



Office of Children and Family Services

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Informational Letter

Transmittal:	16-OCFS-INF-10
To:	Commissioners of Social Services Executive Directors of Voluntary Authorized Agencies
Issuing Division/Office:	Strategic Planning and Policy Development
Date:	November 10, 2016
Subject:	Sexual Orientation, Gender Identity, and Gender Expression (SOGIE)
Suggested Distribution:	Directors of Social Services Voluntary Authorized Agencies Staff Child Welfare Supervisors Child Protective Supervisors Adult Protective Supervisors Directors of Juvenile Detention Programs Child Advocacy Center (CAC) Staff Foster/Adoption Care Supervisors Vision Rehabilitation Directors Human Resources Supervisors Staff Development Coordinators Domestic Violence Providers
Contact Person(s):	See Section IV
Attachments:	A: <i>SOGIE Terms Desk Aid</i> B: <i>SOGIE Development Across the Lifespan</i> C: <i>SOGIE Quick Tips</i>

Filing References:

Previous ADMs/INFs	Releases Cancelled	NYS Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
15-OCFS-ADM-18 16-OCFS-ADM-02 16-OCFS-INF-04		9 NYCRR §§ 180.5(a)(6), 182-1.5(g)(l), 182-2.5(g)(1) 18 NYCRR §§ 421.3(d), 423.4(m)(7), 441.19(d), 441.24,452-455,457,462	Executive Law § 292(8), (21) and (27)		

I. Purpose

The purpose of this Informational Letter (INF) is to provide staff with guidance and resources related to sexual orientation, gender identity, and gender expression (SOGIE). The goal of providing education and resources on SOGIE terminology is to promote a safe and respectful environment for all children, youth, and adults.

II. Background

Everyone has a SOGIE. Like other characteristics of identity, such as race, religion, and national origin, SOGIE can be a source of pride and connect a person to a wider community. Additionally, SOGIE can shape a person's needs. SOGIEs develop in a positive manner when all people are provided a safe and respectful environment. Therefore, the New York State Office of Children and Family Services (OCFS) seeks to promote the provision of services in programs that are licensed, operated, or overseen by OCFS in ways that are supportive of a person's safety, development, and dignity and that are free from discrimination or harassment based on SOGIE.

On September 9, 2015, OCFS issued [15-OCFS-ADM-18, *New York State Bill of Rights for Children and Youth in Foster Care*](#). The Bill of Rights states that children and youth in foster care in New York State have the right "to be treated fairly and with respect and to receive care and services that are free of discrimination based on race, creed, color, national origin, age, religion, sex, gender identity or gender expression, sexual orientation, marital status, physical or mental disability, or the fact that [they are] in foster care."¹ On February 8, 2016, OCFS issued [16-OCFS-ADM-02, *Regulations Prohibiting Discrimination and Harassment in Child Welfare and Youth Programs*](#) advising local departments of social services (LDSSs) and voluntary agencies (VAs) of regulations that prohibit discrimination and harassment by LDSS and VA staff, volunteers, and certified or approved foster parents on the basis of SOGIE or other aspects of a person's identity.² On March 25, 2016, OCFS issued an Informational Letter ([16-OCFS-INF-04](#)) announcing a SOGIE-affirming resource for families.³

III. Program Implications

Like the other aforementioned characteristics of a person's identity, one's SOGIE should be affirmed. The affirmation of a person's identity by others promotes well-being, health and safety. Affirming another person's SOGIE includes learning SOGIE terms and how to use them comfortably, and projecting a sense of support for people of all SOGIEs.

Attachment A: *SOGIE Terms Desk Aid* provides a list of common SOGIE terms in an easy-to-use format. Most of the terms can be roughly sorted into four main categories: sex,⁴ gender identity, gender expression, and sexual orientation. Some SOGIE terms

¹ OCFS-2132, *Bill of Rights for Children and Youth in Foster Care*.

² 16-OCFS-ADM-02, *Regulations Prohibiting Discrimination and Harassment in Child Welfare and Youth Programs*.

³ 16-OCFS-INF-04, *Substance Abuse and Mental Health Services Administration and Family Acceptance Project Release: A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children*.

⁴ Sex is related to SOGIE, but is not a part of the SOGIE acronym.

overlap between categories, or do not neatly fit into a category. Note that SOGIE terms are subject to change, and staff should ask for clarification when they encounter a term they do not recognize.

Attachment B: *SOGIE Development Across the Lifespan* provides information on SOGIE as it relates to human development, from birth through adulthood. However, there is no single path of SOGIE development, so staff should tailor their responses and actions to fit particular situations. Still, it is important that staff know in general how SOGIE emerges, shifts, and/or persists across the lifespan.⁵

Attachment C: *SOGIE Quick Tips* summarizes best practices for staff on how to respect and respond to children, youth, and adults with diverse SOGIEs. As staff provide services to a wide range of people, they should also prepare to address challenges related to multiple and sometimes conflicting norms, values, and beliefs faced by the intersection of a person's SOGIE and race, ethnicity, religion, disability, citizenship status, and/or nationality.⁶

Guidelines for Promoting a Safe and Respectful Environment

Programs should affirm the SOGIE identity of the people whom they serve.

- **Celebrate and affirm SOGIE differences.** Programs affirming SOGIE should encompass all SOGIE categories and should be provided for all ages. More specifically, programs should affirm diverse gender identities, not limited to: transgender, cisgender and gender non-conforming. Programs should also affirm diverse sexual orientations, not limited to: lesbian, gay, bisexual, asexual, (gender) queer, questioning, and straight.⁷
- **Provide resources and display pride.** Programs should make available educational reading materials and other media reflecting diverse SOGIE identities. Materials should be made available in languages other than English, as needed. Materials should also be made available in multiple mediums to include people with disabilities. Staff should provide ongoing access to supportive resources that provide age-appropriate SOGIE information, including a book list and a website list of community resource supports and advocacy groups. SOGIE informational materials should be visible in common areas and offices, signifying that staff are knowledgeable and open to communication on this topic. Staff may display symbolic items in offices, such as rainbow flags or stickers, and posters showing same-sex led families. Seeing a small flag on a desk may be meaningful for people. Programs should try to establish working relationships with pride organizations that can provide support for people of different SOGIEs.

⁵ Newman B., Newman P. (2006). *Development Through Life: A Psychological Approach* (9th ed). Thomson Higher Education. Belmont, CA.

⁶ Noriega, A. (2012). *Presentation: Psychological Treatment of LGB Individuals.* Rock Bridge Psychological Associates, LLC. Lilburn, GA.

⁷ This list is not exhaustive.

Staff have varying levels of comfort discussing SOGIE, and discussions of SOGIE can be made more challenging given that SOGIE terms and use can change over time.⁸ Staff should overcome these challenges and be prepared to serve children, youth, and adults with a wide variety of SOGIEs. Staff should be trained to:

- **Consistently enforce policies** for teasing, bullying, harassment, or violence on the basis of actual or perceived SOGIEs.
- **Know the differences** between sex, gender identity, gender expression, and sexual orientation.
- **Be familiar with SOGIE terms** and how to use them appropriately, keeping in mind that SOGIE terms are subject to change over time. If a person uses a term for which staff is not familiar, staff should simply say, “I am not familiar with that term. What does it mean to you?”
- **Never presume** the sexual orientation or gender identity of others.
- **Respectfully initiate conversations** with children, youth, and adults about their SOGIE with the goal of identifying who might need SOGIE-specific services (this could include connecting a child or youth with a local LGBTQ pride center if available).
- **Be prepared to meet the needs** of children, youth, and adults as whole people with complex identities (for example, a youth who is gay, Latino, and sighted may have different needs than an adult who is transgender, African-American and blind).
- **Navigate SOGIE disclosure.** The only way to know another person’s sexual orientation or gender identity is if they tell you. Disclosure is a very personal choice. Children, youth, and adults may not feel comfortable disclosing their SOGIE out of fear of rejection and/or lack of safety. A person is more likely to disclose their sexual orientation or gender identity to staff when they are in an affirming environment.
- **Protect SOGIE confidentiality.** As with other case-sensitive information, without a client’s permission, staff must keep SOGIE information confidential. Every person who chooses to disclose SOGIE information to staff should be informed about how this information will be used. If someone discloses to staff, staff should acknowledge the disclosure. Staff should also confirm whether there are others to whom the person has or has not disclosed, since a person may wish to be “out” to some people but not to others.
- **Educate and support parents, guardians, and families.** They should know that sexual orientation and gender identity are not a choice. Parents’ sexual orientations have no

⁸ For example, while “queer” is historically a derogatory term, some youth and young adults have reclaimed the term for themselves. Staff should be sensitive to differences between how members of older and younger generations may react to the use of this term.

effect on their children's sexual orientations.⁹ Family acceptance has a protective effect against many threats to well-being, including health risks such as HIV infection and suicide. In a survey of transgender and gender non-conforming people, 57 percent reported having had experienced significant family rejection.¹⁰ The effect of family acceptance is clear: transgender individuals with families that are not accepting have a significantly higher rate of suicide attempts and substance abuse than transgender individuals with accepting families.¹¹

IV. Contact Information

Questions concerning this release should be directed to the appropriate staff:

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⁹ Adelson, S. (2012). *Practice Parameter on Gay, Lesbian or Bisexual Sexual Orientation, Gender Nonconformity, and Gender Discordance in Children and Adolescents*, Journal of the American Academy of Child & Adolescent Psychiatry. Vol. 51(9).

¹⁰ Grant J.M.et al. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force.

¹¹Ibid.

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