

October 8, 2019

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**EXECUTIVE SUMMARY**

**ALL COUNTY LETTER NO. 19-92**

This All County Letter provides guidance and resources to county child welfare services hotline social workers when receiving referrals alleging abuse related to a child or youth's sexual orientation gender identity and expression.



KIM JOHNSON  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
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GAVIN NEWSOM  
GOVERNOR

October 8, 2019

ALL COUNTY LETTER (ACL) NO. 19-92

TO: ALL COUNTY WELFARE DIRECTORS  
ALL CHIEF PROBATION OFFICERS  
ALL TITLE IV-E AGREEMENT TRIBES

SUBJECT: SEXUAL ORIENTATION, GENDER IDENTITY, AND GENDER  
EXPRESSION (SOGIE) AWARENESS DURING CHILD WELFARE  
INTAKE

REFERENCE: [ALL COUNTY INFORMATION NOTICE \(ACIN\) NO. I-81-10](#);  
[ACL NO. 17-64](#); [ACIN NO. I-30-18](#); [ACL NO. 19-20](#); [MANUAL OF  
POLICIES AND PROCEDURES \(MPP\) DIVISION 31 SECTIONS  
105, 105.117](#)

The purpose of this ACL is to provide guidance and resources to county Child Welfare Services (CWS) hotline social workers when receiving referrals alleging abuse related to a child or youth's sexual orientation, gender identity, and gender expression.

## BACKGROUND

All children deserve safety and acceptance in their homes and communities. Children need safety, support, and nurturance to develop and embrace all aspects of their evolving identities, including their SOGIE. Children thrive when their families and caregivers affirm and respect their SOGIE.<sup>1</sup>

Everyone, including people who do not identify as Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ), has a sexual orientation and gender identity. Sexual orientation refers to a person's emotional and romantic attraction to other people, or lack thereof.<sup>2</sup> Gender identity refers to a person's internal sense of being male, female, a blend of both, or neither.<sup>3</sup> Gender expression refers to the external appearance of one's gender,

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<sup>1</sup> (Family Builders, 2013)

<sup>2</sup> (Human Rights Campaign Foundation, 2017)

<sup>3</sup> (Human Rights Campaign Foundation, 2017)

usually shown through behavior, clothing, hairstyle or voice.<sup>4</sup> Children whose SOGIE is considered or perceived to be non-conforming may be potential targets of abuse, neglect, and exploitation. The LGBTQ youth report higher rates of depression, anxiety, low self-esteem, risk of suicide, as well as, alcohol and drug use.<sup>5</sup> Caregivers need to be aware of these safety issues as they work to provide nurturing and supportive parenting.

The CWS agencies serving children and families within the child welfare system have a legal responsibility to provide care, placement and services to children without discriminating based on actual or perceived SOGIE. Social workers and probation officers play a critical role in ensuring children receive safe, supportive, and appropriate services, and that children in out-of-home care are placed in homes that are affirming and supportive. The [ACIN No. I-81-10](#) references this and provides child welfare, probation, and adoption agencies with information and resources available to improve services to LGBTQ youth and their caregivers. The [ACL No. 19-20](#), provides guidance and instructions regarding how to document SOGIE information in the Child Welfare Services/Case Management System (CWS/CMS), given the legislative changes of [Assembly Bill 959 \(Chapter 565, Statutes of 2015\)](#).

### **INTAKE OR “HOTLINE”**

Social workers must refer to the [MPP Section 31-105](#) when completing the Emergency Response (ER) protocol. County CWS agencies must assess whether a parent/caregiver’s behaviors, actions, or omissions threaten the child’s immediate safety and/or present a risk that the child will suffer serious future harm. A situation in which a child is being abused or neglected because a parent believes the child to be LGBTQ or transgender/non-conforming (TGNC) may negatively impact that child’s natural process of gender identity formation and/or sexual orientation development. If a suspected child abuse referral comes into a child protective services hotline, and the referral is alleging abuse or neglect due to the child’s SOGIE, the hotline social worker should inquire about the following.

- Is the child being punished, shamed, degraded, teased or bullied? If so, why?
- Are all children in the home treated in the same manner or is this child being singled out?
- Are there family conflicts?

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<sup>4</sup> (Human Rights Campaign Foundation, 2017)

<sup>5</sup> (Human Rights Campaign Foundation, 2018)

- Has this child been “kicked out” of their home, or otherwise left without provision for support?
- Is the child exhibiting severe anxiety, depression, withdrawal, or untoward aggressive behavior toward themselves or others as a result of the parent or caregiver’s conduct?
- Is the youth missing from care? If so, is it because they are being bullied/teased/abused, or experiencing bias, discrimination, or hostility in their placement?
- Is the child not going to school because they are being bullied, teased, or discriminated against?
- Is the child at liberty to freely discuss their SOGIE with their parent/caregiver?

Although probation officers do not manage the CWS hotline, it is still necessary to consider whether a child’s SOGIE may be impacting their health and safety. Additionally, there are instances where a probation officer may need to cross report information to a CWS agency regarding a child on their case load. It is important for probation officers to consider factors relating to a child’s SOGIE when assessing families in order to, relay that information to hotline workers. Furthermore, collecting information regarding a child’s SOGIE, is an essential part of a thorough assessment regarding the child and family’s circumstances.

## **SOGIE AWARENESS**

All children deserve to be safe, nurtured and supported, irrespective of their SOGIE. Parents/caregivers may have strong objections to their child’s SOGIE, or their perception of their child’s SOGIE, and may have a range of negative reactions. For example, a parent/caregiver may make derogatory remarks, shame, or punish their child based on the child’s self-disclosed or perceived SOGIE, or make attempts to force the child to change their SOGIE. These harmful behaviors can be very damaging and traumatic for a child and must be addressed with the parent/caregiver. It is crucial that parents/caregivers be given resources and tools that will help educate them on how to support the child and respect their identity. Social workers must also assess the threat a parent/caregiver’s acts or omissions may pose to a child’s safety and well-being, and whether these acts have caused the child to suffer or place the child at substantial risk of suffering serious harm or emotional damage.

There are also situations where a parent/caregiver is being supportive of their child’s SOGIE, regardless of their own beliefs, and a third party observes this and reports that the parent/caregiver is being abusive by affirming the child’s SOGIE. When assessing for risk/harm/abuse it is essential to understand that affirming or supporting a child’s SOGIE is not abuse or neglect. Some affirming parental/caregiver behaviors include but are not limited to:

- Talking with the child about their SOGIE
- Expressing affection to their child when they learn that their child identifies as LGBTQ
- Supporting the child's SOGIE identity even though they may feel uncomfortable
- Assisting a child or youth in accessing gender affirming medical or mental health care

For a more detailed list of affirming behaviors as well as publications, trainings and resource materials, county CWS agencies may refer to the [RISE \(Recognize Intervene Support Empower\) project](#), [Family Builders getREAL California Program](#), [Gender Spectrum](#), [NCLR](#) (National Center for Lesbian Rights), [The American Bar Association](#), [GLSEN](#) (Gay Lesbian and Straight Education Network), [GLAAD](#) (Gay and Lesbian Alliance Against Defamation) and the [Family Acceptance Project](#)®.

## **INTAKE DOCUMENTATION**

Once a hotline worker gathers the above information, the hotline worker should enter any relevant information pertaining to SOGIE into the narrative section of the referral. Hotline workers do not need to routinely complete the SOGIE data fields, as described in [ACL No. 19-20](#), as these fields should be completed by a social worker only if they have had a chance to speak directly with the child/youth in a meaningful conversation about their SOGIE. Additionally, a letter of errata to [ACL No. 19-20](#) is being issued to provide county child welfare and probation departments with updated guidance and instructions regarding how to document SOGIE information into CWS/CMS, including recommended best practices on how to address SOGIE with minors and Non Minor Dependents.

## **MAINTAINING PRIVACY OF A CHILD'S SOGIE**

In accordance with [MPP 31-105.117](#) when the decision is to evaluate out, either with or without a referral to another agency, it is important to consider that children and youth are the principal owners of their SOGIE information. The privacy of a child's SOGIE information also applies if a case is opened. Thus, if it is not known whether the parent/caregiver is aware of the child or youth's SOGIE, information should not be disclosed relating to the child's SOGIE without first consulting and obtaining permission from the child. If the CWS agency determines a referral should be evaluated out, with a referral to a community agency, the CWS agency must consider the need for privacy of the child's SOGIE information prior to referring a parent/caregiver to a SOGIE-specific community resource, as revealing a child's SOGIE may put them at greater risk for abuse or neglect. Additionally, when cross reporting allegations, social workers should work closely with law enforcement to protect the privacy of the child's SOGIE.

## **REFERRAL TO SERVICES**

Social workers who are first responders, should be trained on the availability of community resources and understand the child's privacy considerations when referring to SOGIE related resources. Social workers must understand how to discuss SOGIE information with children periodically to ensure that the CWS agency maintains an accurate, up to date record of children's SOGIE information, which is expected to evolve throughout childhood and adolescence is essential. Furthermore, social workers are strongly encouraged to receive training to dispel myths and stereotypes related to SOGIE, and develop strategies to create environments that encourage expression as it relates to SOGIE. Moreover, we encourage county social workers to provide educational resources to children, families, and other community members, to further educate and create awareness in their respective communities.

It is key to remind families and community members that their behaviors and attitudes towards children whose SOGIE may differ from theirs, can impact a child's safety and well-being. Furthermore, it is essential that families and children are supported by making reasonable efforts to prevent the removal and or break up of families. All staff are encouraged to show unconditional support by utilizing respectful, gender-inclusive language when speaking to all clients, especially children and youth. Social workers should be aware of their own biases and seek additional training and coaching to increase proficiency regarding SOGIE.

Additionally, please reference [ACL No. 19-20](#) which provides counties with existing resources to assist in the development of county policies and procedures.

## **QUESTIONS**

For further technical support and resource guides regarding supporting LGBTQ children, please visit California Department of Social Services [Resource Guide for providers](#). Additionally, please visit [The Healthy Sexual Development Project](#) webpage for guidance and resources on the sexual and reproductive health rights of children and youth in foster care.

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For questions or technical assistance regarding information shared in this letter, please contact the Child Welfare Policy and Program Development Bureau at [childprotection@dss.ca.gov](mailto:childprotection@dss.ca.gov) or (916) 651-6160.

Sincerely,

***Original Document Signed by***

GREGORY E. ROSE  
Deputy Director  
Children and Family Services Division

c: County Welfare Directors Association (CWDA)  
Chief Probation Officers of California (CPOC)