LGBTQ+ Community Practice Model

Introduction

In recognition of the need for broader understanding and a comprehensive approach to meet the needs of lesbian, gay, bisexual, transgender, queer and gender non-binary (LGBTQ+) stakeholders, the Office of Children and Family Services (OCFS) developed an *LGBTQ+ Community Practice Model*. This model was developed through a series of meetings, and an exhaustive review of existing academic and practice literature that was explored and discussed with LGBTQ+ youth currently in foster care, the OCFS Youth Advisory Board, the OCFS Parent Advisory Board, regional and local stakeholders, OCFS staff statewide, and the New York State Commission for the Blind.

The *LGBTQ+ Community Practice Model* is to be applied broadly internally at OCFS and with programs and services licensed, operated and approved by OCFS. New York State is committed to the rights of people of all sexual orientations and gender identities, and this practice model is just one step that puts that commitment into action. OCFS's commitment to diversity, equity, and inclusion extends through this practice model and intersects with other areas of historical oppression and disadvantage.

Purpose

To establish a consistent and affirming approach when engaging members of the lesbian, gay, bisexual, queer (LGBQ), and/or transgender, gender nonconforming, nonbinary (TGNC) community (LGBTQ+) across OCFS programming, policy, and practice in New York State.

Vision

People of all sexual orientations and gender identities, regardless of race, ethnicity, disability, other protected class, age, or socioeconomic status are treated with dignity and are affirmed through supportive and informed environments.

Equity and Inclusion

Many LGBTQ+ people experience discrimination and rejection due to both their LGBTQ+ identity and the factors recognized in the vision statement above. Work with and within the LGBTQ+ community should be inclusive. Historically however, not all of the voices within the LGBTQ+ community have been listened to equally or been heard at all. This practice model seeks to be guided with a race equity focus and the concept of intersectionality.

Racial Equity Statement

In order to work to address the disparities that non-white LGBTQ+ community members face, above and beyond adverse experiences due to their Sexual Orientation, Gender Identity, and Expression (SOGIE), it is critical to include the voices and contributions of LGBTQ+ people who represent all races and racial perspectives. Particular consideration should be given to Black, Latinx, and Indigenous LGBTQ+ youth, whose perspectives have been underrepresented

historically within the LGBTQ+ community, and who are often placed at higher rates in out-of-home systems of care. Policy and practice should take into consideration the needs and experiences of a community member based on both their SOGIE and their race/ethnicity, in order to create service provision that is equitable.

Intersectionality Statement
This term was established by Kimberlé Crenshaw in 1989, originally to identify the barriers Black women face in society–specifically marginalization due to both sexism and racism. It has become a term used in social justice work to highlight the compounded effects of the intersection of two or more marginalized identities.

One example of intersectionality would be a person who identifies as a transgender woman and is also blind. As she navigates life, she may experience discrimination for her gender identity, in addition to being marginalized due to her impaired vision. While seeking support for her blindness, she may encounter people who are transphobic; or while she is seeking support for her transgender identity, she may be turned away because of a lack of specific services for people who are blind. Thus, her gender identity may have a compounding, negative effect on her desire to seek supportive services for blindness, and vice versa.

Visual impairment and blindness alone often lead to experiences of marginalization. OCFS is committed to the needs and experiences of all people with disabilities, including blind people. The New York State Commission for the Blind (NYSCB) is housed within OCFS, whereas the needs of blind individuals are especially noted in this model.

Outcomes
We will use our practice model to achieve the following *outcomes,* which we believe will help to achieve our vision:

- **Affirming Practice** – LGBTQ+ community members feel their LGBTQ+ identity is acknowledged and affirmed. LGBTQ+ community members experience equitably adequate service provision and environments.
- **Cultural Responsiveness** – Interactions with LGBTQ+ community members are informed by the terminology, concepts, and experiences of the LGBTQ+ community.
- **Educated Workforce** – The importance of ongoing training on LGBTQ+ topics is understood and acted upon to maintain best practice with the LGBTQ+ community. Staff members will receive training on working with the LGBTQ+ community in the onboarding process. OCFS will continually evaluate training content to reflect evolving terminology within the LGBTQ+ community.
- **Safe Spaces** – Environments maintain visible, as well as non-visible for the vision impaired, LGBTQ-affirming media, documentation, forms, publications, and

educational materials to signify the space as a <u>safe environment</u> for people of **all** sexual orientations and gender identities.

- **Inclusive Policy** – Guidance and policies are aligned with New York State law, OCFS policies, and are developed and implemented in a manner that is <u>affirming</u> and respectful to <u>LGBTQ+ community members</u> and are intended to produce positive outcomes.

Values

To achieve these outcomes, we are committed to the following **values**:

- We recognize that all people, everywhere, have a sexual orientation, gender identity, and expression (SOGIE), and the right to be free from discrimination based on their SOGIE.

- We recognize that <u>members of the LGBTQ+ community</u> also experience the world according to their racial, ethnic, and socioeconomic background and abilities, and that policy, programming, and determinations must be made taking these experiences into consideration.

- We recognize that all people have the right to be referred to by the name and pronouns they have requested. In support of all gender identities, we include our own pronouns when introducing ourselves and elsewhere, when appropriate.

- All OCFS staff and -partners' staff acknowledge bias and actively work against LGBTQ+ bias in their work.

- We acknowledge what gaps in knowledge may exist on LGBTQ+ terminology and concepts, and we seek training to fill in knowledge gaps as they are discovered.

- We listen to, and learn from, the experiences of <u>LGBTQ+ community members</u> to provide services and environments that are <u>LGBTQ+ affirming and informed</u> by authentic experience.

- We believe that services for <u>LGBTQ+ community members</u> must be individualized and <u>culturally responsive</u>, recognizing and honoring historic and ongoing challenges faced by the LGBTQ+ community.

- The work is approached with a sense of urgency and persistence, to address the over-representation of LGBTQ+ populations in systems of care.

- We promote and create environments that are <u>safe and affirming</u>, to convey support for <u>LGBTQ+ community members.</u>

- We understand that <u>LGBTQ+ community members</u> are experts in their own experience, and we take those experiences into consideration when making determinations.

- We believe that <u>LGBTQ+ affirming</u> managers and staff are key to building and sustaining <u>LGBTQ+ affirming</u> environments.

- We understand <u>intersectionality</u>, and that <u>LGBTQ+ community members</u> may face discrimination due to both their LGBTQ+ identity and other marginalized class or status.

- We value the personal, cultural, and faith-based beliefs, values, and views of OCFS's and partners' staff. We maintain the right for <u>LGBTQ+ community members</u> to access <u>affirming service provision</u>, free from discrimination based on their SOGIE.

- We strive for data-informed decision-making by developing and honing methods for SOGIE data collection to accurately reflect the number and experiences of <u>LGBTQ+ community members</u> in OCFS-related systems of care.

Core Competencies

These ***competencies,*** when working with an LGBTQ+ child, adult, family, or the LGBTQ+ community, are fundamental to the implementation of an affirming, respectful, and culturally informed practice model:

- SOGIE terminology
- <u>Intersectional</u> service provision
- Nonjudgmental practice regardless of SOGIE
- Up-to-date information of LGBTQ+ legal protections and vulnerabilities
- Understanding gender stereotypes
- Understanding <u>heteronormativity</u> and <u>cisnormativity</u>
- Consistent and confidential SOGIE data collection
- Understanding, identifying, and reporting LGBTQ+ discrimination
- Using crucial conversations for teachable moments
- Understanding the importance of LGBTQ+ visibility
- Understanding LGBTQ+-specific risk factors
- Referrals to <u>LGBTQ+-affirming providers</u>
- Workforce accountability for creating and maintaining an LGBTQ+ affirming environment
- Understanding the importance of accurate pronoun and name usage

Recommendations by Age Group and Population

This section is a breakdown of considerations and strategies for working with members of the LGBTQ+ community based on age or population.

Recommendations when working with children ages 0-5:

- Encourage all children to participate in events and activities regardless of their gender identity. Some children may naturally gravitate toward a color or activity that is not traditionally associated with their gender identity. Avoid gender stereotypes in language, activities, color, clothing, etc. (e.g., "man up and stop crying," "all girls love pink," etc.).

- Redirect early signs of gender-based bullying (e.g., one child telling another that they act like a girl or that certain colors aren't for boys to wear, etc.)
- Listen to children regarding their gender identity and support their exploration and play in this area. Some children know that they are transgender as early as 2 years old.
- Be aware of your own biases about LGBTQ+ topics and how that may show. Children may develop biases based on the words and actions of the adults around them.
- Where applicable, normalize discussion of LGBTQ+ related topics, especially with the parents of children in this age group.

Recommendations when working with children ages 6-12:

- Many children begin questioning their SOGIE in this age range. We should affirm children for the SOGIE they identify with, without judgement.
- Adults should be prepared to navigate SOGIE-based conversations with children who choose to disclose.
- Add or increase LGBTQ-specific programming for all children to normalize LGBTQ+ communities and experiences.
- Limit and discontinue gender-specific activities to only when absolutely necessary.
- Allow children to participate in any activity they would like in alignment with their gender identity.
- Avoid reinforcing gender stereotypes with activities and language and dress codes.
- Bullying is common in this age range; however, many LGBTQ+ children don't report bullying for fear of being "outed." Staff should be trained to identify SOGIE-based bullying, address it with the offending children and adults, and support the children targeted by the bullying.
- Provide resources on the importance of an LGBTQ+ affirming home environment for all parents and caregivers, rather than only providing them to families with known LGBTQ+ youth.
- Affirm the SOGIE of LGBTQ+ youth by using gender neutral language and chosen names and pronouns.

Recommendations when working with youth ages 13-18:

- Avoid assumptions that youth are heterosexual and/or cisgender. Until a youth has verbalized their identity, we cannot know their SOGIE.
- Use gender neutral language, especially around romantic/dating/sexual encounters.
    - This also applies to any discussions of safer sex/consent/assault/intimate partner violence. When navigating conversations around sexual activity, information should address the full spectrum of SOGIE identities.
- When appropriate, convey openness to discussing youth's SOGIE, and provide resources that are SOGIE-specific.

- Remember that while the experiences of LGBTQ+ youth may be different than those of non-LGBTQ+ youth, they are still normative experiences for youth to engage in.
- Staff should be trained to identify and interrupt SOGIE-based bullying rather than relying on youth to report as bullying may be occurring and may have been occurring since early childhood, and many LGBTQ+ youth do not disclose or underreport SOGIE-based bullying.
- Assess LGBTQ+ youth for risk of self-harm or suicidal ideation due to rejecting environments and families.
- All staff should be aware of the negative mental health outcomes associated with family rejection of a youth's SOGIE. Some LGBTQ+ youth experience rejection from their family of origin. Some LGBTQ+ youth also experience rejection from their foster family.
- Avoid making assumptions about a youth's SOGIE based on their past or present behaviors. Sexual orientation during this age can be in flux as youth question their identity. As such, they may have had, or continue to have, sexual experiences outside of the expected boundaries of their sexual orientation and change their orientation identity over time.

Recommendations when working with young adults 19-25:

- Young adults in this age range are often experiencing the process of aging out/exiting a system-of-care. As such, referrals to community resources should be vetted to be LGBTQ+ affirming before referring a youth to their services.
- Youth in this age group may not have a connection to their family of origin. It is important to connect LGBTQ+ youth to community resources that provide a connection to the LGBTQ+ community through groups and events to assist them to build their community of support.
- Avoid making assumptions about a youth's SOGIE based on their past or present behaviors. LGBTQ+ young adults may have experienced behavior that wouldn't typically be associated with their LGBTQ+ identity (e.g., a lesbian young adult might have children from sexual encounters with cisgender men, transgender young adults may still be getting used to dressing fully in the clothes that align with their gender identity).
- Be sensitive to the difficulty an LGBTQ+ young adult may face in forging healthy romantic relationships. Many LGBTQ+ youth are not able to have normative dating and intimate experiences for lack of other openly LGBTQ+ community members in their locality. As such, many LGBTQ+ young adults in this age range may have no experience with relationships or sex. Others may only have a history of sexual encounters that were not publicly known about and/or consensual.
- Be prepared to accommodate youth of all gender identities as sex-segregated transitional housing can preclude trans- and nonbinary youth from feeling safe in their placement.
- Educate LGBTQ+ young adults (especially trans- and nonbinary identified) on workplace protections from discrimination for their SOGIE.

- Transition-aged LGBTQ+ youth are less likely to have achieved permanency before exiting systems of care and may need supports to assist in finding stable housing and employment.

Recommendations when working with adults 26-54:

- Many LGBTQ+ adults experienced childhood trauma due to their LGBTQ+ identity. As with anyone who has a trauma history, consider any potential triggers in the environment and practice empathy.
- Never assume, based on appearances, that you know someone's sexual orientation or gender identity. When speaking to any adult, consider avoiding gendered language (e.g. don't assume that a woman wearing a wedding band is married to a man, avoid words like "husband" by using "partner" or "spouse")
- Respect the boundaries of LGBTQ+ adults. Do not attempt to satisfy curiosity with questions that may be perceived as too personal. LGBTQ+ adults are in control of when and how they choose to disclose their SOGIE based on their own personal preferences and comfort level.
- Seek out resources that are LGBTQ+ affirming if providing referrals for adults who have disclosed their identities. Many virtual resources exist for LGBTQ+ adults.
- All adults have the right to a supportive environment. If others in the environment are engaged in behaviors that are not affirming, check on any LGBTQ+ adults, and seek to create an affirming environment.
- Be sensitive to the unique experience of coming out for LGBTQ+ community members. Coming out is an ongoing experience for LGBTQ+ adults. Every interaction has the potential to "out" someone's LGBTQ+ identity. This process can be emotionally and mentally exhausting, and it should always be led by the LGBTQ+ individual.
- Be mindful of and support young adults turning 26 as they are no longer able to remain on their family's insurance, or Medicaid if they were eligible for that as a child. As such, a person's 26th birthday may be a difficult time for young adults with medical care needs related to their SOGIE.
- Educate LGBTQ+ young adults (especially trans- and <u>nonbinary</u> identified) on workplace protections from discrimination for their SOGIE.

Recommendations when working with adults 55+:

- Be sensitive to the fact that adults in this age range may experience generational trauma from growing up and living as adults without protections based on SOGIE, as well as having survived the AIDS crisis.
- Assist LGBTQ+ aging adults in need of an affirming community as they may live with a family or in a community that is rejecting of their LGBTQ+ identity. This may affect their experiences, including with partners visiting or hospitalization.
- Allow older LGBTQ+ adults to establish what of their SOGIE they are comfortable discussing. Some adults in this age range may not be comfortable discussing or sharing their LGBTQ+ identity. They may not be out about their identity to friends/family.

- If elder abuse is suspected, be aware that this population may be at risk for abuse specific to their SOGIE (i.e., a person blackmails the LGBTQ+ individual by threatening to disclose their SOGIE to others).
- Prepare resources for family members and communities on the importance of affirming environments for LGBTQ+ people.
- When discussing family, be inclusive of chosen family, as some LGBTQ+ adults are estranged from their family of origin.
- Listen to the language adults in this population use to define themselves and mirror that language back in discussions. Do not assume all terms, especially the word "queer," are used by all LGBTQ+ adults. These terms may offend older adults and/or be triggering.
- Many adults in this age range have experienced discrimination by medical and mental health professionals or in substance abuse service provision. Those who have may be cautious or apprehensive in working with a new practitioner. Whenever possible, referrals should be made to openly LGBTQ+ affirming professionals.
- Educate LGBTQ+ young adults (especially trans- and nonbinary identified) on workplace protections from discrimination for their SOGIE.

Recommendations when working with an LGBTQ+ person who is also blind:

- Blind LGBTQ+ people may experience discrimination for both their physical disability and their SOGIE. To meet their needs and support their well-being, it is important that we create environments that are both accessible to the blind and LGBTQ+ affirming.
- Seek to establish community supports for LGBTQ+ people who are also blind. Both blindness and being LGBTQ+ can be an isolating experience, and connection to those communities is critical.
- LGBTQ+ blind people may be uncomfortable asking to be driven to explicitly LGBTQ+ events if they are not yet out. Access to LGBTQ+ events should be provided broadly to avoid this situation.
- LGBTQ+ affirming environments often use visual symbols (e.g., a rainbow sticker, safe space sign) to convey safety. Blind LGBTQ+ people may need to hear about LGBTQ+ events, or an LGBTQ+ non-discrimination policy, before they know an environment is safe.
- Normalize discussion around access to and frequency of LGBTQ+ events to all blind clients. Blind LGBTQ+ people should not be put in the position to ask for an event to be celebrated as they may not be comfortable doing so.
- When discussing non-discrimination policy for disability status, incorporate language about protections from discrimination for SOGIE.
- Being blind may be a source of insecurity, just as being openly LGBTQ+ may also be a source of insecurity. Depending on the scenario, a blind person may choose not to "out" themselves as blind just as they may not choose to disclose their SOGIE.
- Educate LGBTQ+ blind people (especially trans- and nonbinary identified) on workplace protections from discrimination for their SOGIE.

LGBTQ+ Terms, Concepts, and Definitions

OCFS provides these terms and definitions to assist in understanding lesbian, gay, bisexual, transgender, queer and/or questioning (LGBTQ+) specific language. However, it is important to remember that terms, concepts, and definitions within the LGBTQ+ community are fluid and can change rapidly. Some definitions may also contain example language to contextualize the term's meaning and use.

- **Affirming Practice:** Practice that proactively creates an environment that intentionally and purposefully supports members of the LGBTQ+ community. LGBTQ+ community members are treated with respect, dignity and have equitable access to services, supports, and opportunities in a manner that sustains their whole selves.

- **Informed Practice:** This term refers to provision of service from a provider who is affirming, possesses relevant training, and a demonstrated history of successfully working with members of the LGBTQ+ community. An example of this might include a medical professional who has training in transition-related health care and have a consistent history of working with transgender clients; or caseworkers who have received training in LGBTQ+ cultural competence and have demonstrated successful outcomes working with LGBTQ+ clients.

- **Safe/Affirming Environment:** A safe and affirming environment is a welcoming and nonjudgmental space in which LGBTQ+ community members can be certain that they will not face discrimination based on their Sexual Orientation, Gender Identity, and/or Expression (SOGIE). In a safe/affirming environment both youth and adults are responsible for maintaining safety by modeling supportive behavior and holding those accountable who create a hostile environment against LGBTQ+ community members.

- **LGBTQ+ Cultural Responsiveness:** Policies and practice that are informed by the culture and experiences of the LGBTQ+ community. It is a commitment to ongoing education about the history, stigmas, rights, setbacks, politics, and language of an individual's culture to provide support and supervision that are tailored to be sensitive to the experiences of LGBTQ+ community members.

- **Intersectionality:** This term was established by Kimberlé Crenshaw, originally to identify the barriers Black women face in society--specifically marginalization due to both sexism and racism. It has become a term used in social justice work to highlight the compounded negative effects of the intersection of two or more marginalized identities and how they can negatively affect each other. An example would be a person who identifies as a trans-woman and is also blind. As she navigates life, she may experience discrimination for her gender identity, in addition to being marginalized due to her impaired vision. Thus, her gender identity may have a compounding, negative effect on her desire to seek supportive services for blindness, and vice versa.

<u>Sexual/Romantic Orientation Definitions</u>:

- Lesbian: a woman/girl who is emotionally, romantically, and/or sexually attracted to other women/girls.
- Gay: a person who is emotionally, romantically, and/or sexually attracted to people of the same sex/gender. Sometimes, it may be used to refer to gay men and boys only. This term is currently preferred over the term "homosexual." Someone may identify their romantic orientation as "gay" and not their sexual orientation.
- Bisexual: a person who is emotionally, romantically, and/or sexually attracted not exclusively to people of one sex or gender.
- Asexual: a person who may not experience sexual attraction or has little interest in sexual activity; asexuality exists along a spectrum.
- Pansexual: a person who can be emotionally, romantically, and/or physically attracted to people of all genders. A pansexual person may be, but is not necessarily, a person who identifies as bisexual.
- Aromantic: a person who experiences little to no romantic attraction; aromanticism exists along a spectrum.

<u>Gender Identity Definitions</u>:

- Transgender: an adjective and umbrella term that describes a person/people whose sex assigned at birth differs (in varying degrees) from their gender identity.
    - A child who is assigned female at birth but identifies as male may be referred to a trans-boy/man
    - A child who is assigned male at birth but identifies as female may be referred to a trans-girl/woman
- Gender nonconforming: having or being perceived to have gender characteristics and/or behaviors that do not conform to traditional or societal expectations. These expectations vary across cultures and have changed over time. Gender nonconforming people may or may not identify as LGBTQ+.
- Cisgender: refers to a person whose gender identity matches their assigned sex at birth. If you do not identify as transgender, you are likely cisgender.
- Intersex: refers to a person born with a combination of both male and female chromosomes and/or reproductive anatomy.
- Nonbinary: refers to individuals who do not identify as male or female but as neither, as a combination, and/or as something else.
- 2-Spirit: is a term created by and for the indigenous community. 2-Spirit can be considered a third gender option in some Native American cultures. This term is only to be used to describe members of the Native American community.

<u>Additional Terms</u>:

- Queer: has historically been used in derogatory or violent ways toward LGBTQ+ people. However, the term has been reclaimed for positive use by some LGBTQ+ individuals and communities. The positive usage of this term intentionally does not have a strict definition, and there are three general ways it is used:

- A sexual/romantic orientation identity, used instead of or in addition to identities such as lesbian, gay, bisexual, asexual, etc.
- A way to broadly refer to people who are not heterosexual and/or cisgender (Ask an individual if they use this word to describe themselves, as some people do not like the term.)
- A sociopolitical term to signify resistance to the "status quo" of sexuality and/or gender. The term queer should never be used pejoratively.
- Do not assume all terms, especially the word "queer," are used by all LGBTQ+ adults. These terms may offend older adults and/or be triggering.

- Questioning: refers to a time in which someone is unsure of their SOGIE. This is often an internal process and a time of exploration to better understand one's SOGIE.
- Heteronormativity: The practice that prioritizes heterosexual behaviors and experiences as normative.
- Cisnormativity: The practice that prioritizes cisgender behaviors and experiences as normative.