Creating Safer Spaces for Youth who are LGBTQ in Broward County, Florida: Collecting SOGIE Data for Life-Coaching Services


**Issue**

Youth in child welfare systems who are LGBTQ face numerous societal and systemic challenges that can create obstacles for their positive development and transition into adulthood. Recent estimates place the number of youth in foster care who are LGBTQ to be double the rate of individuals who are LGBTQ in the general population. Nevertheless, evidence suggests that young people who are LGBTQ remain invisible in many child welfare systems across the United States. Disclosure of sexual orientation and gender identity renders young people who are LGBTQ visible to child welfare services. Ideally, this should result in case management that reflects their rights, as children involved in the child welfare system, to receive various medical, emotional, behavioral, and educational services and treatment, and to live in a safe environment free from physical and psychological harm. A significant issue, however, for youth and service providers concerns the safe and respectful disclosure of sexual orientation and gender identity. In their article, Greif-Hackett and Gallagher discuss the creation and implementation of a sexual orientation, gender identity and expression (SOGIE) survey. The survey was designed to better serve youth in “transition to independent living” (TIL) life-coaching programs in Broward County, Florida. In addition, the authors discuss the process of engaging community partners to use the survey tool, the lessons learned about interagency communication, and advancing equity goals for youth.

To measure youths’ SOGIE, the authors adapted Cipolla-Stickles’ Sexual Orientation Gender Identity and Expression Questionnaire. The adapted survey tool contained six items to gain a multidimensional understanding of youth SOGIE. Ultimately, eight TIL programs participated in the survey implementation from 2015-2016. Six hundred and twenty-one young people ages 15–26 years (mean = 17.8) who were participants in the TIL programs contributed survey responses for an overall response rate of 89 percent. Of the youth who provided program entry responses, 299 youth (48%) were in their TIL programs long enough to participate in the follow-up survey at six months. Youth responses at entry were as follows:

**Do you identify as female, male, transfemale, transmale, or another way?**

Thirty-seven percent of the sample identified as cisgender male and 58 percent identified as cisgender female at program intake. Approximately 3.5 percent of youth either directly indicated they were transgender on the SOGIE survey or were inferred to be transgender because of a difference between sex assigned at birth and their currently identified gender. Another 1.4 percent of youth responded that they identified “another way” or “somewhere in-between” when asked about their gender.

**In relation to your gender identity, do you have a preferred name and/or gender pronoun/label?**

In terms of preferences for specific pronouns, 84 percent of youth identifying as transgender preferred a specific pronoun to refer to their gender identity. Youth identifying as cisgender also reported a desired name or pronoun with 53 percent of cisgender males (e.g., “he”) and 37 percent of cisgender females indicating that they preferred specific pronouns to refer to their gender (e.g., “she”).

**Are you gay, lesbian, bisexual, queer, questioning, straight, or identify in some other way?**

Approximately 18 percent of youth identified as LGBTQ (including queer, questioning, pansexual, or another category the youth could list himself or herself) and 82 percent identified as heterosexual. This includes youth who participated in a specific LGBTQ TIL program (n = 29). Excluding this program, approximately 15 percent of youth identified as LGBQ and 85 percent identified as heterosexual. Examining sexual orientation by race, responses show that 12 percent of African American youth, 40 percent of white youth, and 24 percent of multiracial youth indicated that they were LGBQ.
After six months of program participation there was some evidence of SOGIE fluidity. Six youths selected different genders from intake at 6 months (2%). Four of these youth maintained their sexual orientation between intake and 6 months. Seventeen youth, inclusive of those selecting different genders, reported different dating and attractions responses (6%). Nineteen youth reported shifts in sexual orientation with 42 percent identifying themselves as “straight” (i.e., heterosexual) at intake and then LGBTQ at six months, 21 percent reporting LGBQ at intake and then heterosexual at six months, and 36 percent shifting between LGBQ categories.

The study’s findings make visible LGBTQ youth who are often overlooked in the child welfare system. Furthermore, knowledge of TIL participants’ preferences regarding preferred pronouns, clothing expression, dating, and gender identity fluidity helps case managers to better understand and respect participants’ wishes, improve case planning, and provide insight to community partners on meeting the needs of LGBTQ identified youth.

By collecting SOGIE information in the TIL programs, the providers discovered that close to one fifth of participants were LGBTQ. The authors conclude that collecting data about sexual orientation, gender identity and expression can and should be part of a larger conversation with young people who are LGBTQ about the direction of their case management and transition to independent living. Surveying all youth was shown to be a low-cost, high-yield data collection opportunity that can be used for service planning, advocacy, and empowering youth and those who work with them to secure a variety of resources to enhance the youths’ quality of life. The results also highlight the power of a supportive collaboration between service providers, advocacy groups, and funders to move initiatives forward to empower youth involved with child welfare systems and to create safer spaces in which young people may develop to their full potential.

Below are several of the authors’ observations and recommendations for agencies/programs serving youth who are in the child welfare system:

- Systemically, agencies that want to collect SOGIE information from their youth must ensure that the local environment is working to reduce bias and discrimination so that youth know that disclosing their SOGIE will not put them at risk.
Likewise, these agencies should create opportunities for communication between local youth-serving agencies. Being a productive community partner creates an environment in which everyone shares in young people’s successes. As such, it opens conversations with providers about why SOGIE data collection would be a helpful addition to their programming. Provider engagement can be reinforced through meetings in which all attendees can share their experiences working with youth who identify as LGBTQ. Together, providers can find solutions to barriers in effective services.

An agency interested in implementing SOGIE data collection would benefit from creating positive personal relationships with those who will be collecting the data and explaining the utility and benefits of SOGIE data on the day-to-day work that staff provide to youth.

Agencies interested in collecting SOGIE data should use a dynamic and direct approach to survey development and may find it helpful to tailor survey items to language used in their own communities. It is also important to find resource tools and extant surveys that have helped others gain reliable and valid insight into their clients’ SOGIE. The aim is to balance the use of measures that have been tested and shown to be effective in obtaining high-quality data, while adapting language for the community to enhance meaningful communication with the youth being served.

Lastly, agencies may need a flexible data system to support data collection efforts. This is particularly important if data are to be collected and recorded over multiple time periods and if the expectation is that a variable may change over time. This flexibility is often critical for larger government or provider agencies where data system and organizational changes may need to be vetted by all users and thus are more difficult to implement.


2 The study’s Confidential SOGIE Questionnaire is available in Appendix 1 of the article.