The Massachusetts Department of Youth Services (DYS) is committed to providing quality services to all youth in its care and custody. DYS is committed to respecting the dignity of all youth, and keeping them safe and secure, regardless of individual differences. The DYS Policy on Prohibition of Harassment and Discrimination Against Youth prohibits any form of discrimination or harassment against youth based on actual or perceived membership in or association with a protected class. No DYS employee, intern, volunteer, or contracted provider employee shall engage in discrimination or harass a DYS youth in the course of their duties based on race, creed, color, age, sex, national origin, religion, marital status, mental or physical disability, gender identity, gender expression, intersex condition, sexual orientation, veteran status, and criminal record.

In conjunction with the above referenced Policy, the following operational guidelines and glossary of terms are designed to ensure that staff treat youth who self-identify as lesbian, gay, bisexual, transgender, questioning, queer, intersex, or gender non-conforming (LGBTQI and GNC) in a respectful and culturally competent manner.

**SECTION I: TRAINING**

In order to raise the awareness of and capacity for staff to respond to gender identity, gender expression, sexual orientation and intersex condition issues in all DYS locations, all DYS state and contracted provider employees, volunteers and interns shall attend LGBTQI and GNC training as required by DYS.

**SECTION II: DISCLOSURE**

A.The only way that anyone knows someone's sexual orientation or gender identity is if they tell you.

1. All state and contract provider employees shall create an environment that is safe and welcoming for LGBTQI and GNC youth. Youth may disclose their sexual orientation and/or gender identity when, and if, they feel ready and when, and if, a safe environment and trusting relationship has been established. For example, an employee should not assume that a youth is heterosexual and should use gender neutral pronouns when discussing dating relationships. An example may be asking a youth “Are you dating someone?” instead of “Do you have a boy/girlfriend?”

If youth disclose that they are lesbian, gay, bisexual, transgender, intersex, questioning, queer, or gender non-conforming, it is important to talk with them about it in an open and understanding manner. An employee should never just “move on” as that may send a negative message; for example, an employee can ask the youth about what it means for them.

1. If a youth discloses this information to an employee, consistent with the positive youth development model, the employee shall ask the youth to what extent they want to disclose this information and to whom. It is important to respect a youth’s confidentiality regarding their status as LGBTQI or GNC. Youth shall be told that information regarding their status as LGBTQI or GNC shall not be disclosed to their parent or legal guardian without the youth’s consent whenever possible but in no circumstances without the youth’s knowledge. In addition, DYS shall not disclose this information to outside 3rd parties including, but not limited to courts, schools, service referrals without a youth’s consent.
2. Youth shall also be informed that, under certain circumstances, the youth’s status as LGBTQI or GNC may need to be shared with other employees (i.e. in connection with a placement/transfer request) but shall not be disclosed to other employees without the youth’s knowledge. Whenever possible, a young person should be in charge of their coming out process.
3. In order better understand and help the population DYS serves, DYS will collect statistics on the number of LGBTQI and GNC youth in its care and custody consistent with the youth’s confidentiality requests. In addition to documenting how youth self-identify during intake, employees shall document any changes to a youth’s self-identification in JJEMS when they occur.

**SECTION III: YOUTH PLACEMENT**

A. DYS state and contract provider employees in all locations shall receive training on providing services for LGBTQI and GNC youth including how to create a safe space in all placements. LGBTQI and GNC youth shall not collectively be placed in one location and shall not receive housing, bed or other assignments solely on the basis of such identification or status.

B. Intake Assessment at Detention Programs and Residential Programs: Upon conducting an intake of a youth, staff shall ask the youth in accordance with the provided intake questions how they identify by gender. These questions shall be asked in a manner and physical location that affords the youth maximum privacy and confidentiality. A youth who identifies as a transgender or intersex youth shall be placed in a location consistent with the youth’s stated gender identity, absent a safety-based objection. Safety-based objections must be raised with the Regional Director, and shall have a specific, documented credible basis and not be solely based on a gender identity reason. If the youth is not currently at a location compatible with their stated gender, the program will move the youth to a location consistent with their stated gender identity at the most reasonable time, again, in consultation with the Regional Director, and consider a safety plan until such move is possible. All placements of a transgender or intersex youth shall be done in consultation with the Regional Director.

C. Specialized Placement: Placement at specialized LGBTQI and GNC facilities operated by voluntary agencies will be considered, when appropriate, for an individual youth. A request by a youth for placement at or transfer to a location based upon gender identity, gender expression, sexual orientation and intersex condition can be made during the reception/intake process or at any other time and will be forwarded the Regional Review Team (RRT).

D. Consultation regarding LGBTQI and GNC placement and other related issues may be referred to the DYS provider contracted for such services. Such consultation may be utilized through the Regional Clinical Coordinators for assistance in placement decisions and occur in person or via phone or video conference(s).

E. Placement decisions for youth, especially transgender or intersex youth shall be reassessed at least at the Monthly Treatment Meeting or as needed to review any threats to safety experienced by the youth.

F. Appeals of placement decisions shall be by a written request to the Deputy Commissioner within seven business days of receiving the notice of the decision.

**SECTION IV: COUNSELING, MENTAL HEALTH and SUBSTANCE ABUSE**

1. Clinical services are available for all youth in the care and custody of DYS. Youth in Overnight Arrest placements shall have access through emergency services provided through DYS or its contracted providers when needed.
2. Clinicians shall offer appropriate counseling and information to support LGBTQI and GNC youth with any issues they are having related to their gender identity, gender expression, sexual orientation and intersex condition, if needed.
3. All adolescents’ experience developmental and social challenges. Clinicians should be aware of possible barriers for LGBTQI and GNC youth in seeking mental health care and make efforts to reduce these barriers by being open, non-judgmental, and empathic. Clinical staff should help youth reduce co-occurring problems or distress, related to their gender identity, gender expression, sexual orientation and intersex condition and help develop their strengths, coping skills and resiliency.
4. Clinicians should not assume there is a problem with a youth simply because a youth expresses a different gender identity, gender expression, sexual orientation and intersex condition. However, LGBTQI and GNC youth frequently face additional pressures based on their gender identity, gender expression, sexual orientation and intersex condition. Clinicians must be aware that difficulties in coping with these challenges frequently result in additional mental health or behavioral health problems including increased suicide risk, depression and anxiety, tobacco/drug/alcohol use, and school drop-out.
5. Where clinically indicated, a youth committed to DYS’ custody should be referred by the Regional Program Clinical Director in consultation with the Regional Clinical Coordinator for a diagnostic assessment by or in consultation with specialists in the field of LGBTQI and GNC youth or Gender Dysphoria.

F. Counseling sessions for youth should include group and individual opportunities to discuss any gender identity questions or feelings that may arise as a result of having youth in program that is or is perceived to be “different.”

**SECTION V: MEDICAL and HEALTH**

1. Health Services shall provide appropriate medical information and health services education for all youth inclusive of LGBTQI and GNC issues.
2. As a component of the medical screening provided to all youth who enter DYS, staff shall identify medications that are currently prescribed to the youth through both history and third-party reports. DYS shall continue providing hormone blocking and hormone therapy medications currently prescribed to the youth when the community-based provider recommends continuation and agrees to continue the medical management of such drugs. Staff shall seek to contact the prescriber of such medications within 24 hours of identification and begin administration of gender affirming medications within 72 hours.
3. Youth who enter DYS using medications not prescribed will receive health services to determine the proper medical steps regarding the specific medication. When such a case occurs, DYS contracted health care providers will refer the youth to a hospital or community-based specialist who will evaluate for continuation of the medications within one week.
4. Youth who request to begin hormone therapy or puberty blockers will be referred to a qualified medical professional in an expeditious manner and receive treatment consistent with the current standard of care. Referrals will be made consistent with the DYS policy regarding informed consent.
5. DYS Authorization for Medical Care Policy indicates only the parent, guardian and the youth, if 18 or older, may consent to elective or invasive medical care. DYS does not consider gender affirming hormone treatment and puberty blockers as elective or invasive.

**SECTION VI: LGBTQI and GNC LITERATURE AND RESOURCES**

A. Programs should create a supportive environment by affirming the diversity and cultural identity of the youth. It is important that educational books and other reading materials for youth interested in learning more about LGBTQI and GNC issues are available. Materials should be made available in languages other than English as needed and as funding is available.

B. LGBTQI and GNC literature and other visible signs of support for LGBTQI and GNC youth should be displayed in the common areas, office, etc., to demonstrate that staff are knowledgeable and open to communication on these topics.

C. Youth shall have access to supportive resources with age appropriate LGBTQI and GNC information, including a book list, website list of community resource supports, and advocacy groups.

**SECTION VII: GENERAL PROGRAM OPERATION**

All DYS youth are accountable for their behavior, and for being respectful of others and the setting in which they are placed.

A. Safety and security for employees and youth remain paramount in all DYS locations. DYS recognizes that creating safe places for LGBTQI and GNC youth provides greater safety and security for all youth.

B. All youth, regardless of gender identity, gender expression, sexual orientation and intersex condition need to feel safe in their surroundings to achieve effective programming and positive outcomes.

C. Rules must be maintained with dignity and respect for all youth, regardless of their gender identity, gender expression, sexual orientation, or intersex condition.

D. Unless there is reason to the contrary, staff should not over–emphasize gender identity, gender expression, sexual orientation, or intersex condition (i.e., youth are placed in DYS programs because of identified service and needs, not their gender identity, sexual orientation, gender expression or intersex condition). No state and contract provider employees shall do or say anything to try to change a youth’s sexual orientation or gender identity.

E. All state and contracted provider employees shall set a good example and make youth aware that any threat of violence, actual violence, or disrespectful, derogatory comments or gestures based on actual or perceived LGBTQI and GNC status will not be tolerated concerning any DYS youth. Youth may use the youth grievance process to report concerns.

F. All state and contracted provider employees must maintain personal and professional boundaries for safe and appropriate behavior with all youth as trained by DYS. Boundary violations are inappropriate regardless of gender identity, sexual orientation, gender expression or intersex condition.

G. All youth should be included in activities or jobs for which they qualify and/or show a positive interest in, regardless of their gender identity, gender expression, sexual orientation, or intersex condition.

**SECTION VIII: LANGUAGE AND NAME**

1. All youth shall be addressed in person by their preferred name including any name that is associated with their gender identity as well the pronouns that reflect a youth’s stated gender identity unless such preferred is reasonably believed to be associated with criminal activity or has vulgar connotations. A request by a youth to use gender neutral pronouns such as the singular “they”, “ze/hir”, or other gender-neutral pronouns should be honored, as well.
2. DYS shall work with the youth when the youth indicates that notifying the youth’s family of the preferred name will create an unsafe environment for them. Staff shall notify the youth that considerations should be made to ensure that the preferred name does not appear where the family may see the name, and/or to ensure that staff do not use the youth’s preferred name in the presence of the family.
3. A youth’s legal name shall be used for all written records and documents including court documents, medical records, clinical or other service referrals, and JJEMS entries.
4. All DYS state and contracted provider employees shall note the preferred name of the youth in the youth’s JJEMs progress notes.

**SECTION IX: CLOTHING**

1. All youth shall wear the clothing provided by the location or dress consistent with the clothing allowed by the location if there is no uniform required. Youth shall be not forced to wear clothing that does not match their gender identity or expression in any setting.
2. Where clothing is provided, youth may receive undergarments of their choice among available agency supplies, regardless of gender.
3. Transgender and gender non-conforming youth may possess items necessary to present their gender identity consistent with safety and security procedures including binders, packers, girdles, breast inserts, bras and other items as requested. DYS may supply items upon request through the Regional Clinical Coordinators.

**SECTION X: HAIR AND OTHER PERSONAL GROOMING**

1. Personnel grooming rules and restrictions, including those regarding hair, make-up, shaving, etc., shall be consistent in all male and female programs. A youth should not be prevented from, or disciplined for, a form of personal grooming that does not match typical gender norms.
2. Some examples of grooming rules and restrictions that may be relevant to LGBTQI and GNC youth include:
	* Long hair can be tied back with a hair tie.
	* Youth can receive a basic cut or/and shape haircut.
	* Fingernails must be maintained at a length that adheres to DYS safety/security practices.
	* Youth may shave their face and/or body, as permitted by DYS safety/security practices.
	* Jewelry can be worn as permitted by DYS safety and security practices.

**SECTION XI: INDIVIDUAL BEDROOMS**

1. Any youth who reports feeling safer in individual sleeping quarters shall be allowed to do so when available at that placement. No youth shall be forced into individual sleeping quarters. If individual quarters are not available, employees shall discuss safety planning with youth.
2. Transgender, intersex or gender nonconforming youth shall be placed in a program that has individual sleeping quarters (one-person bedroom) to allow for privacy if such youth request individual sleeping quarters. Any exceptions must be authorized by the Regional Review Team and documented in the youth’s classification folder of JJEMS.
3. All DYS state and contract provider employees shall consider a request by a youth for a room change and discretely inquire if the youth is feeling unsafe. If the youth answers, “yes,” the employee should bring this to the attention of a supervisor and a clinician for further review.

**SECTION XII: BATHROOM AND SHOWER FACILITIES**

1. A lesbian, gay, bisexual, questioning or queer youth shall not be forced to shower separately or use different bathrooms based on actual or perceived sexual orientation.
2. Transgender, intersex, and gender non-conforming youth shall be provided access to all spaces including bathrooms at their location except where the youth or employee asserts a safety concern. In such instances, youth shall be provided with individual access to the space and/or the opportunity to shower separately. Any safety-based concern or objection raised by an employee shall have a specific, documented credible basis and not solely on a gender identity reason.

**SECTION XIII: SEARCHES**

A. All youth will be searched in accordance with DYS policy and procedure. In conducting the search of a youth, all state and contractor provider employees must ensure thoroughness while maintaining the dignity of and respect for the youth being searched.

B. Transgender and intersex youth may request that male or female employee conduct a strip search when a search is required. This request will be accommodated, whenever possible, considering employee and youth and safety security.

C. A state or contracted provider employee shall not search or conduct a physical examination of a youth for the sole purpose of determining the youth’s genitals or genital status.

**SECTION XVI: RELEASE AND DISCHARGE PLANNING**

A. It is critical to engage and collaborate with the youth’s parent, legal guardian and/or family throughout residential placement to enhance community re-entry efforts.

B. All DYS state and contracted provider employees working with LGBTQI and GNC youth shall identify and become familiar with community resources that can support a youth, parent, legal guardian and/or family and assist them with identifying and accessing supportive and professional resources.

1. In identifyingresources that may be helpful for youth, state and contracted provider employees should review whether or not the specific resource supports LGBTQI and GNC youth before a referral is made to that specific resource.

**GLOSSARY OF TERMS**

**Bisexual** refers to a person who is attracted to and may form sexual and romantic relationships with people of their same gender or another gender.

**Cisgender** refers to someone for whom their gender identity matches their sex assigned at birth. For example, if a baby is born and the doctor writes “female” on the birth certificate and later in life that person identifies as a girl or women, that person is considered a “cisgender woman”.

**Gay** refers to a person who is emotionally, romantically, and/or sexually attracted to people of the same gender. It may be used to refer to gay men and boys but can also refer to women and girls who are attracted to people of the same gender. It is preferred over the term “homosexual.”

**Gender Dysphoria** (previously referred to as gender identity disorder) refers to some individuals whose gender identity conflicts with the sex assigned to them at birth and is a diagnosable condition. Certain treatments, such as hormone therapy or gender confirmation surgery, may be recommended for individuals diagnosed with Gender Dysphoria.

**Gender expression** refers to the manner in which a person expresses their gender through clothing, appearance, behavior, speech, etc. A person’s gender expression may vary from the norms traditionally associated with their assigned sex at birth. Gender expression is a separate concept from sexual orientation and gender identity. For example, a male may exhibit an effeminate manner, but identify as a heterosexual male.

**Gender identity** shall mean a person's gender-related identity, appearance, or behavior, whether that gender-related identity, appearance or behavior is different from that traditionally associated with the person's physiology or assigned sex at birth. Gender-related identity may be shown by providing evidence including, but not limited to, medical history, care or treatment of the gender-related identity, consistent and uniform assertion of the gender-related identity or any other evidence that the gender-related identity is sincerely held as part of a person's core identity; provided, however, that gender-related identity shall not be asserted for any improper purpose.

**Gender transition** describes the experience by which a person goes from living and identifying as one gender to living and identifying as another. For most youth, and for all young children, the experience of gender transition involves no medical intervention. Rather, most transgender youth will undergo gender transition through a process commonly referred to as “social transition,” whereby they begin to live and identify as the gender consistent with their gender-related identity. Some transgender youth who are close to reaching puberty, or after commencing puberty, may complement social transition with medical intervention that may include hormone suppressants, cross-gender hormone therapy, and, for a small number of young people, a range of gender-confirming surgeries. The decision about whether and how to undergo gender transition is personal and depends on each individual’s unique circumstances. There is no threshold medical or mental health diagnosis or treatment requirement that any youth must meet to have their gender identity recognized and respected by the agency.

**Gender Non-Conforming** refers to People whose gender expression is (1) neither masculine nor feminine; or (2) different from traditional or stereotypic expectation of how a man or woman should appear or behave.

**Intersex** refers to a spectrum of conditions involving differences of the sex chromosomes, reproductive ducts, and/or genitalia. The most traditional definition of intersex refers to individuals born with components of both male and female biological sex characteristics (genitalia, chromosomes, hormones, and secondary sex characteristics), or genitalia that are not clearly male or female.

**Lesbian** refers to a woman or girl who is emotionally, romantically, and sexually attracted to other women or girls.

**Non-binary** is a gender identity that describes a person who is outside of the constructs of man and woman. Non-binary is sometimes used as an umbrella term that includes identities such as agender, genderqueer, bigender, etc. and sometimes used as a primary identifier.

**Sexual orientation** refers to a person’s emotional, romantic, and sexual attraction to persons of the same or different gender. It is comprised of three components: attraction, behavior, and label.

**Transgender** indicates a person whose gender identity is different than the sex they were assigned at birth. For example, if a doctor writes “female” on a baby’s birth certificate, but later in life that person identifies as a man, that person would be considered a “transgendered man”. For purposes of protection from discrimination and harassment, transgender refers to both self-identified transgender, individuals and individuals perceived as transgender, and gender non-conforming, without regard to whether they qualify for a diagnosis of Gender Dysphoria.

**Transgender female youth** are young people who were assigned the sex of male at birth and who now identify as female. Similarly, the terms *transgender girls* and *transgender women* refer to those who now identify as girls or women.

**Transgender male youth** are young people who were assigned the sex of female at birth and who now identify as male. Similarly, the terms *transgender boys* and *transgender men* refer to those who now identify as boys or men.

**Queer** is a historically derogatory term for a gay man, lesbian, or gender non-conforming person. The term has been widely reclaimed, especially by LGBTQI youth, as a positive social and political identity. It is sometimes used as an inclusive, or umbrella, term for all LGBTQI people. Queer is also used as a term of self-identification by people who do not identify with more restrictive, binary terms. Some LGBTQI community members still find this term offensive.

**Questioning** refers to a person, often an adolescent, who is exploring or questioning issues of sexual orientation or gender identity or expression in their life. Some questioning people will ultimately identify as gay, lesbian, bisexual, or transgender; others will self-identify as heterosexual and not transgender.