LIVE THROUGH THIS:
THE EXPERIENCES OF QUEER YOUTH IN CARE IN MANITOBA

BY

LINDA DAME

A thesis submitted to
the Faculty of Graduate Studies
In Partial Fulfillment of the Requirements for the Degree of

MASTER OF SOCIAL WORK

Department of Social Work
University of Manitoba
Winnipeg, Manitoba

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There are four gifted, generous, and strong women who made this accomplishment possible for me. Included in those four are the three members of my thesis advising committee. These three women: Dr. Susan Strega, Dr. Janice Ristock, and Kim Clare, very possibly comprise the first ever all lesbian master's committee in the history of the University of Manitoba. Of course there is no historical accounting to verify this assumption against, no book in the library entitled: *The History of Lesbians and Their Contributions to the Education of Students at the University of Manitoba.* But perhaps if there ever is, these three women would be featured.

Kim Clare was known to me through her compassionate reputation before I had the opportunity to meet her face to face. She is a dedicated educator and a truly warm person. Her calming voice during times of stress and her attention to detail in the final stages added much to this thesis and I am thankful.

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Finally, I would like to acknowledge the woman in my life for whom I am grateful every day. Brenda Robbins, life with you makes every dream possible. I love you, I thank you, and I share this success with you.

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In June of 2001 I began a position with the province of Manitoba as a social worker for children and youth permanently in care. Up until that time I had worked in the child social services field for several years but I had not worked as a mandated child protection worker. During my career I had seen, experienced, and heard of systemic homophobia within child social services, but my first day on the job as a social worker began my exposure to just how ingrained those systemic abuses and discriminatory practices really are.

On the first day of my employment I had a meeting about my caseload with my direct supervisor from northern Manitoba and another supervisor from the Winnipeg office I would work in. When discussion turned to one particular fifteen year old I was informed that he was the most difficult child my entire office had ever experienced and very easily the most difficult child in the system period. The "problems" of this teen were never clear to me that first day and I was told that I would understand more when I met him. With my prodding I was told that this teen liked to "act out" by dressing "provocatively" and "inappropriately" and he regularly used this "negative attention-getting behaviour" to escalate staff in his home. Having worked in the Winnipeg group home system for years I had a good idea of what was considered provocative dress within youth culture and I felt unperturbed by it. I was soon to discover, from my perspective, that nothing that I was told regarding this youth was either accurate or fair.

The first time I met this teen was at the Crisis Stabilization Unit (CSU), where he had been admitted for his own "safety". The CSU is a short-term

locked unit used for stabilizing suicidal or self-harming adolescents. When I

asked the CSU staff the reasons for admission and what the discharge plan was

I encountered vagueness. I was told he was a habitual admission to the unit for

extreme acting out behaviour and that after a day, two, or maybe more, he would

return to his individual "treatment" home.

I had reviewed the file before I visited the CSU and I already knew that

this boy was in fact a transgendered male to female young woman and that she,

not he, had been subjected to incredibly ridiculous and abusive case planning

strategies for many years, if not close to her entire young life. No note in the file

referred to her transgenderism and all notes referred to her as male and used her

original male name even though she had changed it years previously. File notes

from when she as young as four years old described her interest in dressing like

a girl. A psychological consultation conducted when she was about eight years

old stated that when asked to draw a picture of herself she drew a woman,

complete with accurate anatomy. Rather than being a case of "negative attention

getting behaviour", this seemed to me to be a case of a young person reacting to

the rigidity of institutionalized discrimination.

As this teen was a habitual admission to the CSU, staff knew her and

followed the regular admission routine specific for her. This routine included

having her wash her face to remove all traces of make up and taking off all

female identifiable clothing, including her bra, and changing into the sweat pants

and sweater they provided. When I asked the coordinator of the CSU why she

was stripped of her identity, which provided her with a great deal of security at a time when she was feeling most vulnerable, I was told that if she entered the boys' unit dressed like a female or looking like a female in any way it would be too upsetting for the other boys and they were all there to de-escalate. There was never any possibility of her staying on the girls unit even though there is twenty four hour staffing and surveillance and residents have their own separate rooms. Girls who are born girls who enter the CSU do not have to wash off their make up and they do not have to remove their bras.

Shortly after she began living at her treatment home, but still well before I met her, this teen had made a formal complaint to the office of the Children's Advocate stating that she did not feel that staff in her home respected her. She specifically complained about their use of male pronouns and their refusal to consistently use her name of choice. Even after she launched this formal complaint and the Children's Advocate, supporting her complaint, directed staff to use her chosen name and pronouns, there were still staff employed that continued to refuse to do so. The first time I entered this home I was assured by the coordinator that all staff tried hard to use her chosen name but that it was difficult to remember and sometimes accidental slips were made. While in the home that first time I saw a large white board in the staff office that had her male name written on it with notes and where she was referred to as "he". When I pointed out this discrepancy to the coordinator this practice was justified by her explanation that this teen did not have access to the office and therefore was not

aware that they were still using her male name for internal communication. However, during the time I was this teen's social worker and visited her home I saw her in the staff office often. Some time after I made this initial visit to the treatment home I was discussing the name issue with a senior colleague from my office in northern Manitoba. I thought this co-worker did a pretty good job of summing up the attitude the treatment home staff, the CSU, and Child and family Services (CFS) in general hold towards transgendered youth when she stated, "Look, if he thought he was Marilyn Monroe we wouldn't be doing him any good if we all agreed to call him Marilyn". At that point I knew my supervisor was right in our first meeting and that this was going to be a difficult case.

Case planning notes in her file from previous social workers outlined strategies they attempted to change her public cross-dressing behaviour. For example, one of these strategies consisted of allowing her to wear "women's clothing" and make-up only on Thursdays and only in the house. This and other strategies failed miserably because this teen vehemently refused to limit her cross-dressing and hated the androgynous clothes that were bought for her as a compromise. Attempted enforcement of the house rule for "gender neutral clothing" invariably resulted in a verbal fight with treatment home staff, often escalating and culminating in a CSU admission. And so the cycle continued.

The individual treatment home where she lived was a three bedroom suburban bungalow that, at that time, was operating solely for the purpose of housing this one teenager. The home had a director and twenty-four hour staffing

with double staffing most waking hours. No other residents were placed in the home at the time this teen lived there because it was felt by both the home's staff and this teen's previous social worker that placing another teen in the home would be too difficult to manage and it would unfairly subject the new resident to her disruptive behaviour.

In two years the province of Manitoba spent over a quarter of a million dollars housing this one "difficult" teenager. This teen has since run away from Winnipeg to Toronto where she joined the legions of marginalized teens living on the streets. At the time of this writing, her present whereabouts are unknown.

While I was this teen's social worker I was also taking courses through the Master's of Social Work program at the University of Manitoba. This thesis is the final requirement of that degree. At present no classes exist in that program that are designed to address the issues specific to lesbian, gay, bisexual, Two-Spirited, and/or transgendered youth or adults. In all the courses I took I had only *one* assigned reading that pertained to this population. It was one article, out of the thirty eight assigned for the course, on gay men who experience partner abuse in their relationships and it was assigned in an Issues in Family Violence course (Letellier, 1996).

However, there were three textbooks assigned through other courses that had contained some content on lesbian/gay issues. One of those textbooks was *Family Therapy: Concepts and Methods* and although this text does not acknowledge the lack of information in its own pages, it does state that, "We

hope the day will arrive soon when gay and lesbian families, African Americans, and other marginalized groups are studied by family therapists to learn not only about the problems they face but also about how they survive and thrive against such great odds" (Nichols and Schwartz, 1998, p.335). In this text one page out of 586 discusses lesbian and gay issues. It is dismissive that a current graduate level textbook can write about the lack of research and the wish for the social work profession to produce more literature about lesbian and gay families while at the same time failing to dedicate any more than *one page* of space to this issue, which they claim is "finally out of family therapy's closet" (p.334). The two white male authors wrote one page of lesbian and gay content and yet claim that their text covers "the full scope of family therapy" (p.xvii) while at the same time lamenting that "straight family therapists ignore this literature and receive little if any exposure to gay and lesbian issues in graduate school" (p.334).

Another assigned textbook, *Re-visioning Family Therapy: Race, Culture, and Gender in Clinical Practice*, contains one article, out of thirty one, on lesbian and gay families (McGoldrick, 1998) although that particular reading was not assigned. And the final textbook I was assigned in the graduate social work program at the University of Manitoba that even mentions anything gay specific did just that – only mention it. The text, *Structural Social Work* (Mullaly, 1997), was written by the newly hired white male heterosexual dean of the Social Work faculty at the University of Manitoba and it discusses structural social work and its ideology, theory, and practice. It includes sections entitled *The need for a*

Progressive Social Work Vision and *A Progressive Perspective on Social Work Ideology.* Despite this apparent claim to be progressive, this text, out of 228 pages, contains the word heterosexism exactly once. By its total exclusion of lesbian and gay people it represents the very definition of heterosexism. The subject index fails to contain the words homosexuality, homophobia, lesbian, or gay.

My employment, my education, my personal experiences in the community, and my passion for social justice and change have fueled the idea behind this research. But more than any of those influences, it is the youth themselves that brought me to this work. I have met and been moved by many queer youth in care that have become interesting and loving individuals despite growing up in a world that tells them they are wrong for being themselves and loving who they love. I thank them all and wish them peace and safety.

In months I will be graduating from a program that rendered me, my experience as a lesbian, and my entire community virtually invisible. I have lived and felt what it is like to be a negated member of society. As a woman privileged enough to have had the opportunity to attend graduate school I could not imagine picking any topic other than the emergency in how lesbian, gay, bisexual, and/or transgendered youth are treated by social work education and practice in this province. To me, queer youth in care is not a topic, it is a cause. They may be an invisible population but they have a lot to say and considering that queer

youth have up to three times the suicide rate of heterosexual youth (Morano and Cisler, 1993), I think it is time we listened.

My work will help this area in several important ways:

1. it is providing a base of information in an area that is lacking,

2. it is highlighting the oppressive social structures that are contributing to the lack of study in this area,

3. it can be applied practically for social work practice and policy changes that will benefit queer youth,

4. it can be used within social work curriculum to illustrate the unique challenges queer youth in care face,

5. and this study can serve as support for other social action groups who are working towards equality for sexual minorities in any number of different areas.

RATIONALE

The reality of queer youth living within the child protection system has been a challenge for child protection services to accept. More adolescents are realizing their queer identity at a younger age (Beaty, 1999) and saving themselves years of self-denial, but by coming to this self knowledge they are also exposing themselves to discrimination, by both society and the system mandated to protect them. With no specific policies or guidelines in place to inform social workers about the unique challenges queer youth face, workers are left to use their own assumptions, attitudes, and experiences about sexual minorities to inform and guide their practice decisions.

Child protection services, with its lack of official policy protecting queer youth, is failing to recognize and respond to their unique protection needs. As previously mentioned, I have worked within child welfare in Manitoba for over ten years and specifically as a mandated social worker for the last two of those ten years. During that time I did not see, nor was I aware of, any existing policy specific to lesbian, gay, bisexual, Two-Spirited, and/or transgendered youth. It is hoped that this research will contribute to the formulation of official child welfare policies to protect queer youth in care in Manitoba.

This research project utilized grounded theory methodology and feminist research practices to examine the experiences of queer identified youth and

young adults who are living, or have lived, in foster care in Manitoba. From the standpoint of their voices, this project focused on how these youth perceive and express themselves. Using the constant comparative method consistent with grounded theory (Glaser and Strauss, 1967; Strauss and Corbin, 1998), I analyzed data gathered through loosely structured personal interviews with queer identified youths to develop an understanding of the social processes involved in being a queer youth in care.

Through their voices I hope to influence research beyond the practitioner level and suggest practice and policy recommendations for Child and Family Services that particularly reflect their experiences. This project is original and significant on two levels. First, there is little existing literature on queer youth theorized from feminist and other critical perspectives and second, there is almost no existing research on the experiences of queer youth in care. This project will make a significant and original contribution in both these areas.

For the purposes of this research the term *queer youth* refers to all self-identified lesbian, gay, bisexual, transgendered, transsexual, Two-Spirited, and/or queer adolescents and young adults.

A transgendered youth is an individual you lives as a member of the opposite gender to which they were assigned at birth. Transgender is generally used as a blanket term for a variety of individuals, behaviors, and groups centered around the full or partial reversal of gender roles. A transgendered youth may consider themselves straight or queer.

A transsexual is person also construed as belonging to the queer community, although some identify with the queer community and others do not, or prefer not to use the term to describe themselves. Transsexuality is not associated with or dependant on sexual orientation. Transsexual women and men exhibit a range of sexual orientations just as non-transsexuals do. They almost always use terms for their sexual orientation that relate to their target gender; for example, someone assigned to the male gender at birth but who identifies as a woman, and who is attracted to men, will identify as heterosexual, not gay.

The term Two-Spirited refers to people of First Nations ancestry who identify with their culture's traditional teachings towards what we refer to today as gay or lesbian. Those teachings emphasized the place of honour a Two-Spirited person would traditionally hold within the tribe. Those who identify as Two-Spirited often associate homophobia as a European import.

To be gay, lesbian, or transsexual has typically been viewed as related to sexual identity. Transgenderism is typically discussed as related to gender identity. However, just as gay, lesbian, and bisexual youth may or may not identify as transgendered, transgendered youth may or may not identify as gay, lesbian, or bisexual. Gender identity issues are not exclusive to transgendered youth. For these important reasons definitions were kept as open and as inclusive as possible. I adopted the phrase queer youth to encompass all the

complexities of gender and sexual orientation. However, for the purposes of this thesis, the terms sexual minority and refer to all sexual and gender minorities.

The terms *in care* refer to living, for any period of time, in an out-of-home care setting due to child protection involvement. These settings include, but are not limited to, foster homes, group homes, youth shelters, emergency receiving homes, treatment homes and/or facilities, or correctional facilities.

This study is not neutral. I have not come to this topic out of a general interest in the area as it pertains to my profession in social work. As I mentioned in the introduction, I am personally invested in the cause of social justice for sexual minorities and I am especially passionate about protecting those who I see as the most vulnerable of our queer community, namely queer youth in care. Although I have felt the stigma and discrimination of openly belonging to the queer community from both society and those much closer to home, I have not had the experience of growing up in care. From what I have witnessed through my employment, I assume that the emotional challenges of growing up in care, for both heterosexual and sexual minority youth, are many.

My interest and my perspective originate in the idea that queer youth are unique, that they are not just like all other teens, and that they deserve and urgently need special services to address their specific developmental needs and challenges. I believe social service providers must make every provision to accommodate and address these youths' epistemological differences and their particular tendency towards self-harming behaviour. The main objective of this

research project was to gain a better understanding of the issues relating to queer youth in care in Manitoba through exploring their experiences. My interest in the subject stems from working within social services for the past ten years and observing an alarming lack of education and awareness on the part of social workers, social work educators, group home staff, and administrators with regards to sexual diversity in general. The denial that teenage queer identity can and does exist and the "treat them like everyone else" unofficial policy that workers adopt when a young client does self-identify as queer illustrates that this area is in serious need of applicable research.

My interest in this area also stems from what I have observed with the young people themselves. I have seen how dealing with rejection and abandonment by their biological families, coupled with discrimination in their foster homes, schools, and extended communities have contributed to creating an internal belief that they are worth less than their heterosexual peers. I have seen how these young people expect rejection and even learn to self-protect by creating it before it occurs through extreme acting out behaviour. By giving a voice to queer youth in foster care and their experiences I am hoping to contribute to the child welfare knowledge base so that specific services and policies will emerge that validate queer youth reality.

By coming out an individual goes through what has commonly been described as the most difficult and socially isolating phase of a person's life (Armesto, 2001). To go through this life altering process while having the

emotional and social immaturity of adolescence is truly a challenge. Coming out

is much more than a re-evaluation of self. For queer youth it is a process which

means:

> ...learning to cope with stigmatization; coming to understand all the
> different ways their lives will be affected by this stigmatization; learning to
> feel good about themselves in spite of the way society and culture feel
> about homosexuality; and ... it means having the courage to disclose their
> sexual orientation to their family (Schneider, 1997, p.20).

These tasks as well as others are essential for an adolescent to

understand their sexual minority identity. Coming out is completely unparalleled

in heterosexual development and as this process typically begins before

adolescence, it is occurring at the same time as all the other developmental

changes and challenges inherent with the teen years.

Ignoring the layered hardships queer youth go through further denies their

reality. Being a child in foster care is difficult at best for even the most well

adapted child. To be raised in foster care and to struggle with sexual identity

issues is a combination even the most well adjusted adult would struggle with.

In the next chapter I examine current research on how often lesbian and

gay content articles are published in leading social work journals. That section

leads into a review of what does exist in the literature on queer youth. In that

review I outline research that investigates issues specifically pertaining to queer

youth involved in the child welfare system as well as research that investigates

queer youth in general. From there I outline the methodological framework for

this study and present an analysis of the findings. The final chapter includes a

discussion on the need for child welfare workers, foster parents, and

administrators to understand how these issues impact sexual minority

adolescents involved in the child welfare system.

LITERATURE REVIEW

Introduction

Journal publications are the main source of current information on social work theory, empirical study, and practice approaches. Staying informed through the literature is the primary way social work educators and policy makers remain current in their work and uphold the mandate of the Social Work Code of Ethics that states, "a social worker shall have and maintain competence in the provision of a social work service to a client" (see Appendix 6 for a complete copy of the Social Work Code of Ethics). The lack of information pertaining to sexual minorities leaves practitioners and policy makers uninformed in providing service to queer clientele and, as exemplified earlier through my discussion of the curriculum in the graduate social work program at the University of Manitoba, creates difficulty for professors attempting to provide curriculum content that accurately reflects these populations.

The absence of research on queer youth in child social services is alarming and by far the most pressing problem in this area of study. "Absent from the literature is a systemic investigation of the problems experienced by lesbian, gay and bisexual youth in shelters, group homes, treatment homes and other residences" (O'Brien, 1994, p.39). Heterosexism among social scientists

and publication rates in journals are factors that have a serious impact on research on the queer youth experience.

Social work journals often excuse their lack of attention to queer specific issues by periodically publishing a token "special issue". By condensing information about our community in that way publishers are sending the message that integration into mainstream social work practice is not important but if you happen to be interested, here is a separate issue. Van Voorhis and Wagner (2001; 2002) studied this absence of queer content by examining twelve leading social work journals over the ten-year period of 1988 to 1997 in an attempt to quantify gay related content (see Appendix 1 for list of the twelve journal titles examined). These authors believed that by studying the publication patterns in journals they could provide one measure of whether heterosexist bias exists within the social work profession.

The specific journals examined were chosen because they all have a national audience in terms of readers and authors, they all cover a general spectrum of social work practice, articles submitted to these journals are peer reviewed, and these journals are viewed by the social work profession as the major journals reflecting current social work trends. These authors found that in over ten years only *one percent* of all the articles published in these twelve journals had any gay subject matter *other than* gay men living with HIV/AIDS. Most articles focused on how to assist homosexual people in adapting to a heterosexual world and few addressed institutionalized heterosexism or

environmental interventions. No articles were published in any of the journals in the areas of lesbian/gay people of colour, alcohol and other drug use within this population, parenting issues for gay men, health issues other than HIV/AIDS, and domestic violence. Van Voorhis and Wagner also make the point that the articles published with lesbian or gay content should not be assumed queer positive or free of heterosexual bias (2001).

Six of the journals had an average rate of publication of less than one article in ten years (see Appendix 1). This frequency rate was also found not to be increasing. Despite growing public and professional acceptance and interest in gay specific issues, professional journal space devoted to queer content has remained virtually unchanged in the past ten years. Invisibility in the literature highlights the lack of value the discipline has for the queer population. "There is a need for the proliferation of these types of studies. Investigation in a range of different sites will make possible a broader theoretical analysis of the social organization of heterosexual dominance" (O'Brien, 1994, p.54). The failure of social work professional literature to address heterosexism and homophobia in society and in the profession is further evidence of the existence of these structural forms of oppression. "There is no better way to subjugate human beings than to ignore them and deny their reality" (Hartman, 1993, p. 23).

The profession of social work also has the ethical responsibility for social change. According to the Social Work Code of Ethics, a social worker must "identify, document, and advocate for the elimination of discrimination", "advocate

for the equal distribution of resources to all persons", and they must "promote

social justice". Social workers "must not only be knowledgeable about

homosexuality [but they must also be] active in dismantling the heterosexism that

permeates the culture" (Van Voorhis and Wagner, 2002, p. 17). From what I

observed during my employment as a social worker, there are no social workers

challenging the conditions of oppression for queer youth in particular, social

workers contribute to the institutionalized heterosexism that exists within child

welfare. "Continuing the pattern of having the vast majority of articles remain

silent on sexual orientation implies that such factors are not significant" (Van

Voorhis and Wagner, 2001, p.8). Silence and invisibility remain the most

effective forms of oppression.

In reference to gay, lesbian, bisexual, transgendered, and/or Two-Spirited

social workers, it has been my experience that they too are silent when it comes

to advocating for queer youth, despite the similar lived experience of the social

oppression. I have participated in the Manitoba Family Services and Housings

mandatory training programs and watched as queer social workers, who I knew

of through the community, said nothing as equality rights were almost exclusively

excluded from course curriculum. There is no advocacy voice for these youth

either outside or from within their own community.

One possible reasoning of this observation is the fear I believe that is

inherent in almost all social workers, and that is the fear of one day facing

accusations of recruitment or abuse. This fear of recruitment will be discussed in greater detail in the Ethics Chapter, appearing later in the thesis.

A prevalent cultural belief is that adolescent homosexuality does not exist, that youths are too immature physically and emotionally and too unaware psychologically to understand sexual development and they are, therefore, too young to identify as a member of a group which differs from the dominant culture (Savin-Williams, 1995). Even if adolescent same gendered sexual fantasy or behaviour is discovered, it is often explained away as experimentation or as a transient adolescent development problem, or phase, which the youth will eventually grow out of and become heterosexual. However, as many researchers argue, and as was supported by the data in this project, sexual orientation is often established well before the start of adolescence (Mallon, 1992).

Another dominant cultural belief is that adolescent same gendered sexual expression is not indicative of true sexual identity. When child social services adhere to this myth, the practice of ignoring adolescent queer identity issues becomes the norm. Adult denial of adolescent queer identity can result in years of delay in youth self-awareness development and this delay can lead to difficulties later in life such as unhealthy relationship formation, internalized homophobia, low self-esteem, addictions issues, and even suicide (Pope, 1995). The systemic denial of adolescent queer identity was explored in the current project and is further discussed in both the findings and discussions sections.

The present chapter explores what exists in the current literature and how it applies to queer youth in care.

Harassment, Abuse, and Mental Health

The victimization of sexual minorities, either through verbal or physical assaults, remains the most common and universal socially acceptable form of bias-related violence. Systematic harassment is a part of life for all queer youth who are open about their sexual identity (Hersberger and D'Augelli, 1995). Queer youth living in foster care report a constant threat of harassment and violence from within the system (Mallon, 1997b).

Victimization of queer youth has been found to significantly compromise their mental health (Hershberger and D'Augelli, 1995). Research on the effects of growing up as a sexual minority, even *without* direct victimization such as verbal and/or physical attacks, has demonstrated that queer youth are particularly vulnerable to mental health problems due largely to the stressors of belonging to a socially stigmatized minority group (Hershberger and D'Augelli, 1995). These findings are important because social workers tend to believe that if queer youth are not being directly and obviously attacked for who they are, then they are free of the damaging effects of social discrimination. Queer youth

involved with the child welfare system have mental health needs typical of adolescence as well as unique challenges because of their status as sexual minorities, whether they are experiencing, or have experienced, direct verbal or physical harassment (Mallon, Aledort, and Ferrera, 2002). It is important to emphasize that the prevalence of mental health issues within this population and their higher tendency towards self-harming behaviour is not a reflection of their ability to deal with stressors but is "by and large ...attributed to the way in which North American culture, through the acts of individuals and the policies of social institutions, treats its sexual-minority members" (Savin-Williams, 2001, p.7). I suggest that the *absence* of protective policies in social agencies and programs is a contributory factor to this phenomenon as well.

For queer youth, developing positive self-esteem includes feeling positive about their sexual orientation (Schneider, 1997). Positive feelings about sexual identity come from understanding and acceptance. Heterosexual adolescents have an entire social structure that supports the exploration of their sexual identity. Social interactions are encouraged and supported through many avenues, such as dances and social events, where sexual identities can be explored and managed. When sexual identity is hidden, the social skills needed to manage relationships are not practiced. There is no opportunity to explore social interactions and therefore development of these important social skills is stunted.

Our heterosexist society legitimizes hostility towards sexual minorities. People are commonly attacked for engaging in behaviours permissible for heterosexuals, such as displaying affection in public, and youths are particularly vulnerable to the often vicious attacks of other teens. Those who are open about their orientation are accused of flaunting their sexuality and perceived as deserving the attacks they receive. The threat of physical violence is real and it is constant. Verbal harassment is common. Safety has always been a paramount issue for all people society deems a sexual deviant and for youths, it is particularly true.

One horrifying example of the reality of physical violence against those society deems sexually deviant is the true story of Brandon Teena. In 1996, in Falls City, Nebraska John Lotter and his accomplice Marvin Thomas Nissen

raped and murdered Brandon Teena, a female to male transgendered teen (http://songweaver.com/gender/teena-sentencing.html). Brandon Teena was living full-time as a man in preparation for the sex-reassignment surgery he hoped to one day have. Although Brandon passed easily as a man, he was discovered to be biologically and legally female by local police who arrested him on a misdemeanour charge for cheque forgery. Police publicly released information about Brandon's biological sex to the local newspaper, the Falls City Journal, which printed an article that included this information. One week later, on Christmas Day 1993, Brandon was raped and assaulted at a Christmas party by Lotter and Nissen.

Despite the fact that his assailants threatened to kill him if he reported the incident to the police, Brandon reported the incident and identified his attackers. Charges were not filed. The Sheriff has been quoted as stating of Brandon, "you can call it *it* as far as I'm concerned" (http://songweaver.com/gender/teena-sentencing.html). Local authorities have denied that their outing of Brandon contributed to his killers' motives, and have declined to classify his murder as a hate crime. After learning Brandon had reported the rape to police, Lotter and Nissen plotted and searched for Brandon for a week. They drove to Lincoln (two hours from Falls City) looking for him. They carried rope and a hatchet in their car, along with a change of clothes, because of the blood splattering they anticipated. When they finally found Brandon at a farmhouse, he was hiding under a blanket, totally defenceless.

Brandon Teena's death is not an isolated incident. At 21 years old

Matthew Shepard was beaten with the butt of a handgun, nailed to a fence post

in a farmer's field, and left to die (Veerman, 1999). Barry Winchell, 21 years old,

and JR Warren, 26 years old, are also all among the numerous young people

murdered because of their orientation (see hatecrime.org). Recently in Canada,

Aaron Webster, 41 years, was beaten to death in Stanley Park, Vancouver in a

homophobia motivated murder (Vancouver Sun, February 13th, 2003). And

seventeen year old Bill Clayton committed suicide after being beaten for living as

an openly bisexual teen (http://www.youth-guard.org/gabi/Bills_story.html).

These murders are merely a fraction of the number of sexual minority youth and

adults who are victimized each year by hate crimes.

> *The opportunity to be threatened, humiliated and to live in fear of being
> beaten to death is the only 'special right' our culture bestows on
> homosexuals.* Diane Carmen, Denver Post, February 1996,

Queer Youth and the Foster Care System

> The needs of lesbian, gay and bisexual youth are not being met by group
> homes and youth shelters; indeed these young people are being exposed
> to considerable risk of verbal and physical abuse, institutional silencing
> and the pathologization and undermining of their sexual orientation
> (O'Brien, 1994, p. 54).

Children who come into the care of child welfare agencies often come from families that have struggled with issues of poverty, racism, homelessness, unemployment, substance abuse, domestic and community violence, and mental illness. Many of these children enter care having experienced neglect, violence, traumatic experiences, and behavioural and/or medical difficulties (Mallon et. al., 2002). Queer youth in care are an invisible population in the child welfare system and although they share many of the same family issues and experiences as their heterosexual counterparts, the needs of this group are complex and unique. Mallon et. al. (2002) argues for a "fundamentally different" form of caring for queer youth from the traditional foster care for adolescents (p.23).

Seventy-eight percent of queer youth and eighty-eight percent of child welfare professionals interviewed reported that it was not safe for adolescents in group homes or other out-of-home care settings to be open about their orientation (Mallon et. al., 2002). Verbal and/or physical harassment usually not tolerated by child-care workers may be ignored or even encouraged when it is directed at queer youth (Berkman and Zinberg, 1997). A common theme in the research is the stance by group homes and foster placements that an openly queer youth could not be placed in their program because the other residents would beat her or him up (Mallon, 1992). This open discrimination is offered as an acceptable reason for denying placement of a queer youth in the home.

Queer youth often have negative experiences in foster placements. The issues they bring with them into care from their families of origin and their feelings of being different are frequently aggravated by the attitudes and behaviours of those around them, including other youths and child welfare professionals (Mallon, 1992). As O'Brien argues, "...grave inequities in the treatment of lesbian, gay and bisexual youth by group homes and youth shelters" not only exist, but are reinforced as "pathological" and "deviant" through professional discourses (1994, p.37).

The stigmatization of homosexuality, the lack of services appropriate to these youths, and decades of fear and misinformation have created a youth service system that believes queer youth should be able to fit into existing programs and services. We know from the statistics of their difficulties that this is not working. Queer youth do not fit into existing programs and they are not *just like everyone else.*

Studies of queer youth in out-of-home care settings have reported data that suggest this population receives less services, are more readily labeled as difficult, are at high risk for verbal harassment and physical violence, are moved more often (multiple placements), are more likely to be separated from their siblings, experience a high rate of homelessness, are not often reunited with their families, and have a more difficult time attending community-based educational programs and accessing medical and mental health services than their

heterosexual counterparts (Fitzgerald, 1996; Mallon, 1998; Mallon et. al., 2002; Savin-Williams, 1994; Sullivan, 1994).

Mallon et. al. (2002) conducted an exploratory study of the question, "What are the challenges presented in ensuring permanency, safety, and well-being for gay and lesbian youth in a gay-affirming child welfare environment?" (p.24). Mallon begins a discussion of permanency planning by lamenting the lack of resources available and stating that this void in the literature is indicative of the belief within child welfare agencies that the best they can do is offer queer youth a goal of independent living. The present study also found that the practice of discharging queer youth into early independent living is occurring. The ramifications of this practice will be considered further in the Discussion chapter. However, Mallon does go on to discuss how social work practitioners have begun to challenge this belief, especially in light of the staggering rate of homelessness within this population.

Four main reasons as to why professionals have difficulty recognizing queer youth in care have emerged from the literature. These reasons are:

(1) Those who work with youth often associate gender non-conformity with homosexuality. Many queer youth do not fit the stereotypes of non-conforming gender roles that are typically and erroneously associated with them. Therefore, those who work with adolescents may believe that there are no queer youth on their caseload because if there were, they would be

able to identify them visually. Savin-Williams argues this point in stating that "sexual minority youths do not comprise a monolithic population but are a diverse collection of individuals who diverge among themselves" (2001, p.6).

(2.) Queer youth are socialized and well practiced at hiding their identities. If an adolescent decides that they do not want anyone to know about their identity, then it is most likely that no one will. These youth also often lie about their true selves for personal safety and most report intense feelings of isolation (Mallon, 1992).

(3.) Many child welfare workers hold moralistic attitudes and beliefs towards what they perceive as sexual deviance in general and thus are not open to considering it a possibility with every youth they work with is a sexual minority until informed otherwise (Mallon, 1997b).

(4.) Most professionals are lacking in knowledge about queer adolescent development in general either through choice or the consequence of being educated in and subsequently working in a heterosexist society and profession and although they may consider themselves progressive and open minded, they may be wholly uneducated about this population.

Homelessness

The rate of homelessness among queer youth who are involved or have been involved in the child welfare system is significant (Clatts, Davis, Sotheran, and Atillasoy, 1998; Johnson-Reid and Barth, 2000; Mallon et. al., 2002). "Youths frequently cite conflict over sexual identity as a factor in their homelessness" (Clatts et. al., 1998, p.195). Grethel (1997) suggests that understanding how sexual orientation issues contribute to the problem of homelessness in adolescence is essential for intervention planning.

However, accurate rates of homelessness are difficult, if not close to impossible, to report due to the problems associated with accessing this population. One problem in conducting research into homelessness prevalence rates with queer youth is that much of the research in this area relies on samples of youth already connected with social service providers in some capacity and thus their representativeness of the entire homeless queer youth population is unreliable. Samples used in this area of research are inherently biased also because many queer youth will not disclose their orientation. Findings are therefore limited to representing only those who are connected with social services (Hershberger and D'Augelli, 1995; Rotheram-Borus et. al, 1994) and who have disclosed their orientation. These empirical difficulties most likely serve to lower the overall representativeness versus artificially inflating it.

Queer youth represent a large majority of homeless youth (Grethel, 1997). Clatts et. al. (1998) reported that thirty five percent of homeless and/or street-involved youths self-identified as lesbian, gay, or bisexual. That percentage rose to approximately fifty percent when the same author studied street youth in central Manhattan and hypothesized that this larger percentage was a more accurate reflection in larger cites. Similarly Mallon et. al. (2002) reported a thirty percent rate. Clatts et. al. (1998) hypothesize that a lack of adequate placements for lesbian and gay youth has pushed them onto the streets; either passively through lack of encouragement or neglect, or actively through discriminatory behaviour.

Social service professionals often explain youth homelessness by claiming it is a choice (Grethel, 1997). This myth places responsibility on the youth and suggests that they could get off the streets if they wanted to. However, many youth report resorting to the streets only after a long process of leaving an abusive home life, experiencing repeated inappropriate foster placements, and facing rejection and discrimination at city shelters. "Service providers working with this population report that as many as two-thirds have "discharged" themselves from out-of-home care, often for many of the same reasons that youths not in care leave home, including physical and sexual abuse [and] conflict over sexual identity" (Clatts et. al., 1998, p.135).

Shelters that will accept youth residents are rare. Most emergency shelters are set up to provide service for adults and of those that do accept youth

clients, many are supported by moralistic religious organizations and are intolerant of sexual minorities. Transgendered youth are particularly discriminated against in emergency shelters and are very often stripped of their gender identifying clothes and forced to stay as a member of their biological gender as opposed to their gender of choice, as was outlined in the introduction by the transgendered teen's experience of Winnipeg's Crisis Stabilization Unit. Even queer youth with tolerable living situations often look to the streets to find support for their sexual orientation and friendships with others who understand. However, street life quickly devours adolescents and returning to life before the street becomes impossible (Grethel, 1997).

Knowing that queer youth make up a disproportionate number of Winnipeg's homeless youth I targeted one of the participant recruitment strategies for this project specifically at this population. I put up recruitment posters in areas of the city where I knew street involved youth are likely to gather as well as emergency shelters and resource centres that provided beds. I have no direct way of knowing how effective this strategy was and the majority of youth who called to inquire about the project reported learning about it through word of mouth.

Suicide Rates

Queer youth are at a disturbingly disproportionate high risk for suicide. Largely invisible to social service providers, these youths experience greater social discrimination and isolation, depression, low self-esteem, negative family interactions, and violence than their heterosexual peers. All of these factors contribute to their greater risk and rate of suicide (Proctor and Groze, 1994; Rotheram-Borus, Hunter, and Rosario, 1994).

Although research findings on this topic vary in their reports of how much higher the suicide rates are for queer youth, none dispute the fact that the rates are exceptionally disproportionate compared to heterosexual teens. Conservative estimates average these differences and suggest that queer youth are two to three times more likely to commit suicide than heterosexual youths and at least thirty percent of all completed youth suicides have been found to be related to sexual identity issues (Proctor and Groze, 1994). Savin-Williams supports those statistics and reports that thirty to fifty percent of queer youth "have attempted suicide, usually in the past year and often with multiple attempts" (2001, p.9).

Accurate rates of suicide among queer youth are impossible to determine as this population is difficult to sample for many of the same reasons previously

discussed in the Homelessness section. And again, these difficulties are more likely to cause data to under-represent actual rates rather than over-represent.

Proctor and Groze's (1994) study of suicide rates among lesbian and gay adolescents reported a sixty six percent rate of suicide ideation and attempts. This study also reported that the youths who neither considered nor attempted suicide were more likely to have internal and external characteristics that helped them cope better with discrimination, loneliness, and social isolation. Of the helpful buffering external qualities, a higher-functioning support system was found to be essential. These authors suggest that the areas of family interactions, social interactions, and self-perception are appropriate targets for interventions.

Morano and Cisler's (1993) study of the risk factors for adolescent suicidal behaviour add support for these areas of intervention. Although this research was not gay specific, data suggests that the experience of loss and low family support were the best predictors of serious suicide attempts by adolescents. Also in this study suicide attempters reported significantly less family support. The authors note that lack of family support can also be the result of an actual physical absence of family members such as through death or divorce. Whether a queer youth is kicked out of their home or they remain in the home with little support, perceived familial support has been found to be a significant buffer against suicide.

Hershberger and D'Augelli (1995) explored how the support of a lesbian or gay youth's family influenced their victimization. The interrelations among a family's acceptance of their child's orientation and how that support influenced mental health, self- acceptance, and suicide were examined. These authors hypothesized that the relationship between victimization and suicide/mental health is mediated by two variables: family support and self-acceptance. Results supported the hypothesis and family support was associated with greater self-acceptance and fewer mental health problems. These authors highlight the necessity for queer affirming environments to act as buffers against the victimization encountered in society and to potentially decrease mental health problems and suicides.

Even though suicide rates are disproportionately high among queer youth, there are few research articles in this area. No data exists examining suicide rates and ethnic differences within this population. However, Rotheram-Borus et.al. (1994) hypothesize that sexual orientation is more of a critical factor to suicidality than ethnicity as well as factors such as socioeconomic status and geographical differences.

The literature in this area outlines many struggles queer youth deal with through their adolescence, far more than what is considered the average struggles of growing up. A typical pattern of a queer youth who has experienced the child protection system, according to the literature, is as follows. The youth either comes out as queer to their family or they are accidentally found out. The

family has difficulty dealing with the reality of their child's sexual identity and tensions in the home rise, possibly culminating in verbal and/or physical assault. At the same time the youth may be experiencing difficulties at school, particularly if they are not stereotypically gender conforming in their appearance and presentation. Child and Family Services may become involved with this family and the primary issue of the youth's identity may not even emerge as the precipitating factor to the family's tensions. The youth enters an out-of-home care setting (possibly even through a voluntary order) and begins a whole new area of struggle within the child protection system.

Research on suicide rates for queer youth is disturbing but, as is proposed in some literature, it may also "distort the truth" (Savin-Williams, 2001, p.7). Obviously many queer youth are at risk but at the same time many are not. Because there are queer youth who defy the statistics on suicide attempts and self-harming behaviour the next crucial question becomes, what are the distinguishing factors between queer youth who attempt and/or complete suicide and those who never attempt? Now that prevalence rates are clearly and consistently reported as higher for queer youth than heterosexual youth, the next question for research in this area needs to be, who among queer youth populations is at risk and why? What factors place queer youth at a greater risk? And, as is relevant from the perspective of the current project, are there factors about living in care that either buffer or contribute to the likeliness of a suicide

attempt? This area of research is a vital new frontier for social work and its protection of queer youth.

Clearly there is a gaping space in child welfare when it comes to protecting queer youth. As I have outlined, the literature in this area consistently finds that queer youth have a much more difficult time within the child welfare system simply for being who they are. Despite these numerous hardships, queer youth continue to remain the most unprotected and invisible population within child welfare. New social workers are emerging from social work programs wholly uneducated about these hardships and how to assist queer youth on their caseloads. This study aims to contribute in a shift of awareness through asking the youth themselves what their experience is like and how the child welfare system can be improved. The following chapter outlines the methodological framework utilized in examining the experiences of queer youth in Manitoba.

METHODOLOGY

Introduction

The methodological framework for this qualitative research project is grounded theory based in feminist research practices. Grounded theory was established by Glaser and Strauss in 1967 and has remained a reliable and valid method of qualitative inquiry since (Strauss and Corbin, 1998). This methodology is a method of theory building that focuses on "the study of experience from the standpoint of those who live it" (Charmaz, 2000, p.522) and it provides rich, thick descriptions of data. Grounded theory proved to be a particularly appropriate methodology for this research as it is useful for areas of study where established theory is lacking, such as an investigation of queer youth's experiences within child welfare, and it works to build substantive theory inductively from the data (Padgett, 2004).

This project was also based in feminist research practices. Feminist research practices have been evolving since the importance of gender analysis first emerged as an essential component of any valid research into social phenomena. Although feminist research was developed and is primarily utilized with the specific mandate of shifting the heterosexist white male dominance lens, from which most social science is created, to a more accurate reflection of

women's lives (DeVault, 1999), it can easily be applicable to queer youth and their socially oppressed position. Feminist based research works to create social change and political action that advances women's social position and in that regard, this research attempted to do exactly that for queer youth.

Choosing to conduct a qualitative inquiry of the research question as opposed to a quantitative design or a combination of measures was based on the area I was investigating and how I wanted to access that information. As a member of Winnipeg's queer community and a social worker I had insider information that alerted me to this area of study and to ways of accessing this population (Creswell, 1998). I wanted to stay committed to feminist research practices and saw qualitative interviews as the most effective way to consult "with participants and [explore] questions that were of interest to them, not just to me" (Ristock and Pennell, 1996, p.56). If I had chosen a quantitative research design that had participants check boxes, such as had they ever experienced homophobia within child protection services, "yes/no", I am sure that the final study would have been statistically sound but without any face or catalytic validity (further discussion of these concepts are presented in the validity section).

Other factors which supported a choice for a qualitative methodology were factors such as the nature of the research question itself. Because I wanted to describe what was going on within complex social processes, I needed a methodological framework that supported rich descriptors and allowed for lengthy

quotes within the body of the write up to explain these social processes.

Grounded theory was a perfect match for doing just that (Merriam, 2002).

Congruent with feminist research practices, including participants' voices as authority in the analysis helped to establish "non-exploitive relations" (Ristock and Pennell, 1996, p.48) between myself as the researcher and the participants. Typically the voices of research participants disappear in the final text of a study or they are filtered through the researcher's hypothesis. Both grounded theory and feminist research practices allowed me to include participants' authentic voice without filters or distortion. By including authentic voice this research has become more of a collaboration with the goal of articulating "the experiences and perspectives" of queer youth in care (Ristock and Pennell, 1996, p.49). Paying participants twenty dollars for their time and information also contributed to the goal of non-exploitive relations. By exchanging money for information the relationship between myself as researcher and the participants became more reciprocal.

Grounded Theory

Grounded theory was a good fit for this research because, as stated, it is an inductive method of inquiry. That is, grounded theory works to analyze data from causes and influences as opposed to analyzing data from a pre-established premise (Padgett, 2004). Traditional quantitative research works from an established hypothesis and seeks to prove or disprove that hypothesis. Grounded theory is a method of qualitative inquiry particularly useful where established theory and previous works are lacking, such as the investigation of the experiences of queer youth in care. Using this methodology allowed me to draw from the experiences of those who have lived the phenomena under investigation and use that data to provide a conceptual framework. This methodology also allows for incorporating information into the conceptual framework as the data collection progresses.

Grounded theory allows for the research design to be informed and adapted by information gathered and is therefore a flexible approach to qualitative inquiry. It is congruent with feminist research practices that emphasize the importance of reflexivity. Reflexivity is "an awareness of what one is doing and why" (Risrock and Pennell, 1996, p.5). Conducting reflective research means being able to adapt the research design and methods to incorporate new information gained from participants, from the act of conducting the research,

and from my own reflections (Ristock and Pennell, 1996). And as I will outline in the Ethics chapter, the process of reflexivity was useful and applicable as both the recruitment strategies and participant criteria were adjusted as a reflection of what I learnt in the course of conducting this research. The concept of reflexivity is an important component in feminist research practices and will be further discussed in the following section.

The appeal of grounded theory for qualitative researchers stems from the interplay between theory building and data analysis that involves constant interpretation based on systematically carried out inquiry (Glaser and Strauss, 1967; Strauss and Corbin, 1990; 1998).

The question grounded in this research was to explore the experiences of self identified queer youth and young adults who are living or have lived in foster care in Manitoba and to begin to develop a substantive grounded theory based on those experiences through examining social processes (Glaser and Strauss, 1967). Because there is so little research in this area, grounded theory, with its emphasis on ensuring dense conceptual development, provides the most appropriate research strategy to create theory in this underdeveloped area (Lindsey, 1997).

Feminist Research Practices

Feminist based research practices were also incorporated into the process of developing the grounded theory. Feminist philosophy is also a good match for this project as it is based on making the invisible visible. Queer youth in care are largely invisible to all levels of service delivery and policy development. Feminist research practices work toward highlighting the larger social and political mechanisms in place that contribute to and maintain social exclusion.

Traditional grounded theorists have often focused on individual psychological variables. Therefore, by connecting the rich experiences of individual participants through grounded theory while maintaining a feminist orientation to examine the political context of those experiences, there is greater potential for social change beyond practice and into policy. And that was the primary goal of this study. DeVault (1999) examines feminist theory and social research and suggests that one "key method" for moving change beyond practice and into policy involves gathering "personal testimony" through qualitative interviewing methods (p.30).

Reflexivity is an important concept in feminist based research. Reflexivity is "being prepared to reshape the research design and adjust the research methods to reflect what we learn in the course of doing the research, both from the community and our own reflections" (Ristock and Pennell, 1996, p.48). This

concept was considered throughout the development and deployment of the research design. For example, I needed to adjust participant recruitment strategies prior to this project receiving approval through the University of Manitoba's Joint Faculty Research Ethics Board due to the response it received by Child and Family Services and I also altered recruitment strategies during the project as I encountered various reactions (both positive and negative) by community organizations.

Feminist based research realizes the importance of a researcher's social position in relation to her participants. As an educated woman who did not grow up in foster care I attempted to remain aware of my differentness from the social reality of participants while at the same time applying my experience from living as an out lesbian feminist activist. I understand the hostility of society towards sexual minorities because I live it.

METHODS

Data Analysis

Grounded theory consists of several important components. One of the main principles of grounded theory is the constant comparative method. This method of analyzing data involves coding raw data (otherwise known as open coding) while simultaneously looking to discover properties and dimensions that will contribute to a final conceptual framework or theory (otherwise known as axial coding) that is a close match to the data (Soulliere, 2001). Basically in grounded theory, "you start theorizing as you go" (Padgett, 2004, p.41). The constant comparative method allows for initial concepts to be formed from the data while comparing these concepts to new data as it is gathered. Concepts are refined as more data is gathered until a saturation point, the point at which no new information is being relayed in the data, is reached.

Consistent with grounded theory as I coded new data, I was also analyzing the connections and relationships between processes and eventually the conceptual framework was formed and revised. These methods were all being utilized simultaneously, as is consistent with grounded theory, thus utilizing the constant comparative method. Also with grounded theory when categorical saturation is reached no further data collection is necessary for theory to be

developed (Glaser and Strauss, 1967; Padgett, 2004). The constant comparative method is used in conjunction with another main principle of grounded theory, theoretical sampling.

Theoretical sampling "is best described as a guiding procedure that directs the researcher toward active and purposeful data collection" (Soulliere, 2001, p.2). Participants are selected based on information gathered as the study progresses and additional participants are sought "on the basis of theoretical development" (Padgett, 2004, p.24). Considered the opposite of random sampling, theoretical sampling is a direct method of testing researcher assumptions about emerging concepts in the data by specific participant selection. Consistent with this method, participants are chosen based on their knowledge of the social processes examined in order to generate as many categorical properties as possible. Typically in grounded theory theoretical sampling is utilized until categories are saturated. Once categorical saturation is achieved, no further data collection is required.

Theoretical sampling was used in this study to maximize discovery and to explore variations among categories. However, as the number of participant interviews analyzed for this study was small (n=5), theoretical saturation was not reached. In this regard, grounded theory is a good methodological match to the research design as even with a small sample size, it used to describe a social process and develop a conceptual model. Being able to develop categories despite not reaching theoretical saturation was achieved through analyzing the

consistency of answers to the same question across interviews. The information

from this conceptual model can be used by subsequent grounded theory

researchers in this area to build substantive theory from data gathered from a

small sample (Strauss and Corbin, 1998). Data collection was primarily through

qualitative semi-structured interviews and participant observations.

Participant Recruitment

A number of participant recruitment strategies were on-going during the

research project in an attempt to collect as much data as possible from as many

sources as possible. By targeting diverse perspectives and demographics (i.e.

age, ethnicity, reason for entering foster care, and length of time in care)

variation in the data was achieved. The four criteria for initial sample selection

were: consent to participate, being at least sixteen years of age, self-identifying

as a sexual (or gender) minority, and currently living in or have previously lived in

foster care or any other out-of-home care setting in Manitoba.

Recruitment strategies included a letter and recruitment poster campaign

targeting queer sensitive social service agencies, youth groups, and projects

which work with/for youth, and a recruitment poster campaign targeting local

community newspapers, bulletin boards, and high youth population areas. The

community organizations recruitment poster campaign targeted community programs offering services to youths. For example, the Rainbow Resource Centre, Klinic Community Health Centre, Teen Talk, the MacDonald Youth Services Resource Centre, the Kids in Care Network, and Operation Go Home to name a few. For a list of the organizations that received a copy of the recruitment poster see Appendix 2 - Recruitment (Community Organizations List). An advertisement recruiting participants was also printed in *Swerve*, Winnipeg's queer community newspaper, for two consecutive months (also see Appendix 2 – Recruitment for copies of the Recruitment Poster and the Swerve Classified Advertisement).

Because I have worked within social services in Winnipeg for the past ten years and specifically within provincial Child and Family Services for the past two, I had many contacts from the community from which I drew to discuss and promote this study in an attempt to attract participants. Also, because I am an out lesbian and share in the sexual minority experience these youth were perhaps more willing to talk with me than they would to someone heterosexual. O'Brien described the act of coming out as a lesbian to her queer youth research respondents as "information sharing", whereas she learnt from them their experiences within youth residences and she offered them "knowledge of the everyday world of lesbian and gay people" (1994, p.40). This study proved to be an excellent tool for sharing community resource information specific to queer youth with the participants as most had no prior knowledge of any services

available. For example, of the four participants from Winnipeg, none knew that

there was a lesbian, gay, bisexual, transgendered youth group in the city (see

Discussions and Conclusions chapter for further discussion of this finding).

Another recruitment strategy originally intended included a letter campaign

to all social workers in Winnipeg Child and Family Services. This strategy was

originally a part of the research design and I was hopeful that it would yield the

highest number of interested participants. This letter campaign intended to

provide social workers with a detailed explanation and rationale for the project,

offer a copy of the approved thesis proposal, and request for a meeting time with

social work teams to present the intent of the project to staff and to answer any

questions regarding the study. Social workers would have been requested to

discuss the project with any youth on their caseload sixteen years and older, to

relay the information to colleagues, and to pass on the request to any adults who

they know who also fit the project criteria.

Originally I assumed that the main challenge with this level of recruitment

would be that heterosexual social workers typically do not consider the possibility

of alternate sexual and gender identities of *all* their clients and therefore often

claim to have no queer identified youth on their caseloads. However, in actuality

the main challenge of this level of recruitment was far greater and extended

much further up the institution's bureaucratic ladder than the individual social

worker level. This intended recruitment strategy was never supported by Child

and Family Services and therefore, it was never deployed. The reasons the

agency provided for their lack of cooperation as well of an analysis of their response to this project is detailed in the Ethics section under Winnipeg Child and Family Services.

It was not expected that large numbers of participants would take part in this project. As previously mentioned, this is an invisible population and for very real physical and emotional safety issues these youths may not want to be identified. Participant recruitment was on-going for a two month period and counter to the original hypothesis of accessing a small sample size, there was much more interest in participating in this study then was originally predicted.

Just previous to the above outlined recruitment strategies I established a toll free telephone number so that I could be contacted free of charge from anywhere in Manitoba. I ensured that all recruitment materials clearly stated that there was no caller ID associated to the toll free number and caller confidentiality was assured. Over the two month period this number was is operation I received approximately two dozen calls from individuals requesting to participate. I received calls from individuals in their teens, twenties, thirties, and I even had one female caller identify herself as in her forties and as she grew up in care in Manitoba as a lesbian, she wanted to relay her experience.

However, participant recruitment was limited by financial and degree-driven time restraints. All participants were provided with a twenty dollar stipend for providing their time and information. Expanding the sample size in future research projects will require more substantive outside funding.

The final sample consisted of interviews with five participants. An additional five interviews were collected with individuals that were not included in the final data analysis. Consistent with feminist research practices I utilized the practice of reflexivity, as previously discussed in the section entitled Grounded Theory, and adapted the research participation criteria to focus exclusively on the experiences of those who were currently living in, or who had recently left, foster care in Manitoba. Although the data gathered from interviews with older participants is rich and informing it is more of a reflection on how child welfare used to be rather than a snapshot as to how it operates today. Also, by focusing exclusively on the interview data of younger participants I am avoiding the possible attempt at discrediting the timeliness of this work by stating that 'things have changed'.

Even though the participant number is small (n=5), the interview data provided more than enough experiential data to develop a conceptual framework and to formulate policy and practice recommendations (Strauss and Corbin, 1998). A future similar study with a much larger scope and financial base could easily yield dozens of eager participants in this province and I hope that this work will be expanded through related projects in the near future.

Participant Selection

Participants were selected from those who contacted me via the toll free

number established and who met the four previously stated participation criteria.

The study analyzed data collected from interviews with five youth ranging in age

from sixteen to twenty four. One sixteen year old lesbian was living in care at the

time of the interview, another sixteen year old lesbian had very recently left

institutionalized care and was living at home with a parent, one eighteen year old

male to female transgendered youth was living with a grandparent, another

twenty four year old male to female transgendered youth was living

independently, and one nineteen year old bisexual female was also living

independently. Of the two participants living independently one was supporting

themself through paid employment while attending university and the other was

receiving social assistance as well as working in the sex trade industry.

Four of these participants were living in Winnipeg and one was living in a

smaller Manitoba city. All had lived in care for varying periods of their lives

ranging from a nine month period to almost their entire life. Two participants

were Aboriginal, two were Métis, and one was Caucasian. Two of the

participants identified as male to female transgendered, two as lesbian, and one

as bisexual. However, one transgendered participant stated that she also

thought of herself as a straight woman but for the purposes of the interview she

was reflecting on her experiences as a gay adolescent male in care. Participants stated that they began to recognize feelings of their sexual and/or gender orientation identity at ages ranging from around birth to twelve years old.

While financial and time constraints limited the number of participants chosen to be included in the final analysis, it is important to note that requests to participate were numerous. Nearing the close of the two-month participant recruitment phase the toll free telephone line was receiving calls from interested youth and adults almost daily. Had this project received substantive funding and had a greater scope and mandate, I estimate that participants could have easily number in the thirties or forties. This observation is important and will be discussed further in consideration of queer youth's invisibility within child protection services in the discussions and conclusions section.

Further, although sample selection was small, the consistency of the responses across interviews and in comparison to the existing literature the data provides some generalizability of the social processes involved in being a queer youth in care.

Personal Interview

Data collection methods in this project included a one to two hour in-depth, open-ended, semi-structured interview and participant observations (see Appendix 3 – Interview Guide). The personal interview is an attractive method for feminist based research as it provides direct contact with the population to be examined (DeVault, 1999). One of the goals of the interview was to maintain feminist research principles through keeping the dialogue interactive, empowering, reflective, transformative, non-hierarchical, non-static and evolving (Keddy, Sims, and Stern, 1996).

Feminist research works to include those who would otherwise be excluded from samples because access poses too many logistical problems, such as providing incomplete interviews or missed meeting times, both being factors common in completing research with youth. These scenarios provide data typically excluded from findings used in the final research analysis. Feminist based research views these interviews as rich in data and an interview completed through perseverance "reflects the feminist strategy of seeking out those who might otherwise be ignored" (DeVault, 1999, p.37). Therefore a small sample size, as is used for this project, can and does provide a wealth of informative data that would be excluded if utilizing more traditional data collection practices.

After initial contact with potential participants arrangements were made to meet privately at a time and place to their convenience. Prior to the start of each interview participants were informed of the nature of the research, that I would use a tape recorder, that the audio recording would be transcribed, and the guidelines and limitations for anonymity and confidentiality were explained. All participants were required to sign two copies of a consent form (see Appendix 4 - Consent Form). One copy of the consent form was for myself and the other copy was left with the participant for their records. The consent form had contact information on it for myself, my advisor, and the University of Manitoba Human Ethics Secretariat.

Participants' names did not appear on any written records other than the signed consent forms that were subsequently stored in a locked filing cabinet in a locked office. All audiotapes, written transcripts, and signed consent forms are presently being stored in a locked filing cabinet in a locked office and the consent forms and tapes will be destroyed after the final thesis is completed and accepted by the University of Manitoba. All participants gave signed consent for their transcribed interviews to be saved and possibly used in future research projects. The transcribed interviews will not be destroyed and will be continued to be stored in this same manner for possible future use.

Because the possibility existed that some participants could experience emotional distress during the interview, I identified myself to participants as a qualified and experienced counselor and I remained aware of signs of emotional

distress. No negative emotional responses occurred during the interview and most participants expressed their thankfulness for having the opportunity to talk about their experiences. Further discussion on participants' responses to the interview will be discussed in the Ethics and Discussions and Conclusions chapters.

Once the details of the research project were outlined and any participant questions were addressed, I preceded with the interview questions. The questions took the form of a series of semi-structured open-ended questions pertaining to the issues of living as a queer identified youth living in foster care. These questions related to demographics, family of origin structure, history with child and family services, experiences with living in foster care, and their views on how child welfare service can be improved for queer youth. At the end of each interview participants were asked if they would agree to future contact to review the transcription of the interview if clarification was needed of any of their comments provided in the initial interview. All participants agreed to further contact and all participants were paid twenty dollars for their time and information. Each participant will be offered a copy of their transcribed interview and a copy of the final thesis when available.

After each interview I transcribed the audio tapes myself. After transcribing I played back the tape while I read the transcribed interview to ensure its accuracy. This process allowed me to listen closely to each participant's presentation style and inflections. By listening for their changes in

tone, volume, inflection, and emotionality I was able to apply the observational

method consistent with grounded theory and that is, I listened to what each

participant anguished over. By paying close attention to patterns of swearing,

use of clichés, and what was repeated I was able to hear not only what was

being said, but what stood out as important to them.

Validity

The validity of a grounded theory research project is assessed by how

closely the developed conceptual framework matches the experience of those

who have lived it (Creswell, 1998). In traditional quantitative research validity

refers to the extent that the research project measures the variables that it

intended to measure. In qualitative research that utilizes interviews to collect

data the investigator herself is the instrument of measurement and therefore the

authenticity of the reporting becomes the assessment for validity. During a

grounded theory study validity can be measured at different intervals throughout

the project.

One measure of validity is face validity. This method was checked at

several intervals throughout the project. Face validity pertains to the idea that

what you are studying makes sense to others and that how the research question is explored is a reasonable method for obtaining that information. The fact that I received an overwhelming number of telephone inquiries from potential participants speaks to the face validity of this project. Ristock and Pennell also utilized a high response rate as "indicative that respondents saw this research as valuable" and therefore reflecting face validity (1996, p. 53).

My goal was to listen to the experiences of queer youth in care but to do that I was assuming that there were queer youth in care in Manitoba and that they wanted to tell their stories. The responses from interested queer youth and adults who were either living in care or who had experienced living in care years or even decades earlier suggests that I was correct in these assumptions and that this study was in fact tapping into a virtually unexplored yet potentially wealthy vein of information.

Face validity is also "...achieved by checking your analysis, descriptions, and conclusions with at least some of the participants in your research" (Ristock and Pennell, 1996, p.50). Although I did not have the opportunity to return to the participants who provided the interviews chosen for the final analysis to check my perceptions of the data with them specifically, I did check my on-going analysis with other populations. These included a gathering of professional academics, students, social service providers, and interested community members at two national conferences. Padgett (2004) also utilized conference audiences as a method of member checking.

We gave presentations on the project to varied audiences. These meetings and presentations provided validation for emerging ideas and alerted us to important issues that we had not examined. Member checking was probably the single most important device we used to ensure trustworthiness." (Padgett, 2004, p.25).

By utilizing this strategy of member checking for ensuring validity I gathered the feedback from two conference presentations to first guide my emerging concepts and later to confirm my developed conceptual framework.

The first of these two conference presentations was at a queer specific conference held at the University of British Columbia in March of 2004. The Resolutions and Ruptures: Sexual and Gender Diversity and the Spaces In-Between conference invited submissions for papers to be presented that were panel reviewed. This research was chosen for presentation and I had the opportunity to present my project as executed so far and to discuss the beginning data analysis with an interested and informed audience. Due to the queer specific subject matter at this conference and the audience's interest in queer issues, I am confident that the discussion of my analysis provided helpful feedback to its validity.

I also presented this research at the Canadian Association of Schools of Social Work conference held at the University of Manitoba in May 2004. Submissions for presentation at this conference were also panel reviewed. I used this presentation opportunity to confirm my completed data analysis, also with an informed and interested audience.

Another method of measuring validity with a grounded theory study is to examine how closely the findings match existing literature. As existing literature in the area of queer youth in care is sparse, this method was not relied on as main method of validity. However, of the existing literature it is striking how close findings from this study mirror findings previously reported in the literature review section. For example, child welfare workers using pre-mature independent living arrangements as a method of dealing with discovered same gendered sexual play within a group home, participants reporting that it is not safe for them to come out while in care, and all participants reported experiencing multiple moves and separation from siblings (these finding are reported more fully in the Data Analysis and Discussion chapters).

As I was developing this research design I had no way of knowing how many participants to expect and I related to Padgett's statement, "At first I was just looking for anyone who would volunteer" (2004, p.36). Traditional quantitative research demands large sample sizes in order for the work to be able to claim generalizability. In this study, generalizability was not the goal as much as authenticity. To portray the experiences and perceptions of being a queer youth in care as accurately as possible while analyzing those experiences for their political context took precedent over generalizability. This focus of research intent is consistent with feminist research practices which state that, "Generalizability of research findings is not a measure of validity for researchers

who are critical of the universalizing and homogenizing tendencies of traditional

approaches" (Ristock and Pennell, 1996, p.50).

This work should be assessed on its need and timeliness. Although it can be

difficult to produce valid research in a previously unexplored area, I believe that

validity was achieved in the present study and that it will serve as a useful base

for future work. This project should also be assessed by its level of what Ristock

and Pennell (1996) refer to as catalytic validity. Catalytic validity is the degree to

which the research changes, energizes, or re-orients those who read it or those

who were involved. Basically, is this work valuable? My goal with this project

was to not just highlight a needed area for change but to also "disrupt current

ways of thinking about or responding to" the social issue of queer youth in care

(Ristock and Pennell, 1996, p.50). Whether I have successfully disrupted current

thinking and responses to queer youth in care remains to be seen but if this work

can claim any level of catalytic validity, it will have been a success.

ETHICS

The ethical considerations in doing research with a marginalized

population are varied. The first stumbling block I encountered in creating the

research design was that of the minimum age of participants. As previously

discussed in the Literature Review chapter, current research in the area of queer

identity formation consistently states that self knowledge about an emerging

queer identity begins by adolescence and many individuals cite possessing self

knowledge about their queer identity well before puberty. Originally, I designed

the research project so I would talk to youth as young as twelve years old. I

wanted to be able to cover a range of ages throughout adolescent development

and to examine the questions I had about what it was like to come to be aware of

a sexual minority identity while navigating the child welfare system. I felt that

twelve represented an age where pre-adolescence and self awareness are at

least beginning to be conscious thoughts.

Through discussions with my advisor about the logistics of speaking with

participants as young as twelve it became apparent that by including this age

range I would need to pursue a separate research design than the one I was

developing to encompass older adolescents. Also, as homophobic reactions to

this project were anticipated since its conception, it was considered too optimistic

to have any degree of approval or cooperation to speak to children in care as young as twelve.

While I originally wanted participants as young as twelve to take part in this study I was also including the term "questioning" in my participant descriptions. For example, the original criteria for participation was that youth self identified as lesbian, gay, bisexual, Two Spirited, and/or transgendered or *questioning*. The queer community includes questioning as an inclusive descriptor as to not exclude those who, for various reasons, may not want to publicly identify as a sexual minority. Also, as the coming out process is typically a long and non-linear process of self discovery, including questioning is an attempt to not exclude those who are early on in their coming out process. I wanted to be able to include youth who were considering that they may identify as queer but had not fully come to adopt that description for themselves and that they may or may not in the future. Including those who are questioning their sexual identity would have yielded information about how child protection services reacts to those who do not openly state that they are lesbian or gay, but who are simply wondering. Does the system provide guidance and information? Does it encourage heterosexuality either openly or covertly? Is it possible for a youth to openly question their sexuality and/or gender identity and still maintain their level of service and acceptance within the system? A questioning youth's perspective may have provided some insider information further to what an openly queer youth could.

Savin-Williams supports research which strives to utilize a more continuum-based definition of sexual orientation diversity and warns that,

> Developmental scientists should seriously reconsider traditional empirical and theoretical paradigms that narrowly define sexual-minority adolescents in terms of those who adopt a culturally defined sexual identity label. A broader consideration of youth populations who have same-sex desires but who might not necessarily identify as gay, lesbian or bisexual, lead one to a very different understanding of sexual minority youths than is apparent in most published studies (2001, p.5).

By including "questioning" youth in the sample I had hoped to capture some of the "different understandings" they may provide. However, as was the scenario throughout the design and implementation of this project, consideration of homophobic reactions from service providers was always present. One of the most popular, persistent, and effective homophobic reactions to queer communities accessing equal rights is that we will some how infiltrate and recruit heterosexual youth into becoming a sexual minority. The faulty premise is that by providing information, exposure, and acceptance, non-queer youth will perceive living as a sexual minority as an attractive alternative to the heterosexual mainstream identity and they will want it for themselves. Sexual minorities are accused and targeted by the religious right as secretly carrying this recruitment agenda and that it is behind all attempts to gain equal rights. The possibility of being accused of trying to recruit a questioning youth, through somehow influencing their orientation formation, stopped me from including this term in participant descriptors. Knowing from personal experience the level of

misinformation that exists within child protection services about queer people in general, and through discussing this issue with my advisor, I realized that including youth considering a queer identity was not a possibility for this project. I hope that future research in this area is able to find ways around these hurdles and can include questioning youth as a valuable source of information as well.

Another main ethical consideration for this project was the issue of mandatory reporting. In Manitoba, every individual has the responsibility to report any information of child abuse to the appropriate authorities. Therefore, if a participant under the age of eighteen were to disclose abuse to me during the course of an interview I could not ensure confidentiality and I would have had to report the information I obtained to a mandated agency. This caveat to confidentiality was outlined to each participant prior to the start of the interview and it was also written out on the consent form that each participant signed and retained a copy of. No incidents of abuse were relayed to me during the interviews and no reporting to Child and Family Services was necessary.

This study, because of its sensitive subject area, had the potential to bring up difficult emotions for participants as they were asked to discuss memories of experiences while in care and perceptions of how their queer identity has influenced (or not) those experiences. During the planning and execution of this project I remained cognizant of the fact that entering foster care and living within that system can be emotionally stressful for many children and youth. I was aware that if a participant had a negative experience that they chose to discuss

while in interview emotional stress could result. I planned for this possibility by

prior to the start of each interview sharing with participants my professional

background as a trained and experienced youth counselor and I remained aware

of any signs of stress during the interview itself. I reminded participants, both

before and during the interview (and as was outlined on the consent form), that

they did not have to answer any questions that they did not want to and that they

did not have to provide a reason for refusing to answer. I also made sure that

each participant was aware that they could end the interview at any time without

reason or penalty and if they should decide to do so they would still be paid the

twenty dollar stipend for their time and information.

Just in case a negative emotional reaction were to occur after the

interview I offered each participant the opportunity to call me toll-free at any time

if they needed or wanted to discuss their interview further, or if they wanted

access to resources for counselling. I offered to assist each participant in

securing counselling as a result of participating in this project. Throughout the

interview and again at the end of the interview I asked each participant how

she/he was feeling and if they wanted to stop or take a break. Although I

prepared for the possibility of negative emotional reactions, no negative reactions

were experienced by the participants. The reactions participants did relay, and

the reactions I witnessed from participants, was their thankfulness and surprise.

All participants expressed their gratitude at having had the opportunity to talk

about their lives in such a frank and open manner and all were surprised that

they were actually being paid for someone to listen to them. All participants thanked me for listening to them tell their stories and each expressed their gratitude for letting them take part in the project. All participants except one offered me names of their friends or acquaintances that they thought would also be interested in participating and eagerly agreed to pass on my contact information.

The biggest reward I received from having completed this research was by far the gratitude of the youth. Although I prepared for the possibility that talking about their experiences could have a negative emotional effect, in actuality each participant expressed how thankful they were to have been asked about their life and listened to. I am hopeful that this project will continue on in some capacity so that more queer youth in care in this province will have the opportunity to tell their stories and to be heard. Participating in this research appeared to be a positive and affirming experience for these youth.

Winnipeg Child and Family Services

One of the most revealing and surprising findings of this research project

did not originate from the interview data or observations with participants. It did

not emerge from the resulting data analysis. The most surprising and

disappointing finding from conducting this research originated from the reaction

this project received from Winnipeg Child and Family Services (CFS). As

mentioned in the previous methods section, a participant recruitment strategy

was included in the original research design that involved CFS. This intended

strategy included disseminating a letter describing the intent and objectives of the

project and a recruitment poster to all city social workers.

My intention with this strategy was that CFS would agree to disseminate

information regarding this research for the purposes of both recruiting potential

participants and to educate social workers about the need for the project.

However, this strategy was never implemented. The recruitment strategy of

disseminating information about the research project widely throughout CFS, and

specifically targeting all youth sixteen years and older, was designed intentionally

and specifically to dissemble stereotypes and misconceptions about queer youth,

such as that they are visibly identifiable (i.e. through dress or actions). A

common misconception is that all queer youth prescribe to gender non-

conformity and are therefore, easily identifiable.

Sensitive to the fact that most queer youth in care are not out to their social workers, a blanket sharing of information would have allowed all youth in care sixteen years old and older to learn about the project and decide for themselves if they wanted to call the confidential and toll-free telephone number to learn more. If the agency had agreed to support this original research design, the decision to participate in this research would have been in the hands of the youth themselves and therefore completely confidential

By passing information to all youth, social workers also would have had an excellent opportunity to express to youth on their case loads that they are non-judgmental about sexual minorities and that they support projects aimed at helping CFS to be a better place for all youth, especially those living on the social margins. The recruitment poster itself could have been an excellent discussion opener about these topics and a useful vehicle for learning and when openly posted in an office, it would have served as a visual statement that that office was a queer friendly space.

Simply by sharing information about the study social workers would have been providing youth with the opportunity for:

1. participating in university level research,

2. making connections to the queer community in Winnipeg and finding out about resources,

3. being paid for their time,

4. and most importantly, an opportunity for queer youth to be heard and their realities to be acknowledged.

When Child and Family Services first refused my request, one of their arguments was that youth in care are not of age of majority and therefore cannot themselves provide consent to participate in any research. The agency further stated that consent to participate in the study would need to come from the parent or legal guardian and there was no logistical way for that to proceed without breaching the youth's confidentiality. The agency's stance was that as the target population for this project is not of age of majority, permission to speak with them would be required from their parent or legal guardian.

At sixteen, according to CFS, these youth are deemed too young to decide for themselves if they wanted to participate in this project. Further, as these youth were currently in care, permission to speak to them would need to come from the agency itself. However, in actuality and as is supported in my research and other literature, most queer teens are either entering or are being prepared to enter independent living situations by the time they are sixteen.

Further, in Manitoba a twelve year old has the legal right to participate in their own child custody hearing. They have the right to obtain legal counsel and to have their wishes as to their choice of residence represented in a court of law. At sixteen a youth has the legal right to marry, to parent, to live independently, to refuse services or involvement with CFS, to refuse medical treatment, and to

choose to not attend school. However, despite these legal rights of autonomy and self management at sixteen, a youth does *not* have the right, according to CFS, to talk to a researcher about their experiences of living in care and being gay, lesbian, bisexual, or transgendered. At sixteen a youth can not decide for themselves whether or not to have a private, paid, one hour conversation about their sexual orientation and how that aspect of themselves interacts within the institution of child welfare. And they cannot be given information regarding such a study through their social worker.

My participant recruitment design was unsatisfactory to the agency. Even after the University of Manitoba's Joint Faculty Research Ethics Board approved the research proposal, including all recruitment methods, and agreed that a sixteen year old had the capacity to decide for themselves if they wanted to speak to me about their experience of being in care, Child and Family Services did not agree. The agency continued their stance of non-cooperation and stated that only adults eighteen years old and older who have historically experienced living in care could participate in the project and youths who were currently in care could not.

In an attempt to gain the support of CFS for this project and recruitment strategy I submitted my research proposal to the office of Transition Planning and Implementation. In a letter back to me this office refused to support the project as they understood it and suggested that I exclusively speak to youth no longer in the care of the agency. Among the reasons they gave for rejecting this

request they listed "concerns about the proposed methodology" as the main

focus. These concerns included my methods for accessing youth in care and

obtaining their consent to participate. They stated,

> *If social workers are asking youth in care on their caseloads to participate*
> *or informing them about the research, those youth may feel coerced into*
> *participating because of the power differential that exists in the*
> *relationship* (see Appendix 5 – Winnipeg Child and Family Services
> Correspondence for a copy of this letter dated January 21, 2004).

I was curious to know, and am still curious to know, how informing youth

about a voluntary and confidential research project, for which they would get paid

for their time if they participated, translated into "*coercion*". The agency

continued, "Further, it may not be appropriate for you to use your prior

experience to identify and approach specific youth whom you may know about or

had prior involvement with as a result of your employment with this Branch". At

this point I was wondering if the proposal I submitted had actually been read.

Nowhere in the research design did I even remotely suggest that I would

"approach specific youth" or use my "prior involvement" with the agency in a way

that would violate confidentiality for the purposes of the research project.

Finally, the agency referred to concerns about how I would obtain

informed consent. They stated,

> *We are of the view that parental consents is required [sic] for youth in the*
> *temporary care of a child and family services agency. In this regard we*
> *are concerned about parents being approached for consents when they*
> *may, in fact, not be aware of their child's sexual orientation or have some*
> *real issues about their child's sexual orientation* (see Appendix 5 –

Winnipeg Child and Family Services Correspondence for a copy of this letter).

At this I was confused. All children and youth who are in care of the agency, either temporarily or not, are the responsibility of the agency. Therefore, the agency assumes the role and decision making power of the parent. However, there are differences in how involved parents remain in the decision making process in regards to their child depending on the type of custody agreement between CFS and the family. For example, permanent and temporary custody orders place the decision making power for the minor with the agency while voluntary placement agreements tend to focus on a more collaborative approach between CFS and the parent(s). Through my experience in working in the child welfare system, both peripherally as a group home worker and directly as a mandated social worker, these guidelines for parental involvement are fluid and depend more on the relationship between the residential placement and their efforts to involve parents (as well as the parents' desire to be involved) than any concrete polices.

Through my efforts to gain support for this research with CFS I was seeking blanket permission from the agency to speak to youth so that individual permission from each social worker was not necessary. I am not even sure where and how parental consent became a part of the issues but it appeared that CFS was suggesting that this level of consent was necessary as well. I was

beginning to consider that perhaps all the convoluted stumbling blocks the agency was putting up were masking the fact that they were the ones with the "real issue" with me speaking to queer youth in care.

Basically, in the end, I found a very successful way of negotiating consent through Winnipeg CFS – I cut them out of the project entirely. Their claim that they "...support the goals of the research and recognize the need to learn more about the experiences of lesbian, gay, and bi-sexual [sic] youth in care..." (Transgendered youth were excluded from all written communications I received from CFS), appeared to be unsupported rhetoric. Once I decided to not include the agency I revised the research proposal that I submitted to the Joint Faculty Ethics Research Board at the University of Manitoba to include a discussion of the Child and Family Services Act and I outlined the many autonomies under age youth are granted in this province. My main argument was that if a sixteen year old has the legal right to marry, give birth and parent, to decide to not attend school, to refuse medical procedures, to live independently, and to refuse CFS involvement in their life, then surely these youth have the capacity to decide for themselves if they want to take part in a paid one to two hour interview about their life in care. The Joint Faculty Ethics Research Board accepted these arguments and granted me the ethical approval that allowed me to proceed, whether my participants were currently in the care of CFS or not, without having to involve CFS.

When I wrote back to CFS to thank them for their concerns and to assure them that I was no longer seeking their support they replied, "I am pleased that you have found a way to proceed with your research without requiring the participation of youth receiving services from Winnipeg Child and Family Services". In that same letter they also stated, "We would be most pleased to receive a copy of your thesis so that we can review your findings with a view to improving our service" (see Appendix 5 – Winnipeg Child and Family Services Correspondence letter dated March 26, 2004). Once this thesis is approved and accepted as fulfilling the remaining requirement for my degree, I too look forward to sending a copy to CFS so that they can improve their service.

Participant Criteria – A Note on Self Identification

One of the methodological issues present in any research that involves queer populations, either youth or adult, is how samples are defined (Savin-Williams, 2001). This issue is debated within research concerning queer populations and researchers differ on whether they rely on participants to self-identify, as I have done, versus measuring behaviours and/or attractions and applying labels and categories (i.e. gay, straight, bisexual, etc.) to those behaviours. Because this issue is so debated in the literature, I would like to

make a few points regarding my choice for self identification as a queer youth as a participant requirement.

Sexual orientation is commonly assumed to exist along a complex continuum, or even a three dimensional grid with heterosexuality on one end and homosexuality on the other and perhaps stereotypical gender expression on the horizontal and gender non-conformity on the vertical. If this 'range of sexualities' assumption has any validity, then how can researchers draw a definitive line between gay and straight in order to label their samples? How can we decide who is to be included in gay samples and who is not? Is someone who exclusively sexually fantasizes about the same gender while only physically exhibiting sexual behaviour with the opposite gender gay or straight? Should we rely on behaviour, self perception, or a combination of both? What about people who engage in same gendered sexual play but do not consider themselves at all gay? And considering that just as there are many expressions and manifestations of heterosexual, homosexual, and everything in between, there is a mounting movement to suggest that the same is true of male and female. The binary system society has developed to divide male and female has been born, so to speak, out of convenience as opposed to physiological reality (Fausto-Sterling, 2000).

In fact, intersexuals, that is individuals who are born with anatomy or physiology which differs from cultural ideals of male and female, make up at least one in one hundred births in North America and more in certain parts of the world

(Fausto-Sterling, 2000). At first the concept that there are more than two genders may seem outrageous to some readers, but stay with me for a moment. There are subjective factors, as opposed to exclusively chromosomal factors such as DNA makeup, that contribute to whether the medical establishment declares a newborn baby male or female. In fact, it is these subjective factors that are relied upon far more frequently than any 'harder science' as a visual call for gender happens the instant after birth. If an infant happens to be born with ambiguous genitalia, as is the case in a conservative 1% of all births (Fausto-Sterling, 2000), then 'harder science' steps in and other factors are considered. But again, all this happens very quickly as typically anxious parents and doctors want to declare the baby male or female as soon as possible. After all, the nurses in the hospital need to know what colour blanket to wrap the new little one in and anxiously awaiting family members need to know whether to say the baby is beautiful or strong.

The main subjective factor for visually determining gender is, of course, the baby's genitalia. I call the visual inspection of genitalia subjective, as opposed to definitive, because the medically acceptable size for a new born baby girl's clitoris is between zero and one centimeter. A baby boy's penis, to be considered a penis and not a large clitoris, has to be *at least* two and a half centimeters (Fausto-Sterling, 2000). [As an aside, it is interesting that there is an upper limit on a baby girl's clitoris size before it is considered 'abnormal' but a penis can be as large as it can be without ever being pathologized.] If a baby is

born with anatomy resembling a clitoris that falls between one centimeter and two and a half centimeters, that is, larger than what has been deemed 'normal' for a clitoris and 'medical specialists' determine that the baby is otherwise female, she will have her clitoris surgically and permanently downsized at birth as to conform to acceptable size ratios. Now there are those that argue that this surgery will eventually help this baby girl grow into a woman with 'normal' looking genitalia and thus genital mutilation surgeries at birth save baby girls from feeling and being treated different for having a larger than 'normal' clitoris. The down side of having her clitoris irrevocably down sized is that she will very likely lose most, if not all, of her sexual feeling in that area for life.

Intersexuals share a commonality with queer youth in care in that they are virtually invisible to the general population and aside from largely inaccurate social myths about hermaphrodites, most people have no information about this common condition of the human body. In fact, nearly all infants born worldwide with ambiguous genitalia are immediately and permanently surgically 'corrected' at birth, thus rendering them physically as well as socially invisible. However, there are is currently an active political movement that advocates for a child's right to not undergo surgical mutilation in order to conform to social norms. The Intersex Society of North America (ISNA) "is an organization committed to systemic change to end shame, secrecy, and unwanted genital surgeries for people born with an anatomy that someone decided is not standard for male or female" (http://www.isna.org/drupal/index.php).

The moral of this story is this: how big does a clitoris have to be before it is considered a penis and how small does a penis have to be before it is considered a clitoris? The difference lies somewhere in those mysterious and all important one and a half centimeters. Male and female are arbitrary concepts developed out of social convenience. How do we define heterosexuality and homosexuality? Again, arbitrary concepts that provide little useful information other than to decide who is in and who is out of what is considered socially acceptable. Perhaps for some the difference is a lot. It represents who they love and why. It can even be a political choice. And perhaps for others the difference between gay and straight is nothing more than a metaphorical centimeter. The fortunate part is that we get to decide whether or not we are going to adopt a self-identity of a sexual minority. We have not had that decision made for us at a time when we were most vulnerable by a surgeon with a scalpel leaning over us at birth ready to make that call for us. The ISNA strives to place the decision of gender with the person who lives in the body and just as sexual minorities are free to decide to adopt a sexual minority identity for ourselves or not, so too were the participants of this study.

My point in the comparison between queer youth in care and intersexuals in that our language to describe ourselves and our experiences is inadequate and just as we cannot begin to explain or encompass the myriad of human male and female gender expressions by relying simply on two words; male and female, we also cannot explain complex human sexuality by relying on two

simple labels; gay or straight. Binary systems of categories as applied to

humans are slowly being dismantled as those on the very far margins of those

labels are becoming more vocal. I believe that our language inadequately

defines who we are and I believe that researchers cannot define experience for

us. Therefore, I relied on self-identification as a member of the queer community

as a participant requirement.

DATA ANALYSIS

The Conceptual Framework

The question grounded in this inquiry was, "What are the social processes involved with being a queer youth in care in Manitoba?" The data collected through personal interviews was analyzed and the conceptual framework that emerged consisted of three distinct but interrelated social processes. The framework consists of the concepts of: **hiding for safety, encountering denial, and experiencing homophobia**. The social processes involved in each concept are described and discussed in this chapter. The consistency of participant responses in relation to the sub processes of how they formed their queer identity, how they managed their identity within the child protection system, namely, how they hid or denied their identity for safety, how the child protection system responded to their identity and behaviour, and how these youth sought allies for themselves are detailed. The findings also detailed participants' survival strategies and recommendations for improved child protection services. Following this, I outline the conceptual framework of the social process of living as a queer youth in care in Manitoba as supported by the data.

HIDING FOR SAFETY

Queer youth are invisible to the child protection system. There are no policies to protect them, no queer specific services to support them, and no formal training provided for those who work with them. The unofficial policy in child welfare is to treat them like everyone else and thus render their special and unique experiences non-existent. The system ignores them and they hide themselves. Coming out can, and often does, mean a shift in the services received, a change in the perceptions of others about their behaviour and intentions (i.e. seem as stalking or obsessive when seeking relationship), and a loss of relationship and/or home. The survival skills developed to live within this system are numerous, as with all youth in care, but for queer youth, it is their ability to hide amongst the assumed heterosexual masses that provides some layer of protection and safety. However, before a queer youth begins to hide their identity, they must first begin to form their sexual minority identity and understand its significance within society. Within this concept of 'hiding for safety', two sub processes, as detailed by the participants, are outlined. These include; **struggling to form an identity**, and **hiding**.

Struggling to Form An Identity

I knew from the existing literature that queer youth are rejected by their families and enter child protection services at a rate disproportionately higher than that of heterosexual youth. Queer youth are in care but they are invisible because they have had to become experts at hiding their identity. The practice of hiding and why this is so important will be discussed in later sections. Here I am wanting to locate the youth and hear how they came to apply the queer identity to themselves.

I was also interested in hearing when youth began their self identity process. Research in this area consistently marks the beginning of self identity for LGBT youth and adults as before adolescence yet social myths surrounding sexual minorities suggest that children or teens are too young to understand sexual identity and therefore cannot accurately form or adopt this identity for themselves until adulthood.

As each participant declared themselves a member of the queer community, in an attempt to hear from the youth themselves when and how they adopted this identity I asked each participant,

How old were you when you started feeling you were LGBT?
(whichever self identifier the participant used to describe themselves was picked up and used in interview). In response I heard;

I was like eight I think ...probably eight or nine. (17 yr. old lesbian)

Holy, like when I was eight. I started knowing I was different from the other boys. Trying to wear, fucking, my granny's clothes. God, that was fun! (18yr. old M to F)

I don't know man, like eleven or twelve. Like I don't know, I always, I don't know. I didn't really think anything of it. I thought girls were pretty and shit like that but I never really thought about it man. I just, whatever. ...with girls I know how to act. You know what I mean? Like, I'm comfortable. ...I was like twelve. (16 yr. old lesbian)

I asked another male to female transgendered participant (24 yrs.),
How old were you when you first started feeling...? And before I could finish my sentence she jumped in with,
Honestly, I can remember in kindergarten having a crush on a little boy. Pretty young.
When did you start expressing yourself as a woman?
As soon as I moved out on my own.
Never before?
Oh yeah! Lots of times. My mom would have to lock her closet. She'd have to lock it up.
Do you remember the first time?
No, I don't remember the first time but I remember all the time putting clothes on and putting bras on and oranges in the bras and walking around the house. It felt good.
It felt right?
Exactly. That's a good way of putting it. It felt right.

In forming an identity words like "good", "comfortable", "right", and "always" stood out as positive feelings associated with this beginning of self discovery. However, though the personal internal feelings of forming an identity might have been positive, these youth also expressed an awareness that their positive feelings were rarely shared by others. In discussing when they knew they might be queer other, less positive feelings emerged as that awareness began to extend to family and community. Words such as "different", "hard",

"wrong", and "should have" begin to re-shape the initial positive feelings of discovering their self identity.

> *I feel so sorry for gays now. Especially young gays that know they're different. Because I remember in grade three I knew. I knew I was different and it just ...yeah, it's hard growing up. (24 yr. old M to F)*

> *I knew. I knew since I was born almost. That I felt like a girl. I should have been a girl. I was just born in the wrong body. (18 yr. old M to F)*

For all participants the process of forming an identity was remembered and easily discussed but for one participant in particular the discussion in this area touched on a topic that she felt passionately about, and that is the connection between self identity and discrimination within the child protection system, the queer community, and society. This nineteen year old bisexual woman had spent time thinking about and discussing this process and had even written a term paper on how her identity formation was perceived. The following is a synopsis of her well thought out stance in this area.

> **How did you come to know?**
> *You know, it was the kind of thing I just woke up to one day. It's like I couldn't deny the fact that I was incredibly attracted to her.*
> **How old were you?**
> *I was sixteen. At the time I had been dating a guy for about a year and I ended up breaking up with him because I was in love with someone else. I'm not the kind to actually cheat on someone. So I told him, "I'm sorry, I don't think I can date you anymore because there is somebody else." And he was like, "who?" Because, of course men always assume there has to be another man if you're breaking up with them. In this case he was almost right. But I didn't really tell him. I though it would just add insult to injury. ...I think it's almost a man's worst nightmare.*
> *(19 yr. old bisexual female)*

Thinking that being left for another woman instead of a man was an "insult" and a "nightmare" for a man, this young woman actively tried to protect his feelings by not telling him about her emerging identity and the real reason for the break up.

Hiding

The recognition that their identities can and are perceived as "wrong" and "different" by many from both within and outside the system, and knowing that the positive feelings they may have experienced in coming to the awareness that they are queer are not shared by those around them, appears to encourage young people to hide this self knowledge from others. As all participants were currently living in care or had just recently left the child protection system, I discussed with them who, if anyone, in their lives they shared their identity with. I asked one participant who had lived in five different foster homes and group homes from the ages of ten to sixteen,

> *Did you ever come out to any foster parents you had?*
> *No, not even the lesbian foster parents. I didn't come out to them. No.*
> *And all that time you kept it inside?*
> *Yeah. Just waiting to come out. Yeah. It was really hard. I had to pretend. I knew I was pretending to be someone else too. I always had to try and act straight. And it just did not look right. I think the straighter I tried to act the more gay I acted. (24 yr. old M to F)*

I asked another participant who remembers cross-dressing at eight and who lived in care since she was "months old" and remembers having ten different foster placements from the time she was ten years old until she left foster care at eighteen years old,

> **What stopped you from coming out to your foster parents?**
> *I didn't think that they would make fun of me but the fear that they would, or reject me or something like that. Like, "Oh my god you're queer, get out of my house!" Or something like that you know. (18 yr. old M to F)*

In the ten years from eight years old, when she began cross dressing, to eighteen years old, when she left foster care, this young person told *no one* about herself. In the ten plus foster homes that she lived in she did not talk to one person, including her social worker, about her identity as a transgendered person even though she knew she was "different".

> **You never told anyone because....?**
> *I just, it's none of their business. I never really, never really sat down, 'cause I never really liked any of them so I never really sat down and had a conversation with them really. I just kind of did whatever.*
> **So who would you ask if you ever had any questions about how you felt?**
> *I never asked questions like that. To anyone.*
> **Did you have any questions that you were holding inside?**
> *Oh Yeah. I had a lot of questions to ask a lot of people. But...*
> **How did you get those questions answered?**
> *Well, I never really did. (18 yr. old M to F)*

Actively hiding a personal truth and/or self identity from others, even oneself, was a commonly discussed sub process. One participant relayed a

story regarding an ex-girlfriend and how she recognized her partner's need to

hide and thus deny their relationship even after it ended.

> *But at the end of it all, and it ended pretty badly for me anyway, she went into denial. Huge denial.*
> **About your relationship?**
> *About the relationship. About the more physical aspects of the relationship. Everything. She just went. And suddenly she did everything she could to make people believe that it hadn't happened. She started spreading awful rumours during the last months of high school about how apparently I had slept with her fourteen year old brother just to cover up reasons why I had been at her house late at night or something. It was just really awful. ...But she just couldn't admit it. It was bad in her family. Her parents didn't like me because I guess they could tell I was interested in her and they didn't like it when I was over I guess. Something like that just happens. So it was really bad. Really bad.*
> *(19 yr. old bisexual female)*

Hiding or denying identity because they are worried about other people's

reactions, such as rejection, or because they don't like their social worker are

very valid reasons. However, one teen spoke about the harsh reality of exposing

oneself as a sexual minority and the possibility of becoming a target of violence.

> *Nowadays it is a little safer than it was but it's still not safe. It can be dangerous coming out, you know. People get shot for that. When I told my dad that I wanted to be a woman he rented "Boys Don't Cry" [the Brandon Teena story] and made me watch that. It's a brutal movie.*
> *(24 yr. old M to F)*

Queer youth live with the threat of physical violence simply for being who

they are in a way that is completely unparalleled for heterosexual teens. Queer

youth know that "people get shot for that" and they adjust their social interactions

accordingly. They live in hiding to protect themselves within a social system that is supposedly designed to protect them when their families of origin cannot.

ENCOUNTERING DENIAL

The denial of queer youth is the cornerstone of why these young people hide themselves so frequently and expertly. When they are discovered, they are either explained away as "imagining it", living a "lie", "wrong", or even "obsessed". The refusal of the system to acknowledge their presence negates their reality and existence. The youth themselves may even deny their own identities in order to maintain their status within the system, or, deny relationship to another in order to not be perceived as queer. The interview data focusing on encountering denial was again supported by two sub processes; **getting caught,** and **seeking allies**.

Getting Caught

And we would kiss and shit and I would always get in trouble.
(16 yr. old lesbian)

And then like the staff kind of knew, like they kind of caught on after a while. ...I think some of the staff were uncomfortable about it. Like they felt uncomfortable knowing.
(17 yr. old lesbian)

They just don't talk about it. They just kind of like avoid it. You know? I think they feel uncomfortable with it, like talking about it and shit. Like a lot of them do. (18 yr. old M to F)

The act of hiding suggests that there is shame involved in the activity being hidden. Not wanting someone specific or people in general to find out or to some how know about whatever it is that is being hidden states that it is wrong. When the thing being hidden is an aspect of oneself, it creates internal shame. It sends a message to the self that there is a shameful aspect to who they are and therefore they must hide. Just as the participant above described the "fear" of being rejected by foster parents for who she is as a transgendered young person just as powerful as actually experiencing a rejection, the fear of being exposed looms large. The flip side of being hidden is of course being exposed or getting caught. As stories emerged, as detailed above, of how participants did not share their identity with people in their lives, and how none of the participants had ever come out to their social worker or any foster parents, their analysis about why they were hiding also became clear. It is the why that I was most interested in

during the next phase of our conversations. In the following section I ask about

the perceived reward of hiding.

> **Did you ever have any trouble with any co-residents?**
> No, not fighting. Getting caught doing things together yeah. That didn't
> go over too well.
> **What happened?**
> I think that's when they put me on independent living. When I got caught
> with one of the boys. Not having sex, just fooling around.
> **Tell me about what happened.**
> A staff walked in on us and started yelling, "you to your room and you to
> your room!" I was locked in and we were grounded until the next day
> when the coordinator got in and figured out what was going to happen.
> **Do you think it would have been the same reaction if it were a boy
> and a girl?**
> No.
> **How long after you were caught fooling around did you go into
> independent living?**
> Not long.
> **A couple weeks? A couple months?**
> A couple weeks.
> **Were you ready?**
> No. I was only sixteen. You're supposed to wait until you're seventeen.
> You know what, it was tough until I turned eighteen.
> **What happened then?**
> Then life kicks you in the ass. You don't get all the supports you have
> through Child and Family. They took pretty good care of me and I got
> pretty nice cheques too every two weeks. Then it went away.
> **Then what did you do?**
> Then I got two jobs. One was full time and one was part time. Dropped
> out of school. I don't know.
> (24 yr. old M to F)

For this youth the reward for hiding was access to services. Within a

couple weeks of "getting caught" she was cut off from her home, her friends, her

relationship, and entered the adult world of independent living before even she

herself felt she was ready. I asked another participant about hiding and the consequence of getting caught.

> **Did you and her ever get caught by the staff at _____?**
> ...And then we had our own rooms, and then we got caught. I don't know. One of the girls was like, "_____ and _____! _____ and _____ are going out!" And then they like asked us and I was like "no" and she was like, "yeah" and then I got all shy. And then they caused all this thing. They caused this thing like...I don't know.
> **What happened?**
> Well, one of us always had to be locked up if the other one was out. And I'd have to be in my room if she was out. I don't know, it was hard. One of us had to be in our room if the other one of us was out.
> (16 yr. old lesbian)

The loss of relationship was consistently a consequence of "getting caught" by staff. Of all stories relayed all relationships were severed by separation and those involved were either consequenced through a change in access to services, or an actual punishment, or both. But again, in all cases the connection made through sharing their identity with a trusted other was discontinued. Another participant described the clandestine nature of trying to build relationship while under the watchful eye of staff.

> So I wrote _____ a letter. And I gave it to somebody to give to her and that guy caught it. And he was reading it and he went to get my stuff out of my locker and he looked at me and he said, "You practicing to be gay?" And I looked at him and went, "no". And like I just kind of laughed at him. Whatever. And then they just, _____ used to deny liking me so I looked like fucking, like I looked like the, fuck they tried to call me a stalker and shit man! Like I was obsessed and shit 'cause _____, she wasn't as comfortable as I was 'cause I didn't fucking care. I don't care man. I don't fucking care. ...It made me look bad. And that's how, I don't know, and that's how they like worked me. Like they made me look like a fucking,

made me look like a fucking, I don't know. Like I'm obsessed or something.
What was in the letter?
It was just shit like, like, I don't know man. Like I love you and like, I don't know man. Just shit like that. And then he, he just, he just fucking didn't like it.
Does he give you a hard time now?
He doesn't like me. He never did. He never did like me.
Why?
I really don't know. ...He just doesn't like me fuck. Like he tells me. He told me. He's fucking literally looked at me and said, "You know I don't like you right?" I looked at him and I said, "yeah".
(17 yr. old lesbian)

Getting caught with a letter, with a written declaration of love, was an experience of another participant as well.

And like they, fucking, oh man one time I tripped on the staff because that girl _____, the one that was in here, the one that lives in _____, I wrote her a letter and it had a lot of shit in it right. Like fuck, like a lot! It was like two pages man. And I wrote it to her and I slipped it under her door and then the staff opened her door like, like I just slipped it under and she didn't know it was there, so the staff opened it, they looked, and they were like, "hum, a fresh new letter". And they just grabbed it and started reading it man. And I was so fucking embarrassed man.
(16 yr. old lesbian)

For staff to simply find a letter and read it may not in itself constitute an inappropriate act of power or control. If letters are not allowed and a resident writes one, they can expect that it would be confiscated and possibly read. The act of getting caught may not have constituted harassment but being purposely humiliated for her identity did cross over into discrimination and abuse when staff continued;

And then one of the staff, like one of the guys that was working that night, the one that read it, he's like, "so, _____." And I was like, "what?" He's like, "you and you're little friend there get a", 'cause they knew it was from me right, 'cause they knew we were together. And then they just kind of started rubbing it in my face. They were like laughing and shit and they were like, they were like, I was just putting my head down man and my face was going red. I was just putting my head down. And he's like, "what's wrong _____? [mimics staff in a sing-song voice] Are you embarrassed?" I was like, "yeah". And he was like, "Why would you be embarrassed?" I was like, "I don't know". And then all the girls were like, "Why is she embarrassed? Is it about gang stuff?" And then the staff was like, "No, she WISHES it was about gang stuff." And they just kind of kept doing that man and I was fucking getting mad at them man. And then I guess _____ was getting mad at me 'cause I was kind of like, like 'cause she was sitting over here and it was like fuck I'm going to sit over here. So I went and sat over there and I just put my head down man and the staff were just fucking teasing me like, "what's wrong _____? What's wrong? How come your face is going red? What's wrong with you _____? How come you're sitting way over there?" ... And I just fucking crept over there and then, like, fucking we came back in and I was sitting in my room just fucking tripping man. I was crying and shit. And I grabbed some Kleenex, like I came out to grab some Kleenex and that guy was like, "What's wrong?"

Same guy?

Yeah. And I was like, "What the fuck man? You didn't have to fucking say that shit man. In front of everybody! What the fuck's your problem? That's not something to laugh about man." I just tripped on him man. I was like, "That shit ain't funny man!" ...And I got consequenced [punished] and I had to stay in my room all night 'cause I was swearing and shit. ... And then they brought me out and then fucking they're like, "well, you could have handled that different".

So could have he?

Yeah. True that. And he was like, "I never said anything. I was just, I just did that, giving you a hard time to make sure you wouldn't do it again." I was like, whatever fuck.

(16 yr. old lesbian)

The threat of being outed, (someone who knows about a youth's queer identity telling other people), as illustrated in the quote above, was also used in another example provided by another participant.

> **Did you ever hear any of the staff say anything negative against gay people?**
> *No, but I remember this one time there was me and my girl _____, and I didn't know she was like that but she kind of seemed like it. And we were just best friends and shit and we were both on kitchen duty. And the supervisor pulled us in together right and he was like, "I've been seeing some stuff that I seen back in the past." He looked at me and then he looked at _____ and he's like, "_____has a girlfriend." And I was like, what the fuck!? He was just telling her and she didn't know! And then he was like, "I don't want to see this happen between you two guys because..." I don't know, he was telling my best friend everything and I was like, I don't know.*
> **He outed you?**
> *He said it was for like, I don't know. And I was like, "no it ain't, that's MY business."*
> *(17 yr. old lesbian)*

Attempting to build relationship despite the threat of "getting caught" meant that youth had to be secretive. Although staff involved with the youth figured prominently in the stories youth shared about being "caught" and subsequently consequenced for forming queer relationships, sometimes there were others, such as family outside of the system, who supported them. However, as the following participant relates, even support from family cannot override the all encompassing control of the system.

> *But like this one staff, there were three of them, I'd ask them questions or something or like I'd come back from my leaves and everybody would be like, "How was you visit?" And I'd be like, "cool." And THEY'D be like, "No, with _____?" And I'd be like, "What do you mean?" And they'd be*

like, "Well, we obviously know and we obviously heard" and like they think that, like making a big thing. 'Cause it's MY house and obviously she can sleep over if it's my house. While my mom was home. They just made it seem bad. And then I lost my leaves.

Why?

Because supposedly they made it seem like I'm on leaves just to see my mom or just to be at the program and I shouldn't have time to see _____. So it was like, it was bad.

You had weekend leaves but staff said you couldn't see _____ even though your mom said it was OK with her?

My mom was like, "I don't really care if _____ comes over."

They talked to your mom about it?

Yeah.

Was the reason they had a problem because you two were girlfriends?

I believe that, yes.

Why didn't the staff at _____ want you to be together?

I don't know why. It was like, I don't know.

Did they say anything?

They said one of us was pressuring the other one. So then they had to split us up. (16 yr. old lesbian)

The accusation of pressuring another into a relationship is one way to explain away a queer identity. Another participant, after experiencing "getting caught" had a social worker also explain away her reality although in this instance the explanation is more detailed and personal.

You know, and I tried to talk about, well, what about _____? Am I allowed to touch her in bed like that? Because you know when you're little everything is about permission from adults. If adults tell you it's OK it must be OK. But, and then they were all, "You're just imagining this because of what happened with your father. You just think it's _____ that you like because of your father. Because it's made you hate men. So you think you're gay but you're not. Besides, you're far too young to know anything about that." Of course I wasn't but people think children are just potatoes on the inside, you know, they have no emotions, they have no sort of sexual awareness at all. And they do. It's a vague thing but it's there. You can tell it you feel that way about somebody. Maybe you don't understand it but you can feel it. (19 yr. old bisexual female)

Seeking Allies

For one seventeen year old lesbian, who identified her first feelings of

lesbianism around age eight or nine, forming an identity was intertwined with

meeting her first lover and seeking an ally.

> *We would always push each other and give each other looks or*
> *something. ...Then one day I was like, "well man, what the fuck's your*
> *problem with me anyway?" I was like, "I don't like the way you treat me."*
> *And she was like, "what are you talking about? And then I was like,*
> *"whatever" and then I walked into the washroom. I said something*
> *anyway and she came in and she grabbed me and she's like, "what?" and*
> *I was like, "nothing man". And then she just kissed me! And I was like,*
> *"what?" And she was like, "now you got something to say!"*
> *...She kept asking me and then finally I gave in after I talked to this guy*
> *_____. I was like, "I don't know what to do. I'm scared." Asking him for*
> *his advice 'cause that's my first girlfriend ever. And I don't know, he's like,*
> *"well try it." And then I said, "yeah."   (17 yr. old lesbian)*

There were examples provided where youth followed seemingly obvious

paths for seeking allies, such as accessing an LGBT youth group, only to still

encounter denial over their identity and reality. While beginning to form her

identity as bisexual, this participant sought allies through the queer community

and found her way to a LGBT youth group. The impressions of others from

within the community about her identity have influenced her feelings about living

her identity and how she feels she is perceived.

> ***Tell me again what the reaction was from the LGBT youth group?***
> *Well, it was kind of like, "Good day children. Today we are going to talk*
> *about bisexuals and the lesbians who hate them." You know it was just,*
> *you walk in and as you tell them what you identify as you get this reaction.*

This "euwch" reaction. I mean, I guess they all assume that all bisexuals are walking around playing with kissing girls. Like the ones that go to the bar and do it for the men. Or like they think that, "well, if they like men and they like women then they can't possibly be satisfied by staying with one. They have to have two at a time." Or, I heard one woman describe it in the group, she was like, "well, being a lesbian, it's not about gender. It's about soul. It's about love." And then she goes on to say that she could never love a man because they're just too different and anyone who says they can obviously isn't being true to themselves. One of them has to be a lie. (19 yr. old bisexual female)

In seeking allies she encountered attitudes that judged her feelings as "wrong" or "different" as illustrated in previously discussed interview data when participants talked about forming an identity, and she actually encountered perceptions that described her identity as a "lie". Her rationale of the response of the LGBT youth group was as follows;

They're just looking at it in purely sexual terms. Sex is a big part of any relationship but relationships aren't entirely sex. ...I've heard a lot terms to describe it now to get out of that bisexual trap. People like to say, "well, I'm a pansexual." Or, "I'm a pansexual with a preference for so and so, with a preference for emotional connections." But is shouldn't have to be that way. Why can't you just say you're a bisexual and not sound like a whore for rent? (19 yr. old bisexual female)

In understanding the social process of being a queer youth in care I also needed to understand how queer youth come to self identify as queer youth. For this participant in particular, sex and sexual identity are two distinct and separate parts of how she sees herself. In seeking allies, she relays frustration in encountering the misperception that her sexual behaviour and her sexual identity are interchangeable concepts, especially where she would have expected more

acceptance – namely the queer community itself. Her quest for an ally began

and ended with this youth group and how she felt she was perceived.

> *I haven't been there in a long time. I still get emails. After so much of the whole, "let's poke fun at the bisexual", you know. There was another bisexual there but she had been in a long term relationship with a lesbian so she was left alone because she could commit. But at the time I was single so of course that meant I was sleeping around with everything I could find right? You know, man, woman, beast, inanimate objects. Of course that must be the bisexual cause. (19 yr. old bisexual female)*

The idea of fitting in, even within a sub group that doesn't fit in to the

larger society, remains an important aspect of teenage queer identity. If you

don't fit in to the straight world, and you don't fit in to the queer community, where

is your place? Where do you find support for who you are and how do you find

others like yourself?

> ***So, not part of the straight community and seen as a tramp in the queer community?***
> *Yeah. No man is an island they say but I think a bisexual is their own little area.*
> ***Is that how you feel?***
> *Well, I know I don't think normally compared to a lot of people my age. I know I haven't had the same life experiences as ninety percent of the people I know and it's mainly part of the reason why being badgered over my sexuality bothers me so much. You know, how dare people come down on me and judge me for the way I chose to love. Nobody knows the stuff I had to go through to learn what actually loving somebody was.*
>
> *...It's just there is already so much prejudice against gays themselves. I don't understand why someone who is gay wouldn't be able to extend it. Like they say, "nobody should be able to judge you about your life, you on the other hand..." That's exactly how it is. (19 yr. old bisexual female)*

Of all the stories shared by all the participants only one example emerged

from the data of a queer youth having an ally within the child protection system.

Only one person out of collectively hundreds of foster parents, social workers,

group home staff, institution staff, and various respite or support workers was a

vocal and known ally to queer youth. The person that was discussed was

actually known to two of the participants and provided support to both. One of the

two participants who mentioned this person, who worked within the child

protection system somewhat peripherally, stated;

> I told _____. I told him that I was scared. And he was like, "I don't think
> you're scared. I think you're nervous." And all that. And that and then
> he's like talking to me and shit and then I felt better. Like I didn't feel weird
> and shit. And then, I don't know, then I just said yup, I like a girl. And
> then, I don't know, we've been going out ever since.
> **Do you still keep in touch with him?**
> I always do. We still go for coffee. Or if I need to talk to him he's my crisis
> line. He's my crisis line. I can phone him anytime. But I can't phone after
> ten. (16 yr. old lesbian)

I asked every youth I talked to what advice they would give to another

queer youth in care. All talked about the importance of finding an ally, finding

someone to be their crisis line, or even just trying to find other queer youth.

Although most didn't have that person or group in their own life while they were in

care, all encouraged other queer youth to seek it out for themselves.

> **What advice do you have for queer youth in care?**
> Hang out with other gay teens. Go to places where you feel comfortable.
> (18 yr. old M to F)

Any last words of advice for gay teens in care?
What advice would I give? If you need to talk to someone you can talk to me. That's the advice I'd give them. And don't close up. Don't trap yourself because it will just cause problems later in your life.
So talk to people?
Yeah.
Reach out, have a friend?
Exactly.
And if they don't know anyone?
You know what, if I was working in a group home and I knew one of the clients was gay I'd bring them somewhere. Take them by the hand to the resource centre. That's what I'd do. Even if it got me in trouble I'd still do it.
Have you ever been to the youth group?
No, I've never been to the youth group. They have a youth group?
(24 yr. old M to F)

From hiding to reaching out these youth appear to know the importance

and place for each in their lives.

Why do you like to hang out with other gay teens?
I don't know, I just feel like I'm noticed. I just feel like normal. I don't feel different. (17 yr. old lesbian)

EXPERIENCING HOMOPHOBIA

Foundational to the social process of being a queer youth in care is the

experience of homophobia. Although homophobia was the one concept not

specifically named, it is the social process underlying all the data. It is present

and influential on how these young people access service while growing up in care and it is the reason behind every story, every statistic, and every negative experience shared. Homophobia is the last remaining acceptable social bias and it permeates child welfare in Manitoba.

I believe that real change to any system needs to be informed by those who are experiencing the system and who live it. Within the broader concept of homophobia I was especially interested in hearing from the participants their opinions on how Child and Family Services can improve their service to queer youth. The final significant social process in the conceptual framework is experiencing homophobia and the sub processes discussed within this concept are: participant recommendations for creating safer spaces and a safer system.

I asked participants what would make the system better for queer youth. Their responses were simple, to the point, and in all cases doable. These recommendations are grouped in two sections as to their specific focus: creating a safe space and creating a safe system.

Creating A Safe Space

In relation to the theme of safe space that spontaneously and consistently emerged from the interviews I asked participants if they had specific ideas about what this space would be.

So that's why I'm saying they should have other kinds of things for gay youth. Things like a teen drop in centre. (16 yr. old lesbian)

We need something for school I think. Even a drop in centre or something. In the middle of the city so they can come from anywhere. Downtown. Right downtown for gay youth. (17 yr. old lesbian)

I think they should have a gay school. (24 yr. old M to F)

What do you think about a LGBT school or group home?
That's a great idea. I would have loved to go there. If they had those here.
Do you think you would still be in school?
Yeah. Probably. I would have loved that when I was a kid. I would have been in my glory. I would have went to school as a girl!
Have you ever gone to school as a girl?
No! No god! (18 yr. old M to F)

The process of hiding conflicted with the suggestions for safe space when one participant talked about the drawback of having to come out first in order to access such a service.

The only thing you can do about this is kids would have to come out first. A gay friendly foster home would be good. A LGBT group home. That's the best idea. 'Cause what else can you do? There is always going to be teasing if they're gay in a straight group home or foster home. They'll never feel at peace. And I think more youth would feel comfortable to come out and say they were gay if there was places like that. (24 yr. old M to F)

The idea of 'if you build it they will come' makes sense in relation to how these youth wait and watch for safety while trying to manage the child protection system.

Creating A Safe System

> *It is so heterosexist. Nobody cares. Nobody cares. They don't care.*
> *(17 yr. old lesbian)*

> *It is such a corrupt system to begin with. (18 yr. old M to F)*

> *We are an invisible minority that does need attention. You can't just leave*
> *it alone and say that it will get better. You know, kids are suffering all the*
> *time because they are having problems with coming out in a society like*
> *this within an institution that is supposed to help them.*
> *(19 yr. old bisexual female)*

Providing recommendations for a system that is responsible for their lives

was a moment that participants appeared to enjoy. All had well thought out

opinions and suggestions for the system because they had thought about it, they

had experienced it, and they had survived it. They had just never been *asked*

about it before.

> **Let's start there.**
> *Well, like for the agency they should have like, if they know that you are*
> *gay or bisexual or whatever they should like have resources or something*
> *like that you know. To help out or something like that.*
> **So you would like social workers to have more resources about**
> **queer youth?**
> *Yeah. Like just to know that there's someone else like me 'cause I always*
> *thought I was the only one like this.*
> **Even though you met _____ [a social worker] and knew that she was**
> **a lesbian?**
> *I mean like ME though. Like as a boy. (18 yr. old M to F)*

The simple acts of talking and listening either with others who youth can see themselves in or with sympathetic but heterosexual workers was repeated as a recommendation that would have made life in care easier for most.

> **What do you think would make this place better for queer youth?**
> Like, I think it would be better to have more staff.
> **That are queer?**
> Yeah. And they could talk to you about it and stuff. 'Cause the staff don't talk to you about it. They don't sit down and talk to you. They don't do that. (16 yr. old lesbian)

Another participant added;

> They'll need somewhere to go and someone to talk to about this who is open to it and who understands it. Like, it must be great to be able to go and talk to a lesbian if you're feeling yourself like, well, maybe I'm not normal. That's what they need. They need more of that.
> **And that would make a difference?**
> That would make a huge difference. (19 yr. old bisexual)

Creating a safer system through listening seems simplistic. But as the youth themselves discuss, feeling heard and having someone who understands, either gay or straight, can make a "huge difference" in their lives.

> If people could go in and listen and acknowledge the fact that it's possible, even as a child, it is possible to have a sense of sexual awareness. Or as an adolescent especially. You know when I was twelve I knew what sex was. When I was twelve I knew if I liked a girl or if I liked a guy. And if I come in and tell you, "I think I'm attracted to this girl", don't say, "Well, it's because..." You know? And don't deny it, "You're too young to know that." I hear that so much. "You're too young to know what you're real sexuality is. Just wait." People say that a lot. And I think if these social workers just sit down and listen to people without coming in with their own ideas, which we don't care to hear because they're social workers, they're supposed to listen, not tell us what we're supposed to say. I think that would change everything. (19 yr. old bisexual female)

Listen. Don't come in with a preset idea of what these people are supposed to think or what their storey is. Ask them and really listen to what they say. If people had listened to me I can just think of how much better everything would have been. (17 yr. old lesbian)

I'm sorry, I have nothing really important to suggest. I have all these ideals that I wish it could live up to but I have no practical method of getting there. I wish I did. I'm sorry. (24 yr. old M to F)

DISCUSSION

Institutionalized Homophobia

From my perspective, Winnipeg Child and Family Service's (CFS) reaction
to this research project demonstrates thinly veiled homophobia. The fear of
influence is the hallmark of homophobia. Institutional denial of the reality of
queer youth reinforces the prevalent social belief that by exposing confused
and/or questioning youth to discussion and support for their possible sexual
minority orientation, they can in fact influence their eventual identity. In other
words, confused and potentially straight youth are not guided through their
questions and feelings but rather ignored as a means to not present
homosexuality as a viable option and to therefore to not *influence*.

> *Sexual orientation, whether innate or acquired, already exists during
> adolescence. It can be assumed that most adolescents have already
> developed their sexual preferences at this time and that it cannot be
> influenced socially. Education and discussion exposing young people to
> gay related issues cannot make them gay* (Veerman et. al., 1999, p.85).

Institutionalized denial of queer youth reality through silence and isolation
continues to be common social work practice. Child welfare is operating from
the standpoint that adolescent homosexuality does not exist. Unofficial policy
perpetuates the heterosexist myth that youths are too immature physically and
emotionally and too unaware psychologically to understand sexual development

and they are therefore too young to identify as a member of a group which differs from the dominant sexual culture (Savin-Williams, 1995). CFS's lack of support for this research project underscores this point.

Even if adolescent same gendered sexual fantasy or behaviour is discovered, it is often explained away as experimentation or as a transient development problem from which the youth will eventually grow out of and become heterosexual. Institutionalized denial permeates child welfare despite mounting evidence which states that sexual orientation is often established *before* the beginning of adolescence (Mallon, 1992). As age of participants was the main argument CFS presented for not supporting the project, participants were asked at what age they knew of their orientation. Consistent with the literature in this area all participants stated their age of awareness as before adolescence.

In the Literature Review chapter discussing queer youth in out of home care settings, I highlighted an article by Mallon et. al. (2002). This article discusses claims that the typical case management strategy for queer youth is premature placement in independent living. This case management strategy dismisses the responsibility of agency placements to provide caring and safe environments for all residents and it excuses staff and/or co-residents of any homophobic responses toward the queer youth in the home.

The data in this study revealed a scenario in which this strategy was exemplified. The participant, a then sixteen year old resident of an all male

group home, was hastily ejected from the home and into independent living once same gendered sexual play was discovered by staff. This youth's immediate expulsion from the group home as a response to behaviour was dressed up as independent living case planning. Immediately following the incident this participant was placed in "life skills" training and within a "couple weeks" of being discovered "fooling around" with another boy in the group home, this participant was placed in independent living. Previous to this incident this youth was not aware of any plans to enter independent living nor had anyone ever discussed this possibility. When I asked if this youth wanted independent living or felt ready to live on their own the response was an enthusiastic, "No, I was only sixteen!"

Homophobia veiled as child welfare practice does not fool these youth. Being locked in a room until the coordinator arrived to deal with the situation after getting caught "fooling around" then immediately entering independent living is not case planning, it is the discriminatory removal of service. When I asked this youth if the same reaction and consequence would have occurred if the other resident was a girl the answer was a definitive and simple, "No." Even the question itself sounds ridiculous. Imagine a boy being punished to the extreme of being locked in a room awaiting the arrival of the group home coordinator to deal with the situation of getting caught "fooling around" with a girl and then within weeks being banished from his group home. Of course the blatant homophobia depicted in this and many other similar scenarios relayed by the youth interviewed is never named for what it is.

The practice of rewarding socially acceptable sexual behaviour and gender conformity while punishing all behaviour deemed sexually deviant and/or socially marginalized through revoking services is beyond outrageous. Homophobia within child welfare practice results in case management strategies such as the one just outlined.

Or consider the scenario previously relayed in the findings section in which the teenage lesbian was denied her earned weekend leaves from the institution where she resided because she used part of her time to see her girlfriend. This decision occurred even *after* staff conferred with the mother, who did not agree with the forced separation of the teens, in an attempt to discontinue the visits. Despite the mother's support of her daughter and her daughter's lesbian relationship, the weekend passes were revoked and the relationship successfully severed.

It appears that staff at the institution charged with caring for and protecting this teen were the only people having difficulty with their relationship. Institution staff chose to exert their power beyond the walls of the facility and dictate appropriate behaviour during weekend passes home by forbidding this teen to see or spend time with her girlfriend. Again, the reasoning and blatant discrimination was not lost on the teen. When asked if she felt the reason the weekend passes were revoked was because they were lovers she replied, "I believe that, yes."

Again, how odd it would sound if the same facility chose to revoke a male

teen's weekend pass, which he earned through good behaviour, because staff

suspected he may have had sex with a girl while visiting his family. The

ridiculousness of the reverse scenario highlights the homophobia inherent in the

decision.

Recommendations for Social Workers

Only by listening to queer youth in care and what they identify as their

needs can child welfare hope to adequately provide them with protection and

care. The social work code of ethics mandates that social workers must not

undertake a social service unless they have the competence, or can acquire the

competence, to provide that service. The incredible lack of information pertaining

to queer youth in care, together with its absence from university social work

curriculum, means that social workers are not adequately informed about the

important issues in working with this population and are therefore not anywhere

near fulfilling this mandate.

The code also mandates that social workers have an ethical responsibility

to promote social change. Social workers are ethically bound to advocate for the

"equal distribution of resources to all persons... and the equal access of all

persons to resources, services, and opportunities" (see the Appendix - 6 for the

complete Social Work Code of Ethics). That means that despite any personal

homophobic attitudes towards queer youth or adults, social workers must still

work towards equality. Equality for queer youth in care does not exist. They do

not receive equal services and they do not have equal access to resources.

Further, there is no political or social pressure to create these services.

Queer identified youth protect their identities for valid safety reasons and

most only identify themselves to those whom they trust, if anybody. For a social

worker to begin to be considered a safe person to trust they have to:

(1.) Consider the possibility and reality of sexual minority youths on their

caseload, regardless of personal presentation style. According to the

Manitoba Family Services and Housing Annual Report 2002/2003 as of

March 31st 2003 there were 5,533 children and teens in care in Manitoba.

If the generally accepted and conservative estimate that ten percent of the

population identifies as a sexual minority is applied to that statistic, then it

can be assumed that there are currently 533 sexual minority children and

teens in care in Manitoba. Further, as has been shown from the literature,

queer youth frequently suffer neglect and abuse from their families of

origin because of their orientation and therefore enter care at a higher rate

than their heterosexual counterparts. When that fact is included in this

statistic it is fair to say that the number of queer youth in care in Manitoba is likely much higher than 533. The response rate to this research also suggests that there is a significant, although invisible, queer population involved with child welfare in Manitoba. Social workers need to be aware that there are many queer youth in care and it is likely that they have one or even a few on their caseload.

(2.) Social workers must actively ensure that all youths on their case load know them as a safe and queer friendly person to come out to because they have talked about sexual and gender minority issues openly and respectfully. Social workers should also make a point of having visible queer material such as posters and brochures in their offices and public waiting spaces.

(3.) And social workers must educate themselves about the reality of adolescent queer identity by knowing the issues they face and understanding how societal oppression impacts their development and mental health. In reality, social workers with these basic skills are rare and most social workers claim that they have no queer identified youth on their caseload. Or if social workers do acknowledge that there are sexual minority youth on their caseload, many adopt a 'treat them like everyone

else' policy and fail to consider their unique needs for safety and security and their specific social challenges.

Many child welfare agencies fear supporting specific programming for queer youth as to not appear as condoning and/or encouraging adolescent sexual deviance. The concept that a person can be encouraged or promoted into homosexuality is unequivocally unsupported through all levels of research. However, this fear among administrators and front line workers continues and current examples of this belief are outlined in the findings section. Until moralistic oppression is challenged through official institutional changes in policy and practice, queer youth are not provided the same quality of care that is extended to their heterosexual counterparts (Mallon, 1997b).

The United Nations – Rights of the Child

What all minors have in common is that they have no protection of their developing autonomy under the law. (Morgan Holmes, personal communication, June 16, 2004)

In October 1998, the United Nations Committee on the Rights of the Child met for a one day discussion on the theme of the impact of HIV/AIDS on the

children of the world and what should be done about it (Veerman et. al., 1999).

However, during the opening statements by the Executive Director of UNAIDS,

and throughout the day long discussion of this topic, there was no mention of

homosexuality. "The theme day's lack of attention to the issue of homosexuality

and HIV/AIDS may reflect a need to deny that homosexual youth exist" (Veerman

et. al., 1999, p. 83). It appears that lack of attention and concrete protections for

queer youth extends much further than Winnipeg Child and Family Services

policies and practices.

However, after sixteen recommendations were drafted that are intended to

protect children worldwide from the impact of HIV/AIDS, one recommendation

was included that did mention the particular threat this pandemic poses to queer

youth. That recommendation reads,

> *Children and adolescents in any type of disadvantaged situation face
> greater risk of HIV infection, or lack of care, and their needs must be met.
> Sexual exploitation, discrimination against homosexual boys, and young
> people living in institutions or on the streets are four of many examples of
> urgent needs* (Veerman et. al., 1999, p.83).

Although this recommendation is a start in that it recognizes the existence

of queer youth and especially the need for protection for youth in institutions, it

does little to encompass the reality that these children and youth are especially

vulnerable to discrimination and their vulnerability contributes to their rate of

infection. It also is entirely sexist and exclusionary of all females and/or

transgendered children and youth in its use language. However, it is not

unexpected that the recommendations drafted by this special committee would

utilize antiquated and sexist language when the actual Declaration of the Rights

of the Child as proclaimed by the General Assembly resolution only includes "he"

and "his" in relation to human rights and does not include sexual orientation in

their list of unacceptable basis for discriminations such as "race, colour, sex,

language, religion, political or other opinion, national or social origin, property,

birth or other status, whether of himself [sic] or of his [sic] family"

(http://www.unhchr.ch/html/menu3/b/25.htm).

I include this information on the United Nations Rights of the Child as

evidence of the timeliness of this research. Manitoba Family Services and

Housing, the government branch that oversees child welfare agencies in

Manitoba, needs to follow suit of the United Nations and begin to recognize the

inherent difficulties and discriminations queer youth face.

POLICY CHANGE – WINNIPEG CHILD & FAMILY SERVICES

> ...it must be acknowledged that there are homosexual youth. Furthermore, it must be recognized that homosexuals, including homosexual youth, are subject to persecution worldwide (Veerman et. al., 1999, p. 84)

As this research project purports, and as is supported throughout the literature in this field, there is ample argument for policy development that specifically protects queer youth within the child protection system. Not only is continuing to neglect this need harming the youth provincial and city agencies are mandated to protect, it is in direct violation of the social work code of ethics.

Winnipeg Child and Family need only look as far as the Children's Aid Society of Toronto for a comprehensive outline of policy and practice recommendations on how to offer more accessible services for queer youth. Their published document, *We Are Your Children Too: Strategies for Accessibility*, recognizes that out and proud queer identified adults are more equipped to offer support to out or questioning youth than heterosexual workers. This document also emphasizes advocacy and working in collaboration with queer youth to further develop protections and supports that are most appropriate for them. As no youth in this study ever disclosed their identity to a social worker the idea of emphasizing queer identified adults within the profession is a sensible strategy. After all, as one participant relayed,

> *Yeah. Like just to know that there's someone else like me 'cause I always thought I was the only one like this. (16 yr. old lesbian)*

Of course policies such as these would mark a fundamental shift in thinking at the base level of child protection. But just as it took decades and generations for policy makers to recognize that First Nations children and youth needed First Nations care givers and workers to better understand their social

reality and to accommodate their unique experience of oppression, so too do queer youth in care need understanding and queer identified care providers and workers who can offer the support and guidance that only an insider can. Queer youth in care are an invisible minority and as such they should have appropriate protections.

Basically, and as the youth relayed in this study, queer youth desperately need and want safety and acceptance. They need a safe place to live, to learn, and to socialize with others in their community. It is not acceptable that heterosexual social workers are involved with queer youth and they are not even connecting these young people to the existing services in the city, either because of their own lack of knowledge, their judgmental attitudes, or both. Only one participant knew of a youth group and no one could identify ever receiving any information regarding sexual orientation from their social worker, foster parent, or group home staff.

When I asked participants what would make the system better one youth replied,

You know what, if I was working in a group home and I knew one of the clients was gay I'd bring them somewhere. Take them by the hand to the resource centre. That's what I'd do. Even if it got me in trouble I'd still do it. (24 yr. old M to F)

The fact that this youth recognized that when a staff takes a teen to a gay resource centre they may be subjecting themselves to getting into "trouble"

highlights the institutional denial of adolescent queer identity. Again, the threat of influence looms large.

CONCLUSION

Queer youth are entitled to the same quality of care and professional treatment that is extended to all children and youth in the child welfare system. Without clear policies, child welfare professionals are left to operate based on their own personal beliefs and attitudes, which are based on culture, religion, experiences, social biases, and many other influential factors. This self-reliance has led to a lack of services for queer youth as queer culture is invisible to the dominant heterosexual social structure that orchestrates social policy. When queer culture is recognized, it is seen as deviant.

High suicide and homelessness rates and increasing evidence suggesting a myriad of other disturbing trends should serve as a wake up call to administrators and policy makers. To not include special services for this special population child welfare is adding to their struggles. It is hoped that this research project will further highlight an important area for change.

Without the input of queer youth growing up in care, any efforts to provide best practice will continue to be based on faulty and biased assumptions. The fact is queer youth are at a higher risk for suicide and many damaging social problems because the system in place to protect them fails to do so. The areas of intervention service provision, providing safe space for living, education, and

social opportunities, queer identified foster family matching, education, and social

worker awareness are all areas child protective agencies must urgently develop.

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APPENDICES

APPENDIX 1

Twelve Social Work Journals Examined By
Van Voorhis & Wagner (2001; 2002)

*Administration in Social Work
Affilia
Child Welfare
*Computers in Human Services
Families in Society
Health and Social Work
*Journal of Social Service Research
Journal of Social Work Education
*Research on Social Work Practice
*Social Service Review
Social Work
*Social Work Research

* These journals were reported to have a queer content publication rate (other than gay men living with HIV/AIDS) of less than one article in ten years.

APPENDIX 2 - RECRUITMENT

Recruitment Poster

LGBTT RESEARCH PARTICIPANTS NEEDED FOR THE:

QUEER YOUTH IN CARE PROJECT

- Are you a lesbian, gay, bisexual, two-spirited, and/or transgendered teen or young adult?

- Are you now living or have you ever lived in a foster home, group home, or any other "in care" setting in Manitoba?

- Are you at least 16 years old?

If you answered yes to these questions I am interested in talking to you. The **Queer Youth In Care Project** is a study of your experiences and opinions about being a sexual minority and living "in care" in Manitoba. I believe you really need to be heard and I want to learn more about your experiences. This project is about providing you a chance to tell your story. Participating in this project is completely confidential and anonymous.

All participants providing an interview will be paid $20 for your time.

To find out more call Linda toll free from anywhere in Manitoba at:

There is no caller ID and voice mail is confidential.

This research has been approved by the Joint-Faculty Research Ethics Board at the University of Manitoba.

Swerve Classified Advertisement

RESEARCH PARTICIPANTS NEEDED:

If you are now living or if you have ever lived in foster care, a group home, or any other "in care" setting in Manitoba, are at least 16 years old, and you identify as LGBT and/or T, you can participate in this research project and receive $20 for sharing your stories. Your experiences are important and should be heard. To find out more call Linda toll free from anywhere in Manitoba at

There is no caller ID and voice mail is confidential. This research project has been approved by the Joint-Faculty Research Ethics Board at the University of Manitoba.

Organizations Recruitment List

The following is a list of community organizations that received a recruitment poster either through direct contact or via email requesting that the poster be placed on their bulletin board. The organizations on this list are not locations where the recruitment poster was definitely located, it is a list of organization that were requested to place the poster on their bulletins. This list is not exhaustive as the poster was also circulated amongst many groups and organizations through personal contacts and requests for dissemination.

Addictions Foundation of Manitoba; Brandon & Winnipeg locations
Andrew's Street Family Centre
Big Brothers / Big Sisters
Brandon Youth Centre
Children's Advocate Office
Elizabeth Hill Counselling Centre
Family Centre
Fort Garry Women's Resource Centre
Indian and Métis Friendship Centre
Interfaith Marriage and Family Therapy program at U of W
Jewish Child and Family Services
Kids Help Phone
Kids In Care Network
Klinic Community Health Centre
Knowles Centre
Laurel Centre
Ma Mawi Wi Chi Itata
MacDonald Youth Services Resource Centre
Manitoba Adolescent Treatment Centre
Manitoba Teacher's Association
Marymound
Mount Carmel Clinic
Native Women's Transition Centre
New Directions
Nine Circles Community Health Centre
North End Women's Resource Centre
Operation Go Home
Rossbrook House

Sexuality and Education Resource Centre: Brandon & Winnipeg locations
Teen Stop Jeunesse
Teen Talk
Villa Rosa
Village Clinic

West Broadway Youth Outreach
West Central Community Program
Winnipeg Boys and Girls Club
Winnipeg Education Centre
Women's Health Clinic

The recruitment poster was also posted at the following queer night clubs:

Club 200
Desire
Gio's
Happenings

A community postering campaign was carried out in the Osborne Street area.

APPENDIX 3

Interview Guide

DEMOGRAPHIC PROFILE & RAPPORT BUILDING

In this section I will be gathering basic demographic profiles of participants and establishing a comfortable conversation style dialogue. I will be asking questions pertaining to;
- How old are you?
- Where/with who do you live?

FOSTER CARE HISTORY

- Reason for coming in to foster care?
- How old were you when you first came into foster care?
- How long were you (have you been) in foster care?
- How many foster homes have you lived in (number of moves)?
- (If still in care:) Do you like where you are living now? Why/why not?

COPING STRATEGIES AND SUPPORT SYSTEMS

- Does your foster parent(s) know you are gay?
- If yes, how did they find out? How did they react when they found out?
- If no, can you tell me about why they do not know?
- Have you ever heard anyone say anything negative about being gay in a foster or group home?
- Does your social worker know you are gay?

If yes, has your social worker offered to talk to you about being gay or offered you any information (i.e. books, places to meet people)?

- Do you know about any social groups for gay teens?
- Can you turn to your foster parents if you have questions about being gay?
- How about your social worker?
- Do you know anyone else your own age who is gay?
- Do you know any adults who are gay?

RECOMMENDATIONS FOR SOCIAL SERVICES

- If you could change anything about being gay and being in care, what would you change?
- If you could give foster parents of gay teens some advice, what would you say?
- If you could give social workers advice on how to be a better social worker for a gay teen, what would you say?
- Do you have any advise or suggestions for group homes on how they could be better places for gay teens to live?
- If you could give advice to a teen in care who thinks they may be gay, what would you say?
- Do you have any other suggestions for anyone who is fostering, wants to foster, works in a group home, or is a social worker for a gay teen?

Is there anything else you would like to add about anything we have talked about?

APPENDIX 4

<u>Consent Form</u>

Research Project Title:

Queer Youth in Care in Manitoba:
An Qualitative Examination of Their Experiences Through Their Voices

Researcher:
Linda Dame

This research project focuses on the issues relating to lesbian, gay, bisexual, two-spirited, and/or transgendered youth (sixteen years and older) and young adults who are living or have lived in foster care in Manitoba. The main purpose of this research project is to gain an understanding of these young peoples' experiences, the social and psychological influences of their circumstances, and their attitudes and suggestions for improved child social service provision and policy development.

A copy of this consent form will be left with you for your records. This consent form is only a part of the process of informed consent and it should give you the basic idea of what this research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

As a participant in this study, I am requesting that you speak with me for approximately one to two hours about your personal experiences in foster care. Your participation in this research project is completely voluntary and even if you agree to be interviewed, you can refuse to answer any questions and you can end the interview at any time.

The interview will be tape-recorded and later transcribed for analysis purposes only. At any time during the interview you have the right to ask for the tape recorder to be turned off. You have the option of reviewing the transcript of the interview and changing any of the information you provided. All the information

you provide will be completely confidential and your name will not appear on any research material other than this consent form. During the project all tapes, transcripts, and notes will be stored in a locked cabinet in a locked office and no one except myself will have access.

I will not share any of your answers with anyone under any circumstances other than if you tell me about wanting or planning to hurt yourself or someone else or if you tell me about someone else hurting you. All adults have a legal obligation to report any information they have about a child being hurt to a mandated agency and I will follow this obligation during this research project.

After the final thesis is accepted by the University of Manitoba all identifying information (i.e. consent forms) will be destroyed. All of your answers will be anonymous and it will not be possible to identify you or any other research participant in the final thesis.

With the consent of participants, research data may be kept for use in future research projects. All data that is kept in this way will be stored in a locked filing cabinet. Please indicate below, by checking the appropriate space, whether you consent to your interview data being used in future projects. If you do not want your interview data used in future projects it will be destroyed once the final thesis is accepted by the University of Manitoba.

____ *Yes, I consent to my interview data being used in future research. I understand that all identifying information will be destroyed at the completion of this thesis project.*

Or

____ *No, I do not give consent for my interview data to be used in future research. I understand that all identifying information and all interview data will be destroyed at the completion of this thesis project.*

You will be paid $20 for your participation in this project. The $20 will still be paid to you even if you decide to withdraw from the project at any time for any reason.

Your signature on this form means that you have understood to your satisfaction the information regarding participation in the research project and agree to participate. In no way does this waive your legal rights nor release the researcher or involved institutions from their legal and professional

responsibilities. You are free to withdraw from the study at any time and/or refrain from answering any questions you prefer not to without prejudice or consequence. Your continued participation should be as informed as your initial consent so feel free to ask for clarification or new information throughout your participation.

Signing this form means that I have read it to you and you understand what it means. Signing this form means that you agree to be a part of this research project and answer questions about living in foster care. You are agreeing for me to use your information for the purpose of writing a final thesis report.

_____   _____
Date   Date

_____   _____
Research Participant   Linda Dame
                                                               Graduate Student
                                                               Faculty of Social Work
                                                               University of Manitoba

If you have any questions or concerns regarding this thesis research project please contact me at   or my thesis advisor, Susan Strega, at (204) 474-8300.

This research has been approved by the Joint-Faculty Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above named persons or the Human Ethics Secretariat at (204) 474-7122. A copy of this consent form has been given to you for your records and reference.

APPENDIX – 5

WINNIPEG CHILD AND FAMILY SERVICES CORRESPONDENCE

Manitoba

Family Services **and Housing**	Winnipeg Child and Family Services	404 – 1 Wesley Avenue Winnipeg, Manitoba R3C 4C6 CANADA

(204) 944-4438
Fax: (204) 944-4395

January 21, 2004

Linda Dame

Dear Ms. Dame:

Our Branch has received a copy of your proposal for research "*Queer Youth in Care in Manitoba: An Examination of their Experiences Through Their Voices*". It is our understanding from your proposal that you are seeking our support in conducting research that would involve youth who are in the care of Winnipeg Child and Family Services. Although we support the goals of the research and recognize the need to learn more about the experiences of lesbian, gay, and bi-sexual youth in care, we have some concerns about the proposed methodology.

In particular we have concerns about how you would go about accessing youth in care and obtaining their consent to participate in the study. If social workers are asking youth in care on their caseloads to participate or informing them about the research, those youth may feel coerced into participating because of the power differential that exists in the relationship. Further, it may not be appropriate for you to use your prior experience to identify and approach specific youth whom you may know about or had prior involvement with as a result of your employment with this Branch. This could violate the privacy protections that are expected by all clients and former clients in the child and family services system.

In addition to having questions about how youth would be identified as candidates for the research, we are also concerned about the process for obtaining informed consent. We are of the view that parental consents is required for youth in the temporary care of a child and family services agency. In this regard we are concerned about parents being approached for consents when they may, in fact, not be aware of their child's sexual orientation or have some real issues about their child's sexual orientation. We wonder if parental consent would also be required in the case of minors who are no longer living at home but are not "legally emancipated". Your proposal is silent on these issues both for youth in care and youth who may self-identify through your letter writing and bulletin solicitation of participants.

We would be prepared to support the research pending satisfactory resolution of the concerns identified above. Consistent with past practice and with the provisions under the Child and

Family Services Act, the Branch would also require that approval be obtained from the University of Manitoba Joint-Faculty Research Ethics Board. If approval is received the Branch would review the proposal; however, the final decision whether to consent to the research would be made by the Director of Child Welfare, Joy Cramer.

An alternative method to capture the views of gay or lesbian youth who have experienced being in care, without needing to go through Winnipeg Child and Family Services, would be through the Youth in Care Network. This organization is a support to youth between the ages of 14 and 24 years who are, or have been in the care of a child welfare agency. Their role is to provide support, advocacy, outreach and networking. Many young adults who are no longer in care access this resource for continuing support and would be a potential source of candidates for the research. We would suggest that this method would allow you to meet your evaluation objectives, but would not present the challenges associated identifying gay or lesbian youth in care, and obtaining their informed consent and the consent of their guardians.

We recognize that your proposed methodology included recruiting former youth in care who are now adults through sources like the Youth in Care Network, and various other organizations. We are suggesting that this should be the exclusive focus of the research, and that youth who are currently in care, would not be considered potential candidates for the research.

Sincerely,

Transition Planning & Implementation

cc.
    Susan Strega

EG/mw

Linda Dame
XXXXX
XXXXX

February 20, 2004

XXXXX
XXXXX
Transition Planning & Implementation
Family Services and Housing
Winnipeg Child and Family Services
404 – 1 Wesley Avenue
Winnipeg, MB   R3C 4C6

Dear XXXXX,

RE: Queer Youth in Care in Manitoba:
An Examination of Their Experiences Through Their Voices

Thank you for your letter dated January 21st, which outlined your concerns
regarding my above research project. I appreciate your concerns and I share
some of them myself and it is my concern over the safety and well being of queer
youth in care that brought me to this research topic. Being aware of the
particular difficulties these experience I would not want to add to these in any
way. Therefore, the first priority of my research project is the protection of my
research participants.

In the original research design it was my intention to obtain permission from Joy
Crammer, rather than from individual agencies or social workers. This approach
stemmed from wanting to protect the privacy of queer youth and avoiding some
of the difficulties that recruitment through individual social workers might create.
This approach was also pursued at the direction of the Joint Faculty Research
Ethics Board (JFREB). I was therefore attempting to avoid the difficulties that
obtaining parental consent might potentially create for queer youth. At the same
time, you are aware, through your work at CFS and XXXXXXXXXX, that the
need for this research is urgent and that LGBTT youth in/from care want and

need to have their voices heard. Further, participant recruitment through CFS was only intended to supplement the primary strategy of recruitment through community contacts. I had hoped that social workers could disseminate the call for participants simply by informing youth about the possibility of participating in research that provides remuneration. I know, based on my experience both before and during this project, that many LGBTT youth in/from care would like to contribute to this research.

I agree, as you stated in your letter, that it would "not be appropriate for [me] to use [my] previous experience to identify and approach specific youth". I am aware of and respect the privacy protections that apply to all current and former CFS clients. It was never my intention to identify or approach youth with whom I had worked or knew of through my employment nor did I suggest in any way that this would be a method of participant recruitment.

Please know that I would not place queer youth in any kind of difficult situation. It was my hope that I would receive permission from Joy Crammer for all possible participants, which has been the avenue followed for similar types of projects in Manitoba and in other jurisdictions. As it became obvious that this would not happen and as a result of the difficulties I experienced in obtaining agency permission, I have made some design changes to the project and am therefore no longer seeking or in need of agency approval. Having received approval from the JFREB this project is currently in progress.

From my experience in working within CFS I know that the need for this research project is urgent. The responses from participants I have interviewed for this study thus far re-emphasize its urgency. As CFS "recognizes the need to learn more about the experiences of [queer] youth in care" I hope that this project will aid in that learning.

Sincerely

Linda Dame

cc. Susan Strega

Manitoba

Family Services **and Housing**	Winnipeg Child and Family Services	404 – 1 Wesley Avenue Winnipeg, Manitoba R3C 4C6 CANADA

(204) 944-4438
Fax: (204) 944-4395

March 26, 2004

Linda Dame

Dear Ms Dame

Thank you for your letter dated February 20th. Due to the complexities involved in obtaining informed consent from youth and their families, I am pleased that you have found a way to proceed with your research without requiring the participation of youth receiving services from Winnipeg Child and Family Services.

As I stated previously, we share your concerns for the safety and well being of gay and lesbian youth in care. We would be most pleased to receive a copy of your thesis so that we can review your findings with a view to improving our service.

I wish you well with your project and in your future career in social work.

Sincerely,

EG/mw

APPENDIX 6

Social Work Code of Ethics

1994 Canadian Association of Social Workers

Ethical Duties and Obligations

1. A social worker shall maintain the best interest of the client as the primary professional obligation

2. A social worker shall carry out her or his professional duties and obligations with integrity and objectivity.

3. A social worker shall have and maintain competence in the provision of a social work service to a client.

4. A social worker shall not exploit the relationship with a client for professional benefit, gain, or gratification.

5. A social worker shall protect the confidentiality of all information acquired from the client or others regarding the client and the client's family during the professional relationship unless

     (a) the client authorizes in writing the release of specified information

     (b) the information is released under the authority of a statute or an order of competent jurisdiction, or

     (c) otherwise authorized by this code

6. A social worker who engages in another profession, occupation, affiliation, or calling shall not allow these outside interests to affect the social work relationship with the client.

7. A social worker in private practice shall not conduct the business of provision of social work services for a fee in a manner that discredits the profession or diminishes the public's trust in the profession.

Ethical Responsibilities

8. A social worker shall advocate for workplace conditions and policies that are consistent with the code.

9. A social worker shall promote excellence in the social work profession.

10. A social worker shall advocate change

> (a) in the best interest of the client, and

> (b) for the overall benefit of society, the environment and the global community.

Chapter 1

PRIMARY PROFESSIONAL OBLIGATION

1. A social worker shall maintain the best interest of the client as the primary professional obligation.

1.1 The social worker is to be guided primarily by this obligation. Any action which is substantially inconsistent with this obligation is an unethical action.

1.2 A social worker in the practice of social work shall not discriminate against any person on the basis of race, ethnic background, language, religion, marital status, sex, sexual orientation, age, abilities, socio-economic status, political affiliation or national ancestry. [9]

1.3 A social worker shall inform a client of the client's right to consult another professional at any time during the provision of social work services.

1.4 A social worker shall immediately inform the client of any factor, condition[10] or pressure that affects the social worker's ability to perform an acceptable level of service.

1.5 A social worker shall not become involved in a client's personal affairs that are not relevant to the service being provided.

1.6 A social worker shall not state and opinion, judgment or use a clinical diagnosis unless there is a documented assessment, observation or diagnosis to support the opinion, judgment or diagnosis.

1.7 Where possible, a social worker shall provide or secure social work services in the language chosen by the client.

Footnotes on Chapter 1

9. This obligation goes beyond grounds of discrimination stated in most Human Rights Legislation and therefore there is a greater professional obligation than that stated in the provincial legislation.

10. The term condition means a physical, mental, or psychological condition. There is an implied obligation that the social worker shall actively seek diagnosis and treatment for any signs or warnings of a condition. A disclosure under this section may be of a general nature. Also see 3.4.

Chapter 2

INTEGRITY AND OBJECTIVITY

2. A social worker shall carry out her or his professional obligations with integrity. [11]

2.1 The social worker shall identify and describe education, training, experience, professional affiliations, competence, and nature of service in an honest and accurate manner.

2.2 The social worker shall explain to the client her or his education, experience, training, competence, nature of service and action at the request of the client.

2.3 A social worker shall cite an educational degree only after it has been received from the institution.

2.4 A social worker shall not claim formal social work education in an area of expertise or training solely by attending a lecture, demonstration,

conference, panel discussion, workshop, seminar or other similar teaching

presentation. [12]

2.5 The social worker shall not make a false, misleading or exaggerated claim

of efficacy regarding past or anticipated achievement with respect to

clients.

2.6 The social worker shall distinguish between actions and statements made

as a private citizen and statements made as a social worker. [13]

Footnotes for Chapter 2

11. The term objectivity is taken from the Quebec Code of professional Conduct. See Division 2; Integrity and Objectivity (6.0 Quebec) November 5, 1979 Vol. 2 No. 30. The term objectivity is stated in the following: 3.02.01. A social worker must discharge her professional duties with integrity and objectivity.

12. The provincial associations may regulate the areas of expertise to be stated or advertised by a social worker. This will vary in each province according to its enabling legislation. Where there is not sufficient legislative base for this regulation, the claim of an expertise without sufficient training may form the basis of a determination of unprofessional conduct.

13. Even with a distinction made under this section, a social worker's private actions or statements may be of such a nature that the social worker cannot avoid the responsibilities under this Code, see also 6.2(c).

Chapter 3

COMPETENCE IN THE PROVISION OF SOCIAL WORK SERVICES

3. A social worker shall have and maintain competence in the provision of a

social work service to a client.

3.1 The social worker shall not undertake a social work service unless the

social worker has the competence to provide the service or the social

worker can reasonably acquire the necessary competence without undue delay, risk or expense to the client.

3.2 Where a social worker cannot reasonably acquire the necessary competence in the provision of a service to a client, the social worker shall decline to provide the service to the client, advising the client of the reason and ensuring that the client is referred to another professional person if the client agrees to the referral.

3.3 The social worker, with the agreement of the client, may obtain advice from other professionals in the provision of service to a client.

3.4 A social worker shall maintain an acceptable level of health and well-being in order to have a competent level of service to the client. [14]

3.5 Where a social worker has a physical or mental health problem, disability or illness that affects the ability of the social worker to provide competent service or that would threaten the health or well-being of the client, the social worker shall discontinue the provision of the social work service to a client.

> (a) advising the client of the reason and, [15]

> (b) ensuring that the client is referred to another professional person if the client agrees to the referral.

3.6 The social worker shall have, maintain and endeavor periodically to update an acceptable level of knowledge and skills to meet the standards or practice of the profession.

Footnotes for Chapter 3

14. This section should be considered in relation to section 1.4 and involves proper maintenance, prevention and treatment of any type of risk to the health or well-being of the social worker.

15. It is not necessary in all circumstances to explain specifically the nature of the problem.

Chapter 4

LIMIT ON PROFESSIONAL RELATIONSHIP

4. A social worker shall not exploit the relationship with a client for personal benefit, gain or gratification.

4.1 The social worker shall respect the client and act so that the dignity, individuality and rights of the person are protected.

4.2 The social worker shall assess and consider a client's motivation and physical and mental capacity in arranging for the provision of an appropriate service.

4.3 The social worker shall not have a sexual relationship with a client.

4.4 The social worker shall not have a business relationship with a client, borrow money from a client, or loan money to a client. [16]

4.5 The social worker shall not have a sexual relationship with a student assigned to the social worker.

4.6 The social worker shall not sexually harass any person.

Footnotes for Chapter 4

16. Where a social worker does keep money or assets belonging to a client, the social worker should hold this money or asset in a trust account or hold the money or asset in conjunction with an additional professional person.

Chapter 5

CONFIDENTIAL INFORMAMTION

5. A social worker shall protect the confidentiality [17] of all information acquired from the client or others regarding the client and the client's family during the professional relationship [18] unless

   (a) the client authorizes in writing the release of specified information, [19]

   (b) the information is released under the authority of a statute or an order of a court or relevant jurisdiction, or

   (c) otherwise authorized under this Code.

   5.1 The requirements of confidentiality also applies to social workers who work as

   (a) supervisors,

   (b) managers,

   (c) educators or

   (d) administrators.

5.2 A social worker who works as a supervisor, manager or administrator shall establish policies and practices that protect the confidentiality of client information.

5.3 The social worker may disclose confidential information to other persons in the workplace who, by virtue of their responsibilities, have identified need to know as determined by the social worker.

5.4 Clients shall be the initial or primary source of information about themselves and their problems unless the client is incapable or unwilling to give information or when corroborative reporting is required.

5.5 The social worker has the obligation to ensure that the client understand what is being asked, why and to what purpose the information will be used, and to understand the confidentiality policies and practices of the workplace setting.

5.6 Where information is required by law, the social worker shall explain to the client the consequences of refusing to provide the requested information.

5.7 Where information is required from other sources, the social worker

(a) shall explain the requirement to the client, and

(b) shall attempt to involve the client in selecting the sources to be used.

5.8 The social worker shall take reasonable care to safeguard the client's personal papers or property if the social worker agrees to keep the property at the request of the client.

Recording Information

5.9 The social worker shall maintain only one master file on each client. [20]

5.10   The social worker shall record all relevant information, and keep all relevant documents in the file.

5.11   The social worker shall not record in a client's file any characterization that is not based on clinical assessment or fact.

Accessibility of Records

5.12   The social worker who contracts for the delivery of social work services with a client is responsible to the client for maintaining the client record.

5.13   The social worker who is employed by a social agency that delivers social work services to clients is responsible

(a) to the client for the maintaining of a client record, and

(b) to the agency to maintain the records to facilitate the objectives of the agency.

5.14   A social worker is obligated to follow the provision of a statute that allows access to records clients.

5.15   The social worker shall respect the client's right of access to a client records subject to the social worker's right to refuse access for just and reasonable cause.

5.16   Where a social worker refuses a client the right to access a file or

part of a file, the social worker shall advise the client of the right to request

a review of the decision in accordance with the relevant statute, workplace

policy or other relevant procedure.

Disclosure

5.17   The social worker shall not disclose the identity of persons who

have sought a social work service or disclose sources of information

about clients unless compelled legally to do so. [21]

5.18   The obligation to maintain confidentiality continues indefinitely after

the social worker has ceased contact with the client.

5.19   The social worker shall avoid unnecessary conversation regarding

clients.

5.20   The social worker may divulge confidential information with consent

of the client, preferably expressed in writing, where this is essential to a

plan of care or treatment.

5.21   The social worker shall transfer information to another agency or

individual, only with the informed consent of the client or guardian of the

client and then only with reasonable assurance that the receiving agency

provides the same guarantee of confidentiality and respect for the right of

privileged communication as provided by the sending agency.

5.22   The social worker shall explain to the client the disclosure of information requirements of the law or of the agency before the commencement of the provision of social work services.

5.23   The social worker in practice with groups and communities shall notify the participants of the likelihood that aspects of their private lives may be revealed in the course of their work together, and therefore require a commitment from each member to respect the privileged and confidential nature of the communication between and among members of the client group.

5.24   Subject to section 5.26, the social worker shall not disclose information acquired from one client to a member of the client's family without the informed consent of the client who provided the information.

5.25   A social worker shall disclose information acquired from one client to a member of the client's family where

(a) the information involves a threat of harm to self or others [22]

(b) the information was acquired from a child of tender years and the social worker determines that its disclosure is in the best interest of the child. [23]

5.26   A social worker shall disclose information acquired from a client to a person or a police officer where the information involves a threat of harm to that person.

5.27 A social worker may release confidential information as part of a discipline hearing of a social worker as directed by the tribunal or disciplinary body.

5.28 When disclosure is required by order of a court, the social worker shall not divulge more information than is reasonably required and shall where possible notify the client of this requirement.

5.29 The social worker shall not use confidential information for the purpose of teaching, public education or research except with the informed consent of the client.

5.30 The social worker may use non-identifying information for the purpose of teaching, public education or research.

5.31 Where the social worker's documentation is stored in a place or computer maintained and operated by an employer, the social worker shall advocate for the responsible retention and disposition of information contained in the file.

Footnotes for Chapter 5

17. Confidentiality means that information received or observed about a client by a social worker will be held in confidence and disclosed only when the social worker is properly authorized or obligated legally or professionally to do so. This also means that professionally acquired information may be treated as privileged communication and ordinarily only the client has the right to waive privilege.

Privileged communication means statements made within a protected relationship (i.e. husband-wife, professional-client) which the law protects against disclosure. The extent of the privilege is governed by law and not by this Code.

Maintaining confidentiality of privileged communication means that information about clients does not have to be transmitted in any oral, written or recorded form. Such

information, for example, does not have to be disclosed to a supervisor, written into a workplace record, stored in a computer or microfilm data base, held on an audio or videotape or discussed orally. The right of privileged communication is respected by the social worker in the practice of social work notwithstanding that this right is not ordinarily granted in law.

The disclosure of confidential information in social work practice involves the obligation to share information professionally with others in the workplace of the social worker as part of a reasonable service to the client. Social workers recognize the need to obtain permission from clients before releasing information about them to sources outside their workplace, and to inform clients at the outset of their relationship that some information acquired may be shared with officers and personnel of the agency who maintain the case record and who have a reasonable need for the information in the performance of their duties.

18. The social worker's relationship with a client can be characterized as a fiduciary relationship.

In **Fiduciary Duties in Canada** by Ellis, fiduciary duty is described as follows: Where one party has placed its "trust and confidence" in another and the latter has accepted, expressly or by operation of law, to act in a manner consistent with the reposing of such "trust and confidence" a fiduciary relationship has been established.

19. The "obligation of secrecy" was discussed by the Supreme Court of Canada in **Halls v Michell**, (1928) S.C.R. 125, an action brought by a disabled CNR worker against a company doctor who had disclosed the employee's medical history, to the latter's detriment. Mr. Justice Duff reviewed the duty of confidentiality.

We are not required, for the purposes of this appeal, to attempt to state with any sort of precision the limits of the obligation of secrecy which rests upon the medical practitioner in relation to the professional secrets acquired by him in the course of his practice. Nobody would dispute that a secret so acquired is the secret of the patient, and, normally, is under his control, and not under that of the doctor. Prima facie, the patient has the right to require that the secret shall not be divulged, and that right is absolute, unless there is some paramount reason which overrides it.

Thus the right of secrecy/confidentiality rests squarely with the patient, the court carefully provided that there is an "ownership" extent in the confidentiality of the personal information. Duff J. continued by allowing for "paramount" criteria which vitiates from the right;

Some reason may arise, no doubt, from the existence of facts which bring into play overpowering considerations connected with public justice, and there may be cases in which reasons connected with the safety of individuals or of the public, physical or moral, would be sufficiently cogent to supersede or qualify the obligations prima facie imposed by the confidential relation.

Duff J. continued:

The general duty of medical men [sic] to observe secrecy, in relation to information acquired by them confidentially from their patients is subject, no doubt, to some exceptions, which have no operation in the case of solicitors; but the grounds of the legal, social or moral imperatives affecting physicians and surgeons, touching the inviolability of professional confidences, are not, any more than those affecting level advisors, based exclusively upon the relations between the parties as individuals.

20. The master file refers to all relevant documents pertaining to the client consisting of such information as demographics, case recordings, court documents, assessments, correspondence, treatment plans, bills, etc. This information is often collected through various means including electronic and computer driven sources. However, the master file exists as one unit, inclusive of all information pertaining to the client, despite various sources of the recording process. The description and ownership of the master file is most often defined by workplace standards or policies. The client's master file should be prepared keeping in mind that it may have to be revealed to the clients or disclosed in legal proceedings.

21. A social worker may be compelled to reveal information under the section when directly ordered by the court to do so. Before disclosing the information, the social worker shall advise the court of the professional obligations that exist under this section of the Code and where reasonably possible inform the client.

22. **The case of Tarasoff v The Regents of the university of California et al** (1976), 551 p.2d 334 (Cal. Supreme Court) focused on the obligation of a psychiatrist to maintain the confidentiality of his patients' statements in their discussions. In that case the patient told the psychiatrist that the patient had an intention to kill a certain woman. When the patient actually did kill this woman her parents brought suit alleging that the psychiatrist owed a duty to tell the woman of the danger to her.

It was held that the psychiatrist did have a duty to tell the woman of the threat. The court recognized that the psychiatrist owed a duty to the patient to keep in confidence the statements that the patient made in therapy sessions, but held there was also a duty to care to anyone whom the psychiatrist knew might be endangered by the patient. At a certain point the obligation of confidentiality would be overridden by the obligation to this third person. The psychiatrist's knowledge itself gave rise to a duty of care. What conduct would be sufficient to fulfill the duty to this third person would depend on the circumstances, but it might be necessary to give a warning that would reveal what the patient had said about the third party. The court in this case held that the psychiatrist had a duty to warn the woman about the patient's stated intention to kill her, and having failed to warn her, the psychiatrist was liable in negligence. Moreover, the court stated that the principle of this duty of care belonged not just to a psychiatrist but also to a psychologist performing therapy. It would follow that the principle would also apply to social workers performing therapy.

23. For the purpose of this Code, a child of tender years shall usually be determined to be a child under the age of seven years subject to a determination by a social worker

considering the child's social, physical, intellectual, emotional or psychological development.

Chapter 6

OUTSIDE INTEREST

6. A social worker who engages in another profession, occupation, affiliation, or calling shall not allow these outside interests to affect the social work relationship with the client.

6.1 A social worker shall declare to the client any outside interests that would affect the social work relationship with the client.

6.2 A social worker shall not allow an outside interest:

   (a) to affect the social worker's ability to practice social work;

   (b) to present to the client or to the community that the social worker's ability to practice social work is affected; or

   (c) to bring the profession of social work into disrepute. [24]

Footnotes for Chapter 6

24. This section brings the social worker's interest and personal actions in line with the professional duties and obligations as set out in this Code.

Chapter 7

LIMIT ON PRIVATE PRACTICE

7. A social worker in private practice shall not conduct the business of provision of social work services for a fee in a manner that discredits the profession or diminishes the public's trust in the profession.

7.1 A social worker shall not use the social work relationship within an agency to obtain clients for her or his private practice.

7.2 Subject to section 7.3, a social worker who enters into a contract for service with a client

   (a) shall disclose at the outset of the relationship, the fee schedule for the social work services,

   (b) shall not charge a fee that is greater than that agreed and disclosed to the client, and

   (c) shall not charge for hours of service other than the reasonable hours of client services, research, consultation and administrative work directly connected to the case.

7.3 A social worker in private practice may charge differential fees for services except where an increased fee is charged based on race, ethnic background, language, religion, marital status, sex, sexual orientation,

age, abilities, socio-economic status, political affiliation or national ancestry.

7.4 A social worker in private practice shall maintain adequate malpractice, defamation and liability insurance.

7.5 A social worker in private practice may charge a rate of interest on delinquent accounts as is allowed by law. [25]

7.6 Notwithstanding section 5.17, a social worker in private practice may pursue civil remedies to ensure payment for services to a client where the social worker has advised the client of this possibility at the outset of the social work service.

Footnotes for Chapter 7

25. This rate shall be stated on all invoices or bills sent to the client.

Chapter 8

ETHICAL RESPONSIBILITES TO THE WORKPLACE

8. A social worker shall advocate for workplace conditions and policies that are consistent with the Code.

8.1 Where the responsibilities to an employer are in conflict with the social worker's obligations to the client, the social worker shall document the issues in writing and bring the situation to the attention of the employer.

8.2 Where a serious ethical conflict continues to exist after the issue has been

brought to the attention of the employer, the social worker shall bring the

issue to the attention of the Association or regulatory body. [26]

8.3 A social worker shall follow the principles in the Code when dealing with

(a) a social worker under the supervision of the social worker,

(b) an employee under the supervision of the social worker, and

(c) a social work student under the supervision of the social worker.

Footnotes for Chapter 8

26. In this situation the professional obligations outweigh any obligations to a workplace.

Chapter 9

ETHICAL RESPONSIBILITES TO THE PROFESSION

9. A social worker shall promote excellence in the social work profession.

9.1 A social worker shall report to the appropriate association or regulatory

body any breach of this Code by another social worker which adversely

affects of harms a client or prevents the effective delivery of a social

service.

9.2 A social worker shall report to the association or regulatory body an

unqualified or unlicensed person who is practicing social work.

9.3 A social worker shall not intervene in the professional relationship of a

social worker and client unless requested to do so by the client and unless

convinced that the best interests and well-being of the client require such intervention.

9.4 Where a conflict arises between a social worker and other professionals, the social worker shall attempt to resolve the professional differences in ways that uphold the principles of this Code and the honour of the social work profession.

9.5 A social worker engaged in research shall ensue that the involvement of clients in the research is a result of informed consent.

Chapter 10

ETHICAL RESPONSIBILITIES FOR SOCIAL CHANGE

10. A social worker shall advocate for change

(a) in the best interest of the client, and

(b) for the overall benefit of society, the environment and the global community.

10.1   A social worker shall identify, document and advocate for the elimination of discrimination.

10.2   A social worker shall advocate for the equal distribution of resources to all persons.

10.3   A social worker shall advocate for the equal access of all persons to resources, services and opportunities.

10.4   A social worker shall advocate for a clean and healthy environment and shall advocate the development of environmental strategies consistent with social work principles.

10.5   A social worker shall provide reasonable professional services in a state of emergency.

10.6   A social worker shall promote social justice.