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SOGIE DATA COLLECTION IN PUBLIC SYSTEMS OF CARE

A PRACTICE GUIDE FOR SANTA CLARA COUNTY

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I. Introduction

A growing body of research has documented that lesbian, gay, bisexual, questioning, gender nonconforming and transgender (LGBQ/GNCT)[1] children and youth are at elevated risk of rejection and mistreatment in their homes, schools and communities.[2] As a result of these risks, LGBQ/GNCT youth experience significant health and behavioral health disparities.[3] LGBQ/GNCT youth are also significantly over-represented in custodial systems of care, particularly child welfare and juvenile justice systems. Although LGBQ/GNCT youth make up approximately 7% of the general youth population, they represent 20%[4] and 19%[5] of youth in detention and in child welfare-involved, respectively. These youth also represent 30-40% of youth experiencing homelessness.[6]

LGBQ/GNCT youth of color are at even higher risk than their white peers, experiencing elevated rates of homelessness,[7] harsher school discipline,[8] and greater health disparities.[9]

These statistics have supported efforts by advocates, academics, and policymakers to promote and institutionalize systemic data collection protocols to fully understand the magnitude of the overrepresentation of LGBQ/GNCT communities in public systems; the impact of their intersecting identities including their sexual orientation, gender identity and expression (SOGIE) and race/ethnicity; opportunities for intervention prior to system-involvement; and community and system responses that affirm and support individuals across these identities.

This guide will provide an overview of SOGIE data collection in pubic youth-serving systems in California and nationally, discuss the lessons learned from these efforts, and conclude with recommendations for public agencies in Santa Clara County that are contemplating or implementing SOGIE data collection.

II. SOGIE data collection in youth-serving systems

The findings from early research have demonstrated the benefits of collecting SOGIE data, supporting a growing trend at the state and national level. Discerning the precise number of public agencies incorporating SOGIE questions into their existing data collection is not possible, but advocates note an increase in the number of requests for training, technical assistance, and related resources. Examples of state and national SOGIE data collection are discussed in more detail below.

A. California SOGIE Data Collection

California Statewide Juvenile Probation Survey. In 2014, Dr. Angela Irvine and Aisha Canfield conducted a survey in detention halls, ranches, and camps in 43 of the 45 counties that run secure facilities. The purpose of the survey to determine what risk factors drive detention and incarceration in California and whether those risk factors vary across race, gender identity,

gender expression, and sexual orientation. Probation departments administered surveys in their own facilities. Probation chiefs identified staff members to serve as research liaisons for their departments. Each liaison participated in training that provided context for the need to conduct the research, the history of LGBQ/GNCT youth, the intersection of SOGIE and race/ethnicity, and LGBQ/GNCT youths' experiences in the juvenile justice system. The research liaisons coordinated administration of the survey in their facilities and sent all completed surveys back to the authors for data entry and analysis. The one-page survey instrument and a one-page informed consent sheet were written at a fifth-grade reading level and were offered in both English and Spanish. The consent forms were read aloud by the research liaisons and only required youth to mark an "X" in a box in lieu of their signatures to maintain anonymity and ensure protection. Youth were not required to complete the survey at all or in its entirety and were not required to disclose their decision to participate to the research liaisons. Once the youth completed the surveys, they folded them up and sealed them in envelopes. The researchers received a total of 4,033 completed surveys.

As illustrated in the infographic below, **12.1% of boys** in the study identified as GBQ/GNCT:

- **87.9%** of boys are heterosexual and gender conforming;
- **8%** of boys are heterosexual and gender nonconforming or transgender;
- **2.2%** of boys are gay, bisexual, and questioning and gender conforming;
- **1.9%** of boys are gay, bisexual, and questioning and gender nonconforming or transgender.

By contrast, **51.1% of girls** in the study identified as LBQ/GNCT.

- **48.9%** of girls in California are straight and gender conforming;
- **7.9%** of girls are straight and gender nonconforming or transgender;
- **28.8%** of girls are lesbian, bisexual, and questioning and gender conforming and;
- **14.5%** of girls are lesbian, bisexual, questioning, and gender nonconforming or transgender.

90.2% of respondents were youth of color. Among the respondents, **18.6%** of respondents were African American or Black, **1.8%** of respondents were Asian, **50.4%** of respondents were Latino, **1.5%** of respondents were Native American, **9.8%** of respondents were white, **17.1%** of respondents had a mixed race or ethnic identity, and **.7%** of respondents had another race or ethnic identity.

Of the 4,033 respondents, 76.1% identified as boys, 23.4% identified as girls, and 0.5% identified as neither boy nor girl. Extrapolating from these findings, on any given day, approximately 304 gender nonconforming boys, 211 gender nonconforming girls, and 20 youth who identify as neither girl nor boy are confined in county-run facilities in California.

LGBQ/GNCT* Youth in the California Justice System

*Lesbian, gay, bisexual, questioning, gender nonconforming, and transgender.

20% of Youth in the California Justice System are LGBQ/GNCT



Straight/GC (81%) Straight/GNCT (8%) LGBQ/GC (7%) LGBQ/GNCT (4%)

12.1% of Boys in the California Justice System are GBQ/GNCT



Straight/GC (88%) Straight/GNCT (8%)
GBQ/GC (2%) GBQ/GNCT (2%)

51.1% of Girls in the California Justice System are LBQ/GNCT



Straight/GC (49%) Straight/GNCT (8%)
LBQ/GC (29%) LBQ/GNCT (14%)

Citation: Irvine, Angela and Aisha Canfield. 2016. LGBQ/GNCT Youth in the California Justice System. [Infographic.] Impact Justice, Oakland, CA.

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Santa Clara SOGIE Data Collection. In 2017, Dr. Angela Irvine partnered with Maribel Martinez in the Santa Clara County Office of LGBTQ Affairs to administer a survey in two Eastside Unified School District high schools. They used the same instrument that was used in the survey of California detention halls, ranches and camps. They collected 774 surveys from Andrew Hill and Yerba Buena High Schools. Among the respondents, 47.6% of students were Asian, 44.6% were Latinx, 1% were white, .8% were Black or African American, .1% were Native American and 5.9% had multiple identities.

While **12.1% of boys**[1] in the detention hall study identified as GBQ/GNCT, 11.2% of boys in the school system identified as GBQ/GNCT:

- **88.8%** of boys are heterosexual and gender conforming;
- **5.3%** of boys are heterosexual and gender nonconforming or transgender;
- **3.6%** of boys are gay, bisexual, and questioning and gender conforming;
- **2.3%** of boys are gay, bisexual, and questioning and gender nonconforming or transgender.

While **51.1% of girls** in the detention study identified as LBQ/GNCT, 15.6% of girls in the school system identified as LBQ/GNCT:

- **84.4%** of girls in California are straight and gender conforming;
- **3.3%** of girls are straight and gender nonconforming or transgender;
- **9.5%** of girls are lesbian, bisexual, and questioning and gender conforming and;
- **2.8%** of girls are lesbian, bisexual, questioning, and gender nonconforming or transgender.

This data is particularly important because it comes from the general population of youth within Santa Clara County. It is also useful within a national context because, since the school survey asked the exact same questions as the detention survey, we get a more accurate gauge of the degree to which LGBQ/GNCT youth are overrepresented within the youth justice system.

Los Angeles Child Welfare Survey. In 2014, researchers from the Williams Institute and Holarchy Consulting conducted a study with the Los Angeles Department of Children, Youth and Families (DCYF) to determine the number of LGBTQ youth in foster care, the extent to which they were overrepresented relative to their numbers in the general population, and their experiences while in the system.[10] Researchers conducted phone interviews with 758 randomly sampled foster youth ages 12-21 throughout Los Angeles County. The phone interviews were conducted through a program that allowed youth to answer the questions via their phone's keypad instead of disclosing their identities aloud. This technology permitted youth to answer the questions openly

[1] These are youth assigned male at birth or youth assigned female at birth. There were an additional three youth who said they not assigned male or female at birth. From the data, we do now know whether these youth are intersex.

but confidentially. The study found that of Los Angeles County's approximate 7,400 youth in foster care, 19% identified as LGBTQ, including 13.4% who identified as LGBQ and 5.6% who identified as transgender. The study also documented important disparities that created barriers to permanency for LGBTQ youth in foster care. For example, LGBTQ respondents had a higher average number of placements and were more likely to be living in group care. The LGBTQ respondents were also more likely to have been hospitalized for emotional reasons and more likely to have experienced homelessness at some point in their lives. The Los Angeles study also showed that researchers can ask SOGIE questions from youth as young as 12 safely and privately, and that these youth are able and willing to answer the questions.

California Child Welfare Data Base. In 2015, California passed the Lesbian, Gay, Bisexual and Transgender Disparities Reduction Act, also known as AB 959.[11] The Act requires the California Departments of Health Care Services (DHCS), Pubic Health (DPH), Social Services (CDSS), and Aging (CDA) to collect sexual orientation and gender identity (SOGI) information in the course of collecting demographic data on the ancestry or ethnic origin of individuals served by the agencies. The statute also requires the agencies to report de-identified, voluntarily provided SOGI data to the public and the Legislature. Although the statutory implementation deadline was July 2018, none of the agencies is fully compliant at the writing of this practice guide. However, the Child and Family Services Division of CDSS has created SOGIE data elements in the Child Welfare Services Case Management System (CWS/CMS), the state's automated, on-line case management data base.[12] Although in the early stages of implementation, completion of these data fields by county child welfare agencies will facilitate reporting of aggregate SOGIE data to CDSS, the public and the Legislature. The data will also permit social workers and probation offices to create case plans that are responsive to the youth's SOGIE and any related needs.

B. National SOGIE Data Collection

National Survey of Juvenile Detention Facilities. From 2013-2014 Dr. Angela Irvine led a national study of seven juvenile probation departments across the country in collecting anonymous one-day surveys. Similar to the California statewide survey, the goals of this study were to understand the number of LGBQ/GNCT youth in the justice system relative to their representation in the general youth population. The researchers collected approximately 1,400 surveys, revealing that 20% of youth in the juvenile justice system nationally identified as LGBTQ and that 40% of girls identified as LBQ.[13] This initial study also provided valuable lessons with regards to the correlation of staff roles and the survey response rates. Dr. Irvine and her team found higher disclosure rates when the survey was administered by medical staff.

GLSEN School Climate Survey. Biennially, GLSEN conducts a national school climate survey on the school experiences of LGBTQ middle and high school students. The survey documents barriers to social-emotional well-being for LGBTQ students, as well as the presence and impact of LGBTQ-related school resources and supports. The 2017 survey was completed online by students ages

13-21 in all 50 states, producing a sample of over 23,000 respondents.[14] The report found that "schools nationwide are hostile environments for a distressing number of LGBTQ students, the overwhelming majority of whom routinely hear anti-LGBTQ language and experience victimization and discrimination at school. As a result, many LGBTQ students avoid school activities or miss school entirely." [15] The report also documented the importance and effectiveness of school supports, such as GSA's (Gay/Straight Alliances or Gender & Sexuality Alliances), inclusive curricula, supportive educators, and inclusive and supportive school policies. In schools with these supports, LGBTQ students report better school experiences and academic success.[16]

National Child Welfare Data. In 2017, researchers from the University of Houston School of Social Work conducted a study to estimate the number of lesbian, gay and bisexual (LGB) children and youth in the child welfare system nationally, and to compare their health, mental health, placement and permanency outcomes to non-LGB youth.[17] The researchers drew data from the Second National Survey of Child and Adolescent Well-Being (NSCAW-II), a nationally representative sample of children who were referred to child welfare due to a report of abuse or neglect over a fifteen month period. The sample of 1,095 youth consisted of youth ages eleven and older who identified their sexual orientation. Results indicate that approximately 15.5% of all system involved youth identified as LGB, and that lesbian and bisexual girls and LGB youth of color are both overrepresented within child welfare systems. Of the youth who self-identified as LGB, significantly more were girls (89%) than boys (11%). The data also showed that LGB youth were significantly more likely to meet the criteria for adverse mental health outcomes than their non-LGB peers.

The Prison Rape Elimination Act. The federal Prison Rape Elimination Act of 2003 (PREA) required the U.S. Department of Justice to collect data on the prevalence of sexual assault in adult and juvenile facilities.[18] The data produced through this investigation established that youth who identify as "lesbian, gay, bisexual or other" are at significantly higher risk of sexual assault in custodial settings than their heterosexual peers.[19] Consequently, the PREA standards adopted in 2012 contain explicit protections of lesbian, gay, bisexual, transgender and intersex youth and adults. For example, the juvenile standards require that intake staff attempt to ascertain "[a]ny gender-nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender or intersex" as part of the individualized screening of each youth for potential victimization.[20] The National PREA Resource Center has clarified that the person conducting the risk assessment must affirmatively ask all youth questions about their SOGIE. [21] The PREA standards require staff to obtain this information within 72 hours of the youth's arrival at the facility and periodically throughout the youth's confinement.[22] State and facility audits reveal significant variation in the consistency of data collection, the quality of the data, and the extent to which the data drives decisions about classification, housing, searches, and other aspects of

confinement. However, the PREA standards have launched a national conversation in the justice sector about the relevance of SOGIE data, and the importance of collecting this data from individuals in order to ensure their safety and well-being.

III. Lessons Learned

The SOGIE data collection protocols described in this guide have supplied important lessons for the growing number of jurisdictions and agencies adopting similar protocols.

A. With appropriate planning and support, public agency personnel can collect accurate SOGIE data.

Initial proposals to collect SOGIE data from children and youth met with resistance from public agency personnel. Typical objections include:

- Discomfort with asking questions that seem sensitive, private and irrelevant
- Lack of knowledge or fluency with basic SOGIE terminology and concepts
- Concern that children and teens are too young to know their SOGIE
- Objection to increased workload and additional mandates
- Concern about the risk of inadvertent or unauthorized disclosure[23]

Successful SOGIE data collection in multiple settings has shown that these concerns need not derail further data collection efforts.

- SOGIE data collection in child welfare and juvenile justice systems has verified disproportionality and disparate treatment and outcomes, reinforcing the necessity of collecting and analyzing the data. These data have also identified beneficial supports, further reinforcing the need to utilize SOGIE data in case planning and agency assessment.
- While personnel remain initially uncomfortable discussing SOGIE, adoption of clear operational policy combined with initial training and ongoing coaching has been effective in supporting personnel to undertake these tasks.
- Collection of SOGIE data in child welfare settings has established that children ages 12 and older are able and willing to discuss SOGIE.
- SOGIE items, with some variation, have been tested and validated in several surveys. Although some debate remains, researchers have begun to reach consensus on valid and reliable measures of adolescent SOGIE.[24]
- Protocols that ensure anonymity of respondents have been effective in producing large survey samples of youth and more accurate data. While collection of individual data in case management systems is newer, many agencies and jurisdictions have adopted

policies that make SOGIE data confidential and require the youth's consent prior to disclosure to anyone outside the agency.

B. Different SOGIE data methodologies present distinct advantages and disadvantages.

Most researchers have employed anonymous surveys to collect SOGIE data from youth in public agencies. These surveys can effectively track prevalence and overrepresentation, identify SOGIE-based disparities, and inform agency planning.

Anonymous surveys have many advantages:

- Anonymity appears to make respondents more comfortable with disclosing their SOGIE if they are in large institutional settings, generating larger samples and more accurate data. Notably, smaller institutional settings have been able to collect SOGIE data in intake at the same rates as anonymous surveys.
- Surveys create baseline data against which to measure change.
- The methodology creates databases to which only researchers have access and protects against harmful disclosure to third parties.
- Administration of point-in-time surveys requires less training and preparation of personnel and does not require changes in existing case management systems.

Surveys also have limitations:

- Because the data is not connected to case management data, it cannot be used to assess the needs of the respondent, create appropriate case plans, or track individual outcomes over time.
- There is generally less opportunity to clarify questions or explain terms, particularly with self-administered surveys.
- Surveys do not provide an opportunity to support youth who disclose LGBQ/GNCT identities.
- Unless administered multiple times, surveys cannot measure and track trends.

Increasingly, public agencies serving children and youth are collecting SOGIE data from individual children and youth in a face-to-face interview as part of assessment and case planning. Most of these agencies record client data in a computerized data base.

Collection of SOGIE data for case management has many advantages:

- It creates the opportunity to have a conversation with the youth, permitting the agency employee to answer questions, explain the reason for the questions, and describe how the information will be used.

- The information disclosed by the youth can help the employee create a case plan that responds to any SOGIE-related needs or concerns identified by the youth.
- Once configured, case management systems streamline data collection and reporting. These systems can be programmed to produce tailored reports of disaggregated data.
- Programmers can secure case management systems against unwanted access.

Collecting SOGIE data for case management also presents unique challenges:

- As mentioned above, LGBQ/GNCT clients may be less willing to disclose SOGIE information in an interview as opposed to an anonymous survey, particularly in large institutional settings.
- To collect individual SOGIE data, agency personnel must develop the skills to respectfully and effectively talk with clients about these issues.
- Configuration of computerized case management systems is complex. Once SOGIE data fields are added, making changes requires specialized skills and may be costly.
- Federal and state laws often dictate the extent to which case management data can be disclosed and to whom, particularly when the subject of the data is a minor. These laws may make it more complicated to protect SOGIE data from unwanted access or disclosure.

C. Systems must expand traditional, binary notions of gender to understand and meet the needs of clients served by public agencies.

Traditional notions of gender attribute specific roles or attributes to individuals based on biology, which is seen to encompass two options: male or female. Services offered by public systems are often organized around this binary, categorizing clients and the services available to them according to their sex assigned at birth. Even so-called "gender responsive services," which were developed to address the lack of programming for girls in the juvenile justice system, reinforce gender norms by prescribing different service modalities for "boys" and "girls." The data reveal a more complex reality. Over half the girls surveyed in California county juvenile facilities identified as LGB/GNCT. Data collection protocols that are limited to binary gender options -- without considering variations in sexual orientation, gender identity and gender expression – obscure aspects of identity that are critical to understanding each individual. Failure to capture a more nuanced and accurate picture of gender can result in programs and services that fail to address the needs of many, if not most, young people.

D. Systems need to collect and analyze data on the intersecting identities of client populations to understand their experiences and support their well-being.

When the Juvenile Justice Delinquency Prevention Act (JJDPA) was reauthorized in 1988, public systems were required to address disproportionate minority contact (DMC) – including reporting

on the racial and ethnic identities of clients in their efforts to better understand trends in arrests, detention, out-of-home placements, and to a lesser extent more recently, inform the development of "culturally sensitive" services. This data provides valuable insight about the racial and ethnic disparities (R/ED) prevalent in public systems and more specifically – the overrepresentation of Black and Latinx communities in facilities of confinement. Furthermore, R/ED data has served as a tool for advocates to leverage discussions about how reform efforts fail communities most system-impacted when they do not explicitly center communities of color. This is illustrated by a 2019 study that shows a 60% drop in youth incarceration nationally[25] but an increase in the proportion of youth of color.[26]

Still, survey data reveals another layer of identity of the growing proportion of experiencing detention – 85% of LGBQ/GNCT youth in detention nationally are *also* youth of color.[27] This finding suggests reform efforts that solely focus on racial and ethnic disparities or gender responsiveness risk excluding youth who live at the intersections of being an LGBQ/GNCT youth of color.

While research shows that the pathways into the system for LGBQ/GNCT youth and youth of color differ, systems must remember that LGBQ/GNCT of color encounter multiple forms of oppression based on their race *and* SOGIE. Employing this framework serves two purposes: it acknowledges that there may be cultural nuances that inform how youth understand and express their SOGIE; and that LGBQ/GNCT youth of color may face discrimination based on their race and ethnicity – both from straight/cisgender and LGBT communities. Data collection of both race/ethnicity and SOGIE variables provides an opportunity for systems to learn directly from individuals about how their race/ethnicity and SOGIE have shaped their life experiences and where systems and services can be most supportive of their multiple identities.

E. Data establishing cross-systems involvement by LGBTQ individuals reinforces the need to develop cross-systems data collection and sharing protocols.

Over the past 15 years, research has suggested that LGBQ/GNCT youth are at-risk of juvenile justice *and* child welfare involvement ("dual-involvement"). This research suggest links between family rejection, subsequent child welfare placement, homelessness, survival crimes, and eventual juvenile justice involvement.[28] By the time these youth reach juvenile detention facilities, many have experienced high rates of trauma stemming from abuse, harassment and assault, often because of their actual or perceived SOGIE. Gender nonconforming and transgender youth are four times (19%) more likely than their gender conforming and cisgender peers (5%) to have experienced physical abuse prior to home removal.[29] Unfortunately, few jurisdictions share data across the child welfare and juvenile justice systems. This means youth at highest risk to become dually-involved, i.e., LGBQ/GNCT youth cycle from system to system with little coordination and communication between the two.

As juvenile probation and child welfare departments begin systematically collecting SOGIE data, the agencies should consider developing formal data sharing agreements or memoranda of understanding (MOUs). Such agreements would encourage cross-system coordination to close the gaps that LGBQ/GNCT may fall through and drive collaboration around intervention and prevention.

Other youth serving agencies such as county behavioral health and public health departments also serve LGBQ/GNCT youth—who are mostly of color--in the child welfare and justice systems. For this reason, counties should consider parallel SOGIE data collection protocols and data-sharing MOU's across all of their youth-serving agencies.

IV. Recommendations for SOGIE Data Collection in Public Systems

In this section, the authors draw from the relevant literature as well as their experiences working with state and local agencies implementing SOGIE data collection protocols.

A. Identify the objectives of SOGIE data collection

To successfully plan and implement a protocol for collecting SOGIE data from clients, agency leadership must be able to answer the question, "Why are we doing this?" Identifying clear objectives is essential to getting buy-in, particularly from resistant staff, as well as designing a data collection protocol. The objectives should be consistent with the agency's mission and shared with personnel at the earliest stages of planning and frequently thereafter.

The objectives of SOGIE data collection may include:

- Determining the number of LGBQ/GNCT clients receiving services from the agency and monitor overrepresentation
- Identifying and remedying bias, and disparate treatment and outcomes of LGBQ/GNCT clients
- Improving the agency's understanding of the strengths, needs, experiences, and characteristics of each unique client
- Creating individualized case plans that address specific client objectives and needs
- Guiding agency assessment and planning
- Communicating to each client the agency's commitment to fair and respectful treatment of all clients
- Supporting and affirming clients who disclose LGBQ/GNCT identities
- Tracking the effectiveness of interventions and services designed to support LGBQ/GNCT youth and promote their health and well-being
- Supporting cross-systems collaboration by sharing SOGIE data across multiple agencies

- Identifying services competent at serving individuals across race, SOGIE, and system-involvement

B. Engage diverse stakeholders to create SOGIE data collection protocols

Careful planning with key stakeholders is critical to developing a protocol for collecting SOGIE data from clients. The agency should consult with people whose knowledge and cooperation are essential for the data collection protocol to function as intended. For example, prior to implementing SOGIE data collection in child welfare case management systems, agency leadership should consult with representatives from:

- The dependency court
- Attorneys representing parents, children, and the agency
- Systems-involved youth and families, particularly those who identify as LGBQ/GNCT and who live in communities most impacted by the system
- Information technology personnel who build and maintain the case management system
- Agency personnel who understand which employees use the case management system and for what purposes, and who has access to the system and under what circumstances
- Social workers responsible for hotline intakes, investigations, assessments, case management, and court reports
- Agency personnel responsible for reporting client data to local, state, and federal government agencies
- Agency personnel responsible for quality improvement
- Community partners who work with youth and families, particularly LGBQ/GNCT clients

Including representatives from every part of the system helps create a more responsive protocol that anticipates and avoids unintentional impacts. In particular, it is critical to thoroughly consider where SOGIE data is recorded, who has access to it, and how to protect it from unauthorized disclosure. These issues must be resolved before the data is collected to protect the safety and autonomy of LGBTQ clients.

C. Adopt SOGIE measures that are validated by research and by the relevant LGBQ/GNCT community

To generate accurate data, agencies should create interview protocols with culturally relevant and easily understood questions. Because of social taboos, many people have little or no experience discussing SOGIE in any context and may be unfamiliar with basic SOGIE terms and concepts. Moreover, the language used to describe gender and sexuality is different in different communities and rapidly evolving -- especially among younger people. Further complicating the issue, “the lack of certainty about where a respondent fits may be a function of their confusion

over specific identity labels that reflect who they are, their level of attraction to same and different genders, their sense of the level of permanency of their current sexual and romantic feelings, or some combination of these dimensions."[30] These complexities increase the risk of producing inaccurate data. If clients are confused by, unfamiliar with, or not authentically reflected in the options provided for "sexual orientation," they may either decline to answer the question entirely or answer incorrectly. To maximize the accuracy of data, agencies should review the literature on validated SOGIE measures and consult with members of the LGBQ/GNCT community across race and ethnicity.

There is a growing body of research documenting SOGIE measures that have been tested and validated, particularly for large scale surveys. In 2009, the Williams Institute issued its seminal publication "Best Practices for Asking Questions About Sexual Orientation on Surveys," also known as the "SMART" report.[31] The report provides detailed guidance on what to ask, and how and where to ask, as well as considerations related to the age and race/ethnicity of respondents. Five years later, in the "GenIUSS" report," the Williams Institute published its recommendations for sex- and gender-related measures (sex assigned at birth, gender identity, gender expression and transgender status) on population-based surveys.[32] More recent scholarship has produced recommendations for measurement of SOGIE among adolescent respondents.[33]

Developing contextually valid data collection protocols also requires consultation with members of the community to be surveyed.[34] SOGIE measures can only produce accurate data if the clients understand them and see themselves reflected in the options provided. Young people, in particular, have expressed frustration with measures that exclude their identities or force them to choose from a narrow set of options. For example, as part of their preparation for SOGIE data collection in juvenile justice case management systems, Ceres Research Policy personnel conducted focus groups with youth who had some personal connection to the justice system. The focus group participants consistently recommended that Ceres include measures for gender identity that were inclusive of youth who identified as "nonbinary" or "gender queer." This feedback is consistent with the growing number of youth who do not subscribe to binary gender identities.[35] Similarly, the focus group participants recommended that Ceres include measures for sexual orientation that were inclusive of youth who identified as "pansexual" or "queer." Again, these options reflect a growing rejection of a binary construction of sexuality that limits youth to 2 options: LGB or straight. [36] In response to this input, Ceres added additional options for "gender identity" and "sexual orientation" on the questionnaire they are piloting with several jurisdictions. The sites are in the early stages of implementation. In the meantime, future research should test measures that more closely align with the terms and concepts used by client communities.

D. Develop agency competency to collect accurate SOGIE data

Prior to developing a data collection protocol, the agency should provide introductory SOGIE training to all existing and incoming personnel. The training should provide a foundational understanding of SOGIE across the agency, ensuring that all personnel have a working knowledge of the relevant terms, concepts and research. Training also provides an opportunity to debunk common myths and misconceptions and to convey the agency's commitment to affirming LGBTQ clients. Trainers should reinforce the principles and values that support SOGIE data collection.

The agency should provide additional skills training to the staff responsible for collecting SOGIE data from clients. This training should reinforce the agency's objectives for collecting the information and how it will be used. Responsible staff should acquire the skills to talk with clients respectfully about SOGIE, and to affirm and support clients who disclose LGBQ/GNCT identities. Ideally, relevant personnel should have the opportunity to practice interviewing techniques by role playing and answering questions that may arise in client interviews. For example, staff who are responsible for collecting SOGIE data should have a working knowledge of where the information is stored or recorded, and who might have access to it.

To ensure fidelity and sustainability, agencies should develop internal capacity for ongoing training and skill development. External subject matter experts can conduct initial training of trainers and provide limited technical assistance. However, the agency should ultimately develop dedicated internal resources to train and coach staff.

E. Protect accuracy and integrity of SOGIE data

Agencies should take concrete steps to create a professional environment in which clients are more likely to disclose their SOGIE. The most important of these is convey a formal and visible commitment to fair and equal treatment of all clients irrespective of SOGIE by developing a written policy prohibiting SOGIE-based discrimination. Agency leadership should ensure that all personnel and clients are aware of the policy by providing written copies to all personnel and clients, posting copies in visible parts of the agency, and including an explanation of the policy as part of every employee's orientation.

Experience has shown that clients are also more likely to be comfortable disclosing their SOGIE if agency staff:

- Conduct the interview in a private location
- Explain the reasons for asking the questions, and that staff ask the same questions of all youth and do not make assumptions
- Ask SOGIE questions with other demographic questions and not with questions regarding previous abuse
- Inform clients that they can decline to answer without risk of repercussions
- Defer to the client's description of their identity (language, names, pronouns)

- Design questions to be open-ended
- Ask the questions in a conversational manner
- Use respectful and supportive language
- Signal openness and acceptance
- Maximize the client's control over who has access to their SOGIE information

Prior to collecting SOGIE data, agencies should take the necessary steps to protect the data from unauthorized disclosure. This process requires the agency to consult with necessary personnel to thoroughly understand where client data is recorded, who has access to the data and under what circumstances. At a minimum, agencies should consult with their legal counsel to understand the laws and policies governing confidentiality as well as IT personnel to explore technological means to limit unintended disclosure of information stored in case management systems.

V. Conclusion

SOGIE data collection gives agencies more than aggregate numbers that reveal trends and disparities. When undertaken with intention, it provides an opportunity to those who work with communities in public systems to use curiosity as a tool to build relationships with clients, make informed decisions that improve outcomes equitably, and promote overall well-being both while individuals are in the care of public systems and when they return to their homes and communities. SOGIE data collection reinforces that supporting individuals' imperceptible identities is just as critical to their health as acknowledging their visible identities. SOGIE data collection centers those who stand to benefit from the practice the most, but uplifts SOGIE as a shared human experience – everyone has a sexual orientation, gender identity and gender expression. While individuals are much more layered than SOGIE and race/ethnicity data points reveal, engaging in the practice of collecting these variables encourages public systems to begin to view, respond to, and treat individuals in a "whole" person framework.

It is the authors' hope that this guide empowers public systems to recognize the value and feasibility of SOGIE data collection. When paired with training and policy development, SOGIE data collection can be transformative.

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