentation of lesbian, gay, bisexual, questioning, gender nonconforming and transgender (LGBQ/GNCT) youth in the population that crosses from child welfare to the juvenile justice system*, (Journal of Gender, Social Policy, and the Law, 2016), 244-258.
4. Allen J. Beck, Paige M. Harrison and Paul Guerino, *Sexual victimization in juvenile facilities reported by youth*. (U.S. Department of Justice, 2019).
5. Shannan Wilber and Jason Szanyi, *Model Policy: Transgender, Gender Nonconforming, and Intersex Youth in Confinement Facilities*. (National PREA Resource Center, 2019).
6. Peter Fewster, *Two-Spirit Community*.
7. Christy Mallory, Taylor N.T. Brown, Susan Freeman, and Brad Sears, *The Impact of Stigma and Discrimination Against LGBT People in Michigan*, (UCLA, Williams Institute, 2019).
8. *Ibid*.
9. Laura Kann et al., *Youth Risk Behavior Surveillance - United States*, 2017. (Center for Disease Control and Prevention, 2018).
10. *Ibid*.
11. *Michigan State Report: 2015 U.S. Transgender Survey State of Michigan* (National Center for Transgender Equality, 2019).
12. *Ibid*.
13. Angela Irvine, *We've Had Three of Them: Addressing the Invisibility of Lesbian, Gay, Bisexual, and Gender Nonconforming Youths in the Juvenile Justice System*.
14. *Ibid*.
15. Angela Irvine and Aisha Canfield, *The overrepresentation of lesbian, gay, bisexual, questioning, gender nonconforming and transgender (LGBQ/GNCT) youth in the population that crosses from child welfare to the juvenile justice system*, 244-258
16. Beck et. al, *Sexual Victimization in Juvenile Facilities Reported by Youth*.
17. Angela Irvine and Aisha Canfield. *Reflections on New National Data on LGBQ/ GNCT Youth In the Justice System*. (LGBTQ Policy Journal, 2018)
18. Shannan Wilber and Jason Szanyi, *Model Policy: Transgender, Gender Nonconforming, and Intersex Youth in Confinement Facilities*.
19. Children and Family Services Wayne County, *Juvenile Services Reform in Wayne County, Michigan*. (2009)
20. *Ibid*.
21. The Equity Project, "Our Mission"
22. Stephen Russel et. al, *Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth*. (Journal of Adolescent Health, 2018).
23. Shannan Wilber and Jason Szanyi, *Model Policy: Transgender, Gender Nonconforming, and Intersex Youth in Confinement Facilities*.
24. The Michigan Department of Health and Human Services, *Licensing Rules for Child Caring Institutions* (2015)
25. The Michigan Department of Health and Human Services, "R 400.4101 To 400.4666"
26. Beck et. al, *Sexual victimization in juvenile facilities reported by youth*.
27. *Ibid*.



*Model Policy & Practice Guidelines for Agencies Providing Non-Discriminatory Services to Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) and Gender Non-Conforming (GNC) Youth Involved in the Juvenile Justice System.<sup>1</sup>*

## I. Purpose (if stand alone)

The purpose of this policy is to promote a professional and supportive environment in which all youth, irrespective of sexual orientation, gender identity, or gender expression (SOGIE), are physically and emotionally safe, and treated fairly and respectfully.

## I. Scope (if stand alone)

This policy applies to all employees, contractors, and volunteers of [CMO] who interact with youth served as part of our contract as a Care Management Organization.

## II. Policy

Sections A-H apply in all juvenile justice settings, including community-based services and residential settings.

### A. Nondiscrimination

- a. Employees, contractors, and volunteers shall provide all youth with fair and equal treatment and access to services, irrespective of the youth's actual or perceived SOGIE.
- b. Employees, contractors, and volunteers shall not discriminate against any youth based on the youth's actual or perceived SOGIE.

### B. Equal and Respectful Treatment

- a. Employees, contractors, and volunteers shall interact respectfully with all youth, irrespective of SOGIE.
- b. Employees, contractors, and volunteers shall not use language that demeans, ridicules, or condemns lesbian, gay, bisexual, pansexual, transgender, queer/

questioning, two-spirit, asexual, intersex, nonbinary or gender nonconforming (heretofore referred to as diverse SOGIE) individuals. They shall not imply to or tell youth with diverse SOGIE they can or should change their SOGIE. Nor shall they attempt to change a youth's SOGIE.

- c. Employees, contractors, and volunteers shall use the chosen name and pronoun of transgender or GNC youth, regardless of the name on the youth's identity documents or arrest or court records.
- d. Employees, contractors, and volunteers shall apply consistent behavioral standards to all youth, irrespective of SOGIE.
- e. Employees, contractors, and volunteers shall not punish nor prohibit behavior that they perceive to defy gender norms.
- f. Employees of [facility] shall intervene promptly and appropriately when a youth harasses another youth based on the youth's actual or perceived SOGIE.

### C. Policy Dissemination

- a. At the time of intake, staff shall provide both a written and verbal explanation of the policy to all youth in a manner that they can understand, paying attention to language and literacy needs.
- b. Staff shall provide all youth with a copy of the policy and verbally inform them of their rights and responsibilities under this policy and the procedures for reporting violations.

### D. Grievance Procedure

- a. The CMO should ensure that their current policy permits grievances related to this model policy language.

<sup>1</sup> National Center for Lesbian Rights, *Ending Conversion Therapy in Juvenile Justice*.

## **E. Confidentiality**

- a. Employees, contractors, and volunteers shall not disclose information about a youth's SOGIE to others (with the exception of \_\_\_\_\_), including the youth's parents/guardians without obtaining the youth's consent, unless disclosure is required by law or court order. (PREA requires that facilities implement appropriate controls on dissemination within the facility of sensitive information obtained from youth to ensure that it is not exploited to the youth's detriment by staff or other residents)
- b. Any disclosure of confidential information related to a youth's SOGIE shall be limited to information necessary to achieve a specific beneficial purpose, which must be documented.

## **F. Training of Employees, Contractors, and Volunteers**

- a. [CMO] shall ensure that all employees, contractors, and volunteers receive initial and ongoing training on this policy, as well as on providing competent, non-discriminatory, respectful treatment of youth with diverse SOGIE.

## **G. Intake and Assessment**

- a. As part of the initial intake and assessment, staff shall ask youth about their SOGIE and shall not make assumptions based on appearance or stereotypes.
- b. Staff may not compel youth to disclose this information, nor threaten a youth with discipline or other punishment for refusing to disclose such information. (PREA requires that a youth's SOGIE be considered among many other factors to assess safety risk and to make sound housing decisions)

If a youth discloses that they have a diverse SOGIE, the person conducting the intake shall talk with

- c. the youth about it in an open and non-judgmental fashion and determine if the youth has concerns or needs related to their SOGIE.

## **H. Literature and Written Materials**

- a. Staff shall make accessible to all youth books, magazines, and other materials that affirm diverse SOGIE and are developmentally appropriate.
- b. Where possible, staff shall display materials, such as "safe zone" or "hate-free zone" posters that convey to youth that the facility maintains an affirming environment for diverse SOGIE.

*Sections I-M apply to staff and youth in juvenile justice facilities.*

## **I. Classification and Housing**

- a. Staff shall make individualized classification and housing decisions and shall not automatically house youth based solely on their actual or perceived SOGIE.
- b. Staff shall make housing decisions for youth with diverse SOGIE as soon as possible after intake so the youth is not at risk while awaiting a decision regarding housing.
- c. Staff shall not prohibit youth from having a roommate based solely on the youth's actual or perceived SOGIE. (PREA prohibits any automatic housing decisions based solely on the youth's SOGIE).
- d. Staff shall not place youth with diverse SOGIE in isolation or segregation as a means of keeping them safe from discrimination, harassment, or abuse.
- e. Staff must not consider a youth's diverse SOGIE status as an indication that the youth is likely to be sexually predatory. Nor shall staff house youth with diverse SOGIE in units reserved for sexual offenders unless the youth has a documented history of sexual assault or has been adjudicated delinquent for a sexual offense.



- f.** Facility staff shall house youth in the unit or room that best meets their individual needs, and promotes their safety and well-being, taking into account the youth's perspective and any recommendations from the youth's health care provider. Staff may not automatically house youth according to their external anatomy, and shall document the reasons for any decision to house youth in a unit that does not align with their gender identity.

## **J. Clothing and Personal Hygiene**

- a.** Staff shall permit all youth to dress and present themselves in a manner that aligns with their gender identity.
- b.** Staff shall supply personal hygiene items to all youth consistent with their gender identity.

## **K. Privacy**

- a.** Staff shall ensure that all youth, including transgender and intersex youth, have privacy while showering, performing bodily functions, or changing clothing.

## **L. Searches**

- a.** Staff shall conduct searches of all youth, including transgender and intersex youth, professionally and respectfully, and in the least intrusive manner possible, consistent with security needs.
- b.** Staff shall not conduct searches of transgender or intersex youth to determine the youth's genital status.
- c.** If a search of a transgender or intersex youth is required, staff shall respect the youth's preference regarding the gender of the person conducting the search whenever feasible.

## **M. Medical and Behavioral Health Care**

- a.** Staff shall ensure that gender affirming health care professionals administer a full medical assessment to transgender youth, and adhere to accepted standards of care governing health care to transgender individuals.
- b.** [CMO] shall provide medically necessary transition-related healthcare to transgender youth, as recommended by qualified medical personnel familiar with the relevant standards of care.
- c.** If, prior to arriving at the facility, a transgender youth has been receiving transition-related medical care, such as hormone therapy or supportive counseling, medical staff shall consult with the youth's medical providers and shall continue to provide the youth with all transition-related treatments that are medically necessary according to the youth's provider and accepted professional standards. Hormone therapy shall continue at current levels pending this consultation.
- d.** [CMO] shall not employ or contract with behavioral health providers who attempt to change a youth's SOGIE.
- e.** Staff shall not subject any youth to sex offender treatment or counseling unless the youth has been adjudicated delinquent of a sexual offense.



**NATIONAL CENTER FOR LESBIAN RIGHTS**

*For purposes of this report, the following definitions apply:*<sup>12</sup>

**Affirm:** An attraction to others that ranges from attraction to only men/boys or only women/girls, to varying degrees of attraction to both men/boys and women/girls, to attraction to neither men/boys nor women/girls..

**Asexual:** The lack of a sexual attraction or desire for other people.<sup>3</sup>

**Gender Affirming Health Care:** Medical treatment that affirms a youth's gender identity, as experienced and defined by the youth. Treatment may include, but is not limited to:

- a. Interventions to suppress the development of endogenous secondary sex characteristics.
- b. Interventions to align the patient's appearance or physical body with the patient's gender identity.
- c. Interventions to alleviate symptoms of clinically significant distress resulting from gender dysphoria, as fined in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition.

**Non-binary:** A catch-all category for gender identities that are not exclusively masculine or feminine—identities which are outside the gender binary and cisnormativity. Nonbinary people may express a combination of masculinity and femininity, or neither, in their gender expression. Can also be referred to as genderqueer.

**Pansexual:** Describes someone who has the potential for emotional, romantic or sexual attraction to people of any gender though not necessarily simultaneously, in the same way or to the same degree.<sup>1</sup>

**Queer:** An umbrella term that describe a person who does not identify as straight or cisgender. The term has negative connotations for some people, given its historical use as a pejorative term. Many people have reclaimed the term, often to expand upon limited sexual and gender-based categories.

**Questioning:** A term used to describe those who are in a process of discovery or exploration about their sexual orientation, gender identity, gender expression, or a combination thereof.

**Volunteer:** Any person who provides services free of charge to [facility/agency].

<sup>1</sup> Shannan Wilber and Jason Szanyi, Model Policy: Transgender, Gender Nonconforming, and Intersex Youth in Confinement Facilities. (National PREA Resource Center, 2019).

<sup>2</sup> National Center for Lesbian Rights, Ending Conversion Therapy in Juvenile Justice. "Model Comprehensive LGBTQI Policy Provisions Prohibiting Conversion Therapy," 20-25.

<sup>3</sup> Human Rights Campaign. "Glossary of Terms." Human Rights Campaign.

<sup>1</sup> [https://www.hrc.org/resources/glossary-of-terms?utm\\_source=GS&utm\\_medium=AD&utm\\_campaign=BPI-HRC-Grant&utm\\_content=276004739496&utm\\_term=lgbtq%20meaning&gclid=CjwKCAjw36DpBRAYEiwAmVVDMETWNWXbl3ORzzsTPbp9PBjtaD-XRT5zoWl2\\_JlP6kmoyE41nSFrixoCbRsQAvD\\_BwE](https://www.hrc.org/resources/glossary-of-terms?utm_source=GS&utm_medium=AD&utm_campaign=BPI-HRC-Grant&utm_content=276004739496&utm_term=lgbtq%20meaning&gclid=CjwKCAjw36DpBRAYEiwAmVVDMETWNWXbl3ORzzsTPbp9PBjtaD-XRT5zoWl2_JlP6kmoyE41nSFrixoCbRsQAvD_BwE)