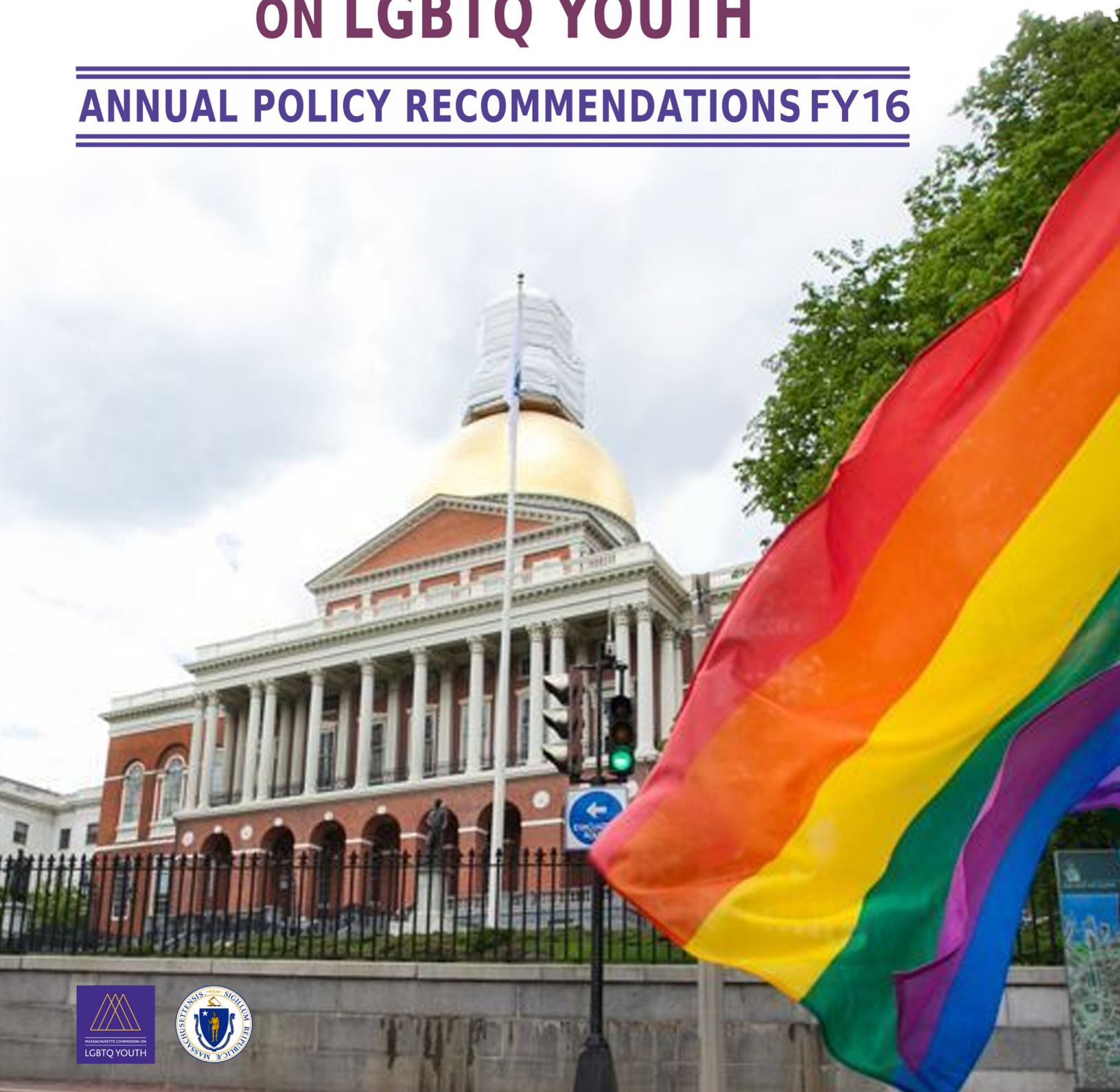
# MASSACHUSETTS COMMISSION ON LGBTQ YOUTH

## ANNUAL POLICY RECOMMENDATIONS FY16



# Letter from the Officers

Since the establishment of the Massachusetts Commission on Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ) Youth, substantial improvement in the availability of services, legal protections, and visibility for LGBTQ people has been realized. Despite these advances however, widespread social, economic, and health disparities persist for LGBTQ youth in the state. As the first and only state in the nation with a statutory mandate to advocate effective policies, programs, and resources for LGBTQ youth, the Commission remains committed to promoting the well-being of LGBTQ youth.

This document contains annual policy and program recommendations intended to provide Massachusetts policymakers with a roadmap to better meet the needs of LGBTQ youth in Fiscal Year 2016. We look forward to working with incoming Governor Baker and his Administration to advance policies and programs across state agencies so that all young people in Massachusetts reach their full potential.

LGBTQ youth live in urban and rural neighborhoods across Massachusetts; they are of all races, physical and cognitive abilities, nationalities, socioeconomic backgrounds, religious backgrounds, and families. In our work, we strive to recognize the needs of LGBTQ youth who experience intersecting forms of inequity. In examining disparities and opportunities for policy change, we have identified state agencies not traditionally associated with LGBTQ youth, but who in fact serve and can improve the state's support of this population. Partnerships with agencies responsible for transportation, refugee support, housing, disability services, and the workforce will facilitate broader benefits for LGBTQ youth beyond the arenas of education and health.

Recent progress has been encouraging. With focus, determination, and dedicated resources, we can continue to close gaps and address disparities that have lingered too long. To meet the urgent needs that remain, all parties must coordinate to fashion policies that meaningfully reduce the institutionalized inequalities that we know differentially impact LGBTQ youth populations. This is especially critical for youth who are of color, who are transgender, who reside in rural areas, and/or who are living in out-of-home settings. We believe these aims are consistent with priorities of the Baker administration.

We look forward to continuing this important work. Indeed, sustained advancement of health, safety, and educational outcomes for LGBTQ youth in Massachusetts is on the horizon. Together, we can foster an environment where all youth in the Commonwealth can continue to thrive.

**RESPECTFULLY,**

Julian Cyr
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# Acknowledgements

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MASSACHUSETTS COMMISSION ON LGBTQ YOUTH

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# Who we are

**Enabling Statute and Structure**
The Massachusetts Legislature established the Massachusetts Commission on Gay and Lesbian Youth in 2006 (Act of Jul. 1, 2006, ch. 139, §4, codified in Mass. Gen. Laws ch. 3, §67), replacing a prior Governor's Commission created by Governor William Weld in 1992. Commission members, representing twelve key public education, health, and LGBTQ organizations representing every region in the state, are inducted for two-year terms. Up to 50 members may be appointed to the Commission. The Commission's leadership includes a Chair, Vice Chairs, and an Executive Committee.

In the years since its founding, the Commonwealth has adjusted the Commission's name to more fully and comprehensively reflect the youth it serves. In 2014, the Legislature enacted and Governor Deval L. Patrick signed an amendment to the Commission's authorizing legislation, expanding the name to the Massachusetts Commission on Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ) Youth.

To meet its statutory mandate, the Commission evaluates programs and policies across state government and issues annual recommendations. The Commission also works directly with state agencies on implementing recommendations to meet the needs of LGBTQ youth. Individual members of the Commission are designated as liaisons to each agency; these liaisons provide support and guidance as agencies develop and implement plans to more effectively serve LGBTQ youth.

**Values**
The Commission is committed to the elimination of health disparities, and promoting achievement among LGBTQ youth. Commission members work collaboratively with state agencies to assist in the implementation of recommendations, and monitors and reports on progress made toward their implementation.

**Policy Roadmap**
The Commission's core mandate, according to authorizing legislation, is "to recommend policies and make recommendations to agencies and officers of the Commonwealth and local subdivisions of government" relating to the concerns of LGBTQ youth. M.G.L. ch. 3, § 67.

The recommendations for Fiscal Year 2016 (FY2016) set forth in this document are intended to guide Massachusetts state agencies toward tangible policies and practices that are responsive to the needs of LGBTQ youth populations in the Commonwealth from infancy to young adulthood.

# PRIORITIES

## Working for a Commonwealth where *all* youth thrive.

As a Commission, our role in state government is multifold.

+ We **recommend** and implement a policy roadmap in partnership with state agencies;
+ We **convene** and bring together researchers, community-based organizations, government entities, and community members throughout the Commonwealth;
+ We **advocate** for resources targeted at LGBTQ youth;
+ We **develop** initiatives:
  - In Education, we **partner** with state agencies in leading school-based programs and policies (e.g., the Safe Schools Program for LGBTQ Students jointly administered by the Commission and the Department of Elementary and Secondary Education);
  - In Health and Human Services, we serve as an **incubator** for pilot projects that address the needs of LGBTQ youth of color, transgender youth, and out-of-home youth (e.g., an Inter-Agency Geomapping Initiative); and **support** existing efforts by state agencies and community-based organizations.

**Defining Target Populations**

When discussing LGBTQ youth as a population, it is important to recognize that young people, particularly young people of color, may not fit or define themselves according to prevailing definitions of lesbian, gay, bisexual, or transgender.[1] These youth may not use the terms "lesbian," "gay," or "bisexual" to identify themselves or their sexuality, although they may be engaging in same-sex sexual or romantic relationships. Further, young people may or may not identify themselves as "youth." While we respect the definitions of youth used by individual agencies, the term is used broadly here to refer to minors under the age of 18 as well as to young people in early adulthood.

Defining and measuring these populations can be difficult, since most instruments rely on sexual identity, sexual orientation, sexual behavior or a combination of the three.[2] While the Commission urges the use of the inclusive term "LGBTQ," we recognize that this term can be limiting for some and should not be read to suggest only youth identifying as LGBTQ, but also include those who would be represented by broader measures such as same-sex sexual behavior, same-sex attraction, nontraditional or non-binary gender presentation. We believe that a broader understanding of these terms, beginning with our own name, takes into account the complexity of the development of sexual orientation and gender identity, and further allows for more specific and effective strategies to address the known disparities that youth populations face.[3]

# Call to Action

**All youth** deserve to be treated in ways that are **supportive** of their development, dignity, voice, and their identities, without discrimination, victimization, or harassment.

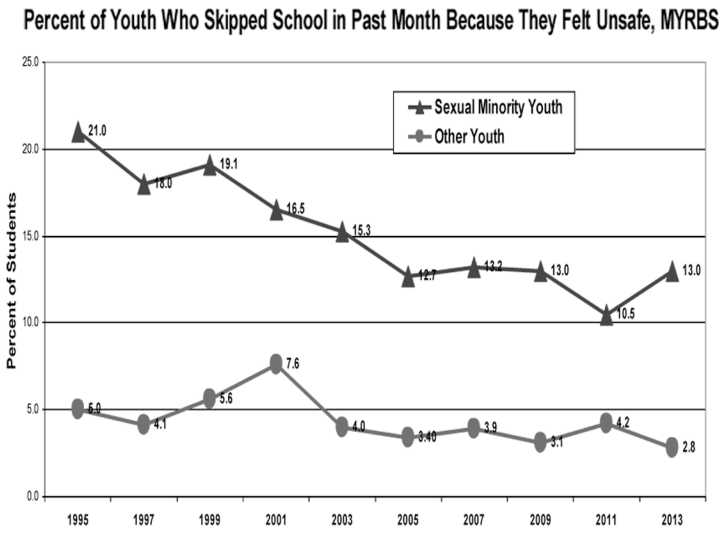
In essence, a "safe" environment. If we respond to the needs of this most vulnerable population, by improving the health and social outcomes of LGBTQ young people – and future adults – in the Commonwealth, we can diminish the costs of social services and health care interventions. This intention does not simply meet the requirements of existing law and is a matter of common sense, but is also a matter of fiscal responsibility and responsive governance. Interventions for LGBTQ youth not only have relevance from infancy into early adulthood, but also through the lifespan of LGBTQ residents in Massachusetts.

**What the Data Shows**

Massachusetts was among the first states to analyze health and risk behavior assessments of sexual minority youth statewide via the biennial Massachusetts Youth Risk Behavior Survey (MYRBS), part of a national surveillance activity that monitors youth behaviors contributing to mortality and morbidity.[4] Every two years the Massachusetts Department of Elementary and Secondary Education (DESE) – in collaboration with the U.S. Centers for Disease Control (CDC) and the Massachusetts Department of Public Health (DPH) – conducts the MYRBS, a survey distributed to 57 randomly selected public high schools, which includes questions about tobacco use, alcohol and other drug use, sexual health, dietary behaviors, physical activity, and behaviors associated with intentional or unintentional injuries. In total, over 2,700 students participate in this anonymous and voluntary survey each time it is administered.

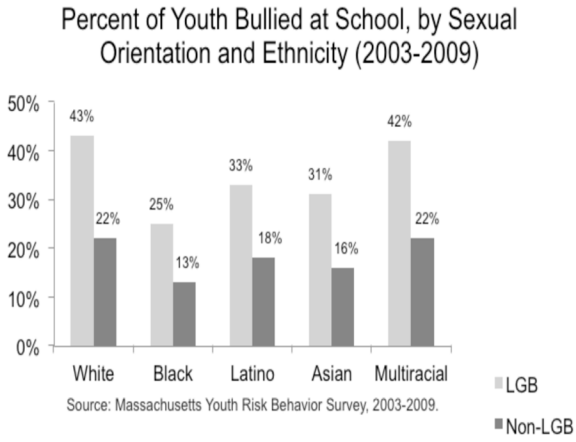
The data collected has provided a stark look at the many social and health disparities faced by lesbian, gay, and bisexual (LGB[5]) youth. In MYRBS and subsequent analysis by DESE, these respondents are referred to as sexual minority youth.

*Disparities in school.* In the 2013 MYRBS survey,[6] LGB youth were twice as likely as their heterosexual peers to report experiences of bullying, and three times as likely to report being threatened in school. While experiencing these increased school-based risks, LGB youth reported that they were less likely to have teachers to turn to for help. According to the report, only 55.2% of LGB youth responded that they felt their teachers cared about them and wanted them to do well, compared to 70.7% of their peers. Given these results, it is not surprising that LGB youth are 5 times more likely to report skipping school as a result of feeling unsafe in school.

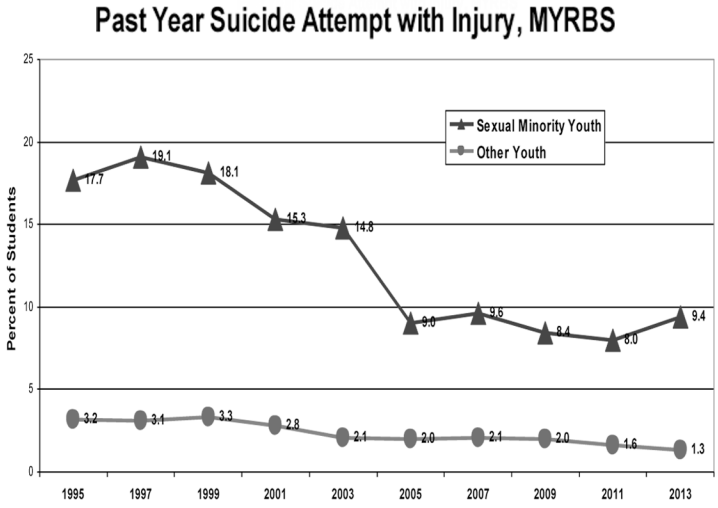


While no Massachusetts specific surveillance is available related to gender identity, some data is available via national surveys. On a national level, students "who expressed a transgender identity or gender non-conformity while in grades K-12 reported alarming rates of harassment (78%), physical assault (35%) and sexual violence (12%); in some cases harassment was so severe that it led almost one-sixth (15%) to leave a school in K-12 settings or in higher education."[7]

As MYRBS surveillance shows, LGBTQ youth report stresses in school environments that are obstacles to a constructive and safe learning environment. A national study demonstrated that LGBTQ youth are focused on immediate concerns of safety and security, while their heterosexual peers are focused on schoolwork and finances.[8] LGBT-identified youth reported the most important problems facing them were non-accepting families, school/bullying problems, and fear of being out open about their identity, while their peers identified their most important problems as classes, college or career preparation, and financial pressures related to college or job.[9]



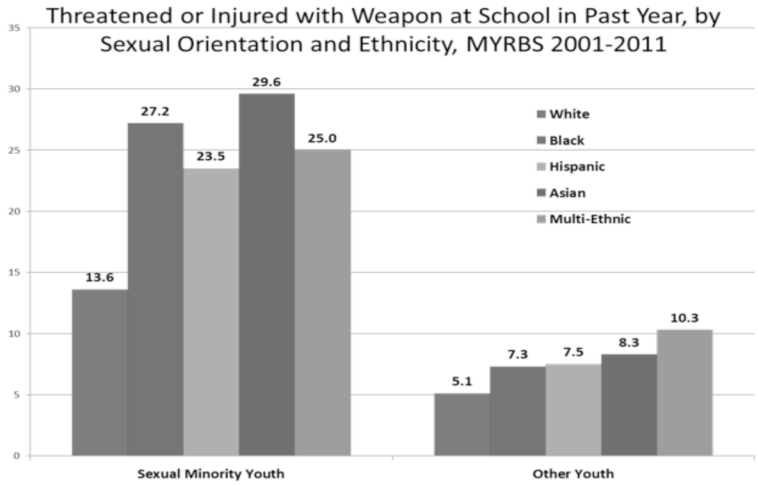

*Suicidal ideation.* LGB youth continue to report higher instances of attempted suicides and medical treatment as a result of such attempts than their peers. The results of MYRBS indicate that suicide ideation among LGB has decreased in recent years, how ever suicide ideation still remains statistically significantly elevated when comparing LGB youth to their straight peers (i.e. LGB youth reported being more than 7 times more likely than their peers to have attempted suicide in 2011 MYRBS; in 2013 MYRBS, LGB remain over 5 times more likely to report suicide ideation). Recent MYRBS findings also show that reported medical treatment as a result of suicide attempts jumped dramatically for LGB youth over the past four years. LGB youth now report that they are over 8 times more likely than their straight peers to require medical attention as a result of a suicide attempt.




*Family rejection and homelessness.* According to the 2013 MYRBS, approximately 14.5% of sexual minority youth report that they meet the federal definition of homelessness, compared to 3.3% of their peers. Further, 68% of homeless sexual minority youth MYRBS respondents report that they are unaccompanied, meaning that they do not live with a parent or legal guardians. Of note, MYRBS data on homelessness is limited to respondents who are in school and able to take the school-based survey. A national survey of over 300 homeless service provider organizations conducted by the Williams Institute at the University of California Los Angles and other collaborators found that 40% of all homeless or at-risk youth in the U.S. identify as LGBTQ.[10] Findings point to LGBTQ youth of color being particularly at risk, with national studies showing 65% of homeless individuals identifying as a racial minority.[11]

*Intersection of race and sexual orientation.* LGB youth come from a variety of families, backgrounds, and races. According to 2007-2011 MYRBS data, multiracial youth and Latino youth are most likely to either identify as sexual minority youth or have reported same-sex contact: 12.5% of Multiracial youth; 12.2% of Latino youth; 9.0% of Black youth; 8.8% of White youth; and 8.1% of Asian youth.[12] The disparities that affect LGB youth are not "one size fits all," but have varying degrees of impact on youth of different races.

*Across the Lifespan.* Despite these disparities, many LGBTQ youth are able to overcome challenges when protective and resiliency factors abound. However, the unavoidable fact is that many sexual minority and gender minority youth face discrimination, harassment, and environmental stress that, in the absence of interventions, systems of support, and safe and affirming adult interactions, can carry on throughout the life span.




Surveillance and research shows that stresses that LGBTQ young people experience continue into adulthood, and may be further compounded by intersecting identities such as race, gender, physical and/or cognitive disabilities, and socioeconomic status.[13] The prevalence of increased tobacco use,[14] suicide ideation,[15] and other high risk behaviors observed in sexual minority youth affects adult populations as well.

In one study, LGBTQ young adults who were victimized as youth were 2.6 times more likely to suffer from depression, 5.6 times more likely to have attempted suicide, and twice as likely to report having been diagnosed with a sexually transmitted infection.[16] Among the same cohort, young adults who expressed some level of gender nonconformity in adolescence had a strong correlation with higher levels of depression as young adults.[17] Exposure to victimization and adversity experiences in childhood and adolescence significantly mediated the association of both gay/lesbian and bisexual orientation with suicidality, depressive symptoms, tobacco use, and alcohol abuse.[18] Risk behaviors exhibited in youth (e.g alcohol and tobacco use) are also more likely to cause cancer.[19] Some of these behavioral risks may also have implications for a variety of other physical health conditions, including increased likelihood of contraction of infectious disease, among them HIV transmission, Hepatitis-C and other sexually transmitted infections.[20]

**Long-term adverse outcomes disproportionately found among LGBTQ populations do not solely impact individuals, but also have an effect on social service and public health systems**

The long-term adverse outcomes disproportionately found among LGBTQ populations do not solely impact individuals, but also have an effect on social service and public health systems, leading to higher health care and social program costs to the government.[21] For example, an adult who becomes HIV-positive in Massachusetts will cost the Commonwealth ~$19,000 a year in antiretroviral drug assistance monies for the rest of their lives. With adequate prevention mechanisms, the Commonwealth can improve the lives of its residents and gain efficiency of government expenditures.

# Progress of Note

*Safe Schools for LGBTQ Students.* In 1993, under the leadership of Governor William Weld, the Commonwealth established the Safe Schools Program for Lesbian & Gay Students within the Massachusetts DESE. In 2014 focus was expanded to include all sexual minority and gender minority youth.The program continues to be a national leader in fostering safe and supportive learning environments for LGBTQ students. Since the 1990's and until the reappropriation of tobacco settlement monies in the 2000s, DESE was funded to administer the Safe Schools Program at up to $800,000 annually. With the reappropriation of tobacco settlement monies, DESE ceased activities associated with the Safe Schools Program. In 2010, the Commission was able to successfully secure monies in the state budget to reinstate the Safe Schools Program with a direct appropriation beginning in Fiscal Year 2011. These resources have grown from $50,000 in Fiscal Year 2011 to $300,000 in Fiscal Year 2015, however are far short of funding levels a decade earlier. The Safe Schools Program again provides training, technical assistance and support to schools across the Commonwealth related to implementation of *An Act Relative to Gender Identity* and *An Act Relative to Bullying in Schools.*

*Interagency Working Group.* The Massachusetts Commission on LGBTQ Youth partnered with the Patrick Administration to promote uniform and complete implementation of *An Act Relative to Gender Identity* across state agencies. This was executed through a collaborative working group among general counsel and senior policy staff of fifteen state agencies, as well as secretariat-level representation. Agencies represented include: Department of Insurance, MassHealth, the Registry of Motor Vehicles, Office of Diversity and Equal Opportunity, Department of Transitional Assistance, Group Insurance Commission, Early Education and Care, Executive Office of Labor and Workforce Development, Department of Housing and Community Development, Department of Conservation and Recreation, Department of Children and Families, Department of Public Health, Department of Mental Health, and the Office of Refugees and Immigrants. The Department of Youth Services and Department of Elementary and Secondary Education served in an advisory capacity, having already produced comprehensive nondiscrimination policies and practice guidance on working with LGBTQ youth.

The Interagency Working Group sought to update agency policies to ensure the protection of transgender and gender nonconforming residents from discrimination in state services required by law. In addition, some agencies created "best-practice" guides for direct service providers and "consumer affairs bulletins" as a tool and guide to support direct service providers working with youth.

Several of the policies and guidelines contain plans for implementation of necessary data collection. Current data collection tools are insufficient to accurately capture demographic data on sexual minority and gender minority consumers of state services. Several agencies have also developed action plans for training and will offer implementation and LGBTQ cultural competency training to direct service staff. The Commission and other agencies have learned from the successful model of the Department of Youth Services policy that training is competency critical tool. The Commission urges all agencies to adopt comprehensive plans and designate resources for training on these policies.

# Core Recommendations

Based upon health outcomes surveillance data, much work remains to be done to address disparities among LGBTQ youth in Massachusetts. Across *all* agencies, we recommend implementing the following:

**Consistent Data Collection**

Each Secretariat and executive agency should adopt LGBTQ-inclusive intake forms and implement routine, state-led collection of data on gender identity and sexual orientation (including, where relevant, data on sexual behavior). This is especially important in addressing the dearth of information explaining risk factors and behaviors among LGBTQ youth. In light of scarce quantitative data on transgender youth in Massachusetts, we especially urge prioritization of the collection of transgender-specific and transgender-inclusive data to better identify the needs of this population.

When possible, agencies should involve and rely on experts to identify the most efficient and confidential mechanisms to collect, maintain, and use this data. In particular, adhering to the data collection guidelines established by the Gender Identity in U.S. Surveillance (GenIUSS) group, a multi-disciplinary and multi-institutional collaboration including the Fenway Institute, Williams Institute, and LGBT HealthLink is critical.[22] If government agencies are to successfully change the ways in which LGBTQ youth interact with youth-serving institutions (e.g. foster care, correctional facilities, homeless services and shelters, and congregate living facilities), it is essential that these agencies gather data on sexual orientation and gender identity – with due attention to confidentiality and privacy. Members of the Commission and community-based researchers are eager to collaborate with agencies to develop and pilot test methodology and protocol for capturing relevant data. These relatively small investments in data coordination & culturally competent services have value both for individuals and the state.

Furthermore, we advise agencies to train both existing and incoming staff on intake and data collection procedures in order to protect the confidentiality and privacy of LGBTQ individuals, particularly LGBTQ youth in youth-serving institutions. Finally, we recommend that agencies collaborate to seek ways to adopt data collection procedures that document the experiences of LGBTQ youth with state agencies as a way to assess the areas of greatest need as well as the effectiveness of LGBTQ cultural competency trainings and other areas of progress.

**In light of scarce quantitative data on transgender youth in Massachusetts, we especially urge prioritization of the collection of transgender-specific and transgender-inclusive data to better identify the needs of this population.**

# Core Recommendations

**Resources**
Agencies can make an immediate and marked difference for LGBTQ youth by identifying and strengthening LGBTQ-affirming resources, both internal and external. The Commission recommends developing internal working groups with dedicated staff hours to address the particular issues that individual agencies face staff. Coordination within and across agencies and dedicated time of designated staff with cultural competence and expertise can make an important difference in moving toward consistent quality services being provided to LGBTQ youth.

**Policies and Guidance**
Agencies should develop stronger guidance, best practices, and model policies for working with LGBTQ youth throughout the Commonwealth. Increasingly, educators, service providers, and policy makers want to be supportive to the needs of LGBTQ youth, but do not necessarily know how. Guidance, best practices, and model policies provide valuable information to youth-serving individuals and agencies to do just that. We look to the leadership of the recent interagency working group, and are eager to continue the momentum that has been generated by the working group's efforts.

**Regulatory Changes**
*An Act Relative to Gender Identity* took effect on July 1, 2012. All agencies should be directed to comply with the law and expand their agency-specific non-discrimination policies to include gender identity as defined by the statute. This would ensure compliance with the law as well as Executive Orders 526 and 527, which extend nondiscrimination protections to all state employees and businesses that contract with the state. In addition, we urge agencies to think broadly about how to ensure that transgender and gender-nonconforming youth are not subject to discrimination or biased treatment by agencies or contracting organizations.

Recommendations for 15 state agencies across five secretariats as directed by Mass. Gen. Laws ch. 3, §67 are listed in the next pages; more comprehensive recommendations specific to each agency can be found in the pages that follow.

*An Act Relative to Gender Identity* took effect on **July 1, 2012**. All agencies should be directed to comply with the law and expand their agency-specific non-discrimination policies to include gender identity as defined by the statute.

# Executive summary of Recommendations

**Interagency Council on Housing and Homelessness**

1. Establish a designated programmatic and funding stream to provide appropriate services to homeless youth.
2. Adopt guidelines to promote safety and privacy of transgender and gender non-conforming individuals in shelters.

**Department of Early Education and Care**

1. Share information about LGBTQ affirming residential placements with the Department of Children and Families.
2. Amend licensing regulations and guidance to require licensees to provide training and professional development to staff on sexual orientation, gender identity, and LGBTQ youth.
3. Work with all EEC licensed or approved programs and facilities to ensure they are affirming of LGBTQ youth.

**Department of Elementary and Secondary Education**

1. Provide expanded resources and technical assistance to schools, LGBTQ students, and families through the establisthment of partnerships with other state agencies, families, community-based groups, organizations, and associations.
2. Recognize the increased risks faced by transgender and/or racial and ethnic minority students when making resource allocation decisions.
3. Provide meeting space and staff support for the statewide GSA Leadership Council, including having a presence at the annual GSA Leadership Summit.
4. Maintain and expand the Safe Schools Program for LGBTQ Students presence on the DESE website.
5. Continue to jointly coordinate the Safe Schools Program for LGBTQ Students to build DESE's capacity to deliver technical assistance, training, and support to schools.
6. Encourage schools to offer training to all school personnel in violence prevention and suicide prevention with a specific emphasis on their impact on LGBTQ students.
7. Provide information to school library staff on internet filters and how to avoid blocking youth from learning about LGBTQ identity and health issues.
8. Host a roundtable discussion for DESE staff at the Dept. of Elementary and Secondary Education.
9. Work to integrate LGBTQ-related topics into appropriate curricula across all grade levels.
10. Continue to disseminate an annual communication to schools reinforcing the requirements of anti-bullying and anti-discrimination laws with regard to implications for LGBTQ students.
11. Analyze the MYRBS and Schools Health Profiles Data on Sexual Orientation and Gender Identity and compile it in one-page sheets and in an annual report. Make available to the Commission the CDC cross-tabulations of the same-sex sexual behavior questions and sexual identity question.
12. Deliver a presentation on LGBTQ students to the Board of Elementary and Secondary Education at least every two years to coincide with the availability of new MYRBS and other data.
13. Update and expand the 1993 Board of Education Recommendations on the Support and Safety of Gay and Lesbian Students to reflect current policies, best practicies, and terminology.

**Department of Higher Education**

1. Promote LGBTQ cultural competency training for college and university faculty and staff.
2. Assess institutional response guidelines regarding LGBTQ hate crimes and incidents of bias on campus.
3. Consider LGBTQ identities in model guidance and best practices.

**Department of Children and Families**

1. Identify LGBTQ-friendly foster placements, hotline homes, and residential facilities in every region across the Commonwealth; create a database to store this information, and ensure this information easily accessible to DCF workers (maintaining appropriate levels of privacy).
2. Devote one full session of a DCF monthly staff meeting to LGBTQ issues each year.
3. Expand training programs to all workers and supervisors on issues that affect LGBTQ youth and youth adults, with particular attention to gender identity and expression.
4. Distribute an LGBTQ Toolkit for social workers, foster parents, and youth. Share this Toolkit with other agencies of the Commonwealth as a model of an accessible and LGBTQ-affirmative resource.

**Department of Mental Health**

1. Continue DMH LGBTQ Initiative by designating a staff person and continuing to provide support and resources to complete target goals.
2. Identify LGBTQ-affirming organizations and resources in all three state regions.
3. Initiate agency-wide training for all staff on LGBTQ cultural competency.
4. Finalize and distribute policy guidance to workers, supervisors and program providers.

**Department of Public Health**

1. Publish data on LGBTQ youth in reports from the Massachusetts Youth Health Survey.
2. Maintain support for suicide prevention services and resources and evaluate whether they are effectively reaching transgender and gender-nonconforming youth.
3. Prioritize HIV and Hepatitis-C prevention and care to address the increase in new infections among young Black and Latino gay and bisexual men and transwomen in Massachusetts.
4. Include LGBTQ youth as a priority population in tobacco cessation programs and teen pregnancy programs.
5. Ensure that Community Transformation Grants fund prevention and health promotion among LGBTQ youth, especially smoking prevention and cessation and obesity prevention efforts.
6. Prioritize substance abuse prevention, education and treatment in both LGBTQ youth-specific and general youth programs in order to ensure that they are best addressing the unique needs of this population.
7. Require vendors to provide training and professional development to youth-serving staff on sexual orientation, gender identity, and serving LGBTQ youth.
8. Direct the Division of Health Professionals Licensure to work with their boards of registration and the Board of Registration in Medicine to establish medical information, best practices, and continuing medical education for all health care providers including physicians on issues of care for LGBTQ youth, especially providers serving pediatric populations.
9. Revise the Massachusetts Strategic Plan for Suicide Prevention to address the specific needs of LGBTQ youth.
10. Work with the Registry of Motor Vehicles on a clear, consistent, and uniform policy regarding gender markers on birth certificates.
11. Work with the Interagency Council on Housing and Homelessness and the Department of Housing and Community to establish a designated programmatic and funding stream to provide appropriate services to homeless youth.

### Board of Registration in Medicine

1. Work with the Department of Public Health to establish medical information, best practices, and continuing medical education for all healthcare providers on issues of care for LGBTQ youth, especially providers serving pediatric populations.
2. Establish best practices for data collection.

### Office for Refugees and Immigrants

1. Identify LGBTQ-affirming medical, housing, legal, and community resources.
2. Require training and professional development for refugee resettlement providers and immigration service providers on sexual orientation, gender identity, and serving LGBTQ refugee and immigrant youth.
3. Require ORI contracting agencies to provide referrals and other services to LGBTQ refugee and immigrant youth.

### Department of Transitional Assistance

1. Designate staff to develop LGBTQ-inclusive policies within DTA services and contract agencies.
2. Provide LGBTQ cultural competency training for all staff, especially those caseworkers involved in direct service provision.
3. Require vendors to provide training and professional development to case workers on sexual orientation, gender identity, and the needs of LGBTQ youth.

### Department of Youth Services

1. Continue to modify, test and validate methods aimed at implementing intake forms to be LGBTQ-inclusive and affirming, and conducting routine, state led collection of data on sexual orientation and gender identify.
2. Continue to provide LGBTQ training curriculum for existing and incoming staff and vendors, and conduct evaluation of the effectiveness of these trainings.
3. Brief the Commission on its efforts to reduce and eliminate physical and sexual harassment of youth in custody, and any data it has on disparities in rates of such harassment affecting LGBTQ youth in custody.

### Registry of Motor Vehicles

1. Implement cultural competency training for all line staff and ensure implementation of best practices for gender marker change requests.
2. Establish pilot program in collaboration with the Commission and the Registry of Vital Records and Statistics to facilitate access to identification cards for unaccompanied homeless youth.
3. Establish streamlined procedures at the Registry of Motor Vehicles, in coordination with the Department of Public Health Registry of Vital Records and Statistics, to facilitate access to identification cards for unaccompanied homeless youth.

### Regional Transit Authorities

1. Establish a pilot project in one or more RTA programs to conduct needs assessments with respect to transportation needs, barriers, and best practices with LGBTQ youth and LGBTQ community groups.
2. Include LGBTQ youth groups in MassDOT-facilitated resource and service plan assessments.
3. Expand access to reduced-rate transportation passes for youth.

### Massachusetts Board of Library Commissioners

1. Encourage libraries across the state to collect voluntary data about gender identity and sexual orientation.
2. Conduct outreach to public and academic libraries informing them of existing resources for LGBTQ youth and encouraging them to purchase some items on these lists and display them prominently.
3. Submit a proposal to the Massachusetts Library Association for a presentation on supporting LGBTQ youth in the library community for their spring 2015 conference.
4. Disseminate best practice information to school libraries on internet filters and how to avoid blocking youth from learning about LGBTQ identity and health issues.

### Department of Housing and Community Development

1. Collaborate with agencies under the Interagency Council of Housing and Homelessness to establish a designated programmatic and funding stream to provide appropriate services to unaccompanied homeless youth.
2. Provide LGBTQ cultural competency training to staff and providers to improve access to shelter and housing, including domestic violence services, for LGBTQ youth.
3. Adopt guidelines to promote safety and privacy of transgender and gender-nonconforming individuals in shelters.

### Department of Career Services

1. Partner with social service providers to offer career readiness services to LGBTQ youth who face barriers to employment.
2. Designate a liaison to work with the Commission to identify opportunities for more fully serving LGBTQ youth.

# Recommendations in detail

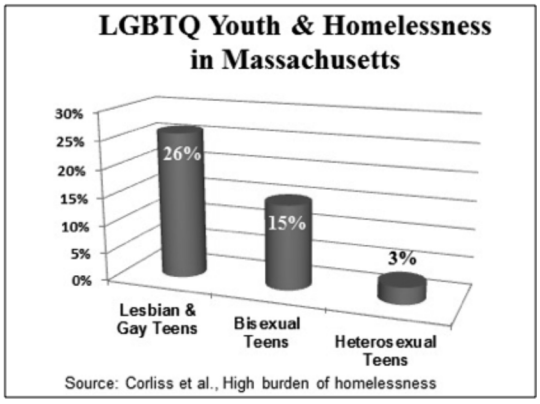
## Interagency Council on Housing and Homelessness

The Interagency Council on Housing and Homelessness (ICHH) was founded in 2007. Since then, the ICHH has served as the body responsible for implementing the state's plan to prevent and end homelessness. Members of the Council include commissioners of various agencies across multiple Secretariats, working on initiatives to increase effectiveness and collaboration among state agencies and with courts and community partners.

**Background**

The Massachusetts Department of Elementary and Secondary Education (DESE) estimates there are currently up to 6,000 unaccompanied homeless students in Massachusetts public and charter schools.

As the data shows, when compared to their heterosexual peers, LGBTQ youth are both more likely to experience homelessness and more likely to stay with strangers than at a shelter.[23] As many as 40% of unaccompanied homeless youth are LGBTQ; they experience greater disparities in health and safety outcomes.[24] Homeless sexual minority youth are at greater risk for negative health outcomes and risk behaviors, including mental health issues,[25] and are more likely to engage in high risk sexual behavior.[26] According to an analysis of state data, 25% of lesbian and gay teens and 15% of bisexual teens are homeless, compared to only 3% of heterosexual teens.[27] LGBTQ youth of color are particularly at risk, with 65% of homeless individuals also identifying as a racial minority.[28]




According to a 2013 report by the Massachusetts Alliance on Teen Pregnancy, as many as 30% of teen parents in Massachusetts have experienced homelessness, many of whom have experienced trauma and exploitation.[29] That same report identifies LGBTQ youth as at high risk for familial instability, trauma, and teen pregnancy.

Recognizing the disproportionate number of homeless youth who are LGBTQ, the Massachusetts Special Commission on Unaccompanied Homeless Youth – an independent commission with a legislative mandate – established a working group to issue specific recommendations related to LGBTQ youth. The working group issues three recommendations: enhanced data collection; LGBTQ competency training and awareness campaigns within agencies; and LGBTQ-specific services.[30] These recommendations are consistent with the findings and recommendations that were developed at a summit for homeless youth in Chicago, Illinois.[31]

# Interagency Council on Housing and Homelessness

**1. Establish a designated programmatic and funding stream to provide appropriate services to homeless youth.** To further assess the needs of out-of-home LGBTQ youth, the Commission held a research convening in November 2013. At the convening, youth participants described improper housing placements and colocation of youth with adult homeless populations as a health and safety issue. Placing youth in adult shelters leads to increased trauma and negative health outcomes, particularly emotional and psychosocial health. We note that pilot programs for LGBTQ youth beds in Boston, Cambridge, and western Massachusetts were recently funded through the Massachusetts Housing and Shelter Alliance.[32] Still, there remains no dedicated, consistent state funding source for youth, let along LGBTQ youth. If the Commonwealth is to adequate address the acute problem of unaccompanied homeless youth, a designated funding source with programmatic support is needed.

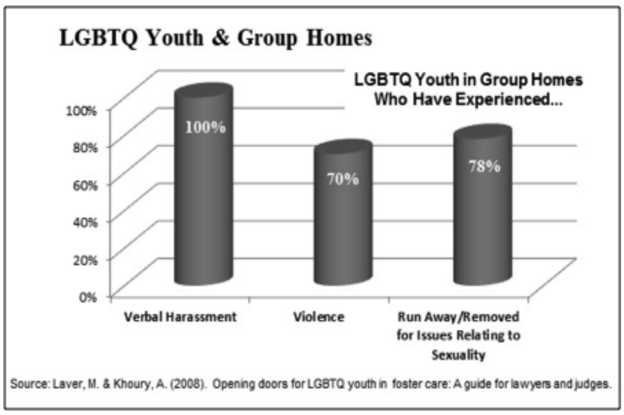
**2. Adopt guidelines to promote safety and privacy of transgender and gender-non-conforming individuals in shelters.** Shelters serving homeless individuals and families should have LGBTQ-friendly housing situations for LGBTQ youth accessing shelters with their parents or LGBTQ young people who are pregnant or are parents, as well as unaccompanied LGBTQ homeless youth. We note that model policies specific to Massachusetts already exist, including those developed by Gay & Lesbian Advocates & Defenders for the Lynn Emergency Shelter[33] and the *Shelter for All Genders* model policy developed by the Massachusetts Transgender Political Coalition.[34] Considering the statewide scope of homelessness, consistent guidelines are needed in all shelters.

# Department of Early Education and Care

The Department of Early Education and Care (EEC) supports all Massachusetts children in their development as learners and contributing members of community, but their work is not limited to early education and child care programs. EEC has important priorities working with teenage parents and licensing child-serving organizations that work with state government, including temporary shelters and foster homes. While the Commission has only issued recommendations to and worked with EEC for two years, we have been impressed by the department's commitment to youth of all ages under its care. We are eager to continue this constructive partnership.

**Background**

Given the disproportionate rates of family rejection and homelessness among LGBTQ youth, temporary shelters, foster families, and other state-licensed care facilities play a significant role in the lives of LGBTQ youth. Unfortunately, many LGBTQ young people continue to report negative experiences in such spaces. While state-based data is limited, according to a report by the American Bar Association, nearly 100% of LGBTQ youth in group homes had experienced verbal harassment.[35] In the same study, 70% reported being subject to violence, and 78% had either run away or been removed from a foster placement for reasons relating to their sexuality. In other instances, youth find themselves forced "back into the closet" by foster parents or professional staff who encourage youth in care to suppress their identities. Without access to supportive care and caregivers, LGBTQ youth have heightened risks of negative health outcomes and face a more difficult transition to adulthood.[36]




Additionally, many LGBTQ youth who live with their families still struggle with unsupportive home environments. Providers of after-school or "out of school time" (OST) programs are well positioned to reach out to LGBTQ youth who are searching for alternatives to spending time at home and to provide strong role models and resources that promote resiliency.

# Department of Early Education and Care

**1. Share information about LGBTQ-affirming residential placements with the Department of Children and Families.** EEC works closely with the Department of Children and Families on child welfare matters. Toward that end, the two agencies are in the process of signing a Memorandum of Understanding that will address, among other topics, sharing information across agencies. We urge both agencies to prioritize LGBTQ youth and sharing information about LGBTQ-affirming placements.

**2. Amend licensing regulations and guidance to require licensees to provide training and professional development to staff on sexual orientation, gender identity, and LGBTQ youth.** State agencies and licensees alike are obligated to comply with established state law under An Act Relative to Gender Identity and Executive Order 526. We recommend that all youth-serving employees at EEC licensed or approved programs and facilities attend mandatory LGBTQ cultural competency training, and we encourage EEC to support licensees in providing the resources staff need to effectively serve LGBTQ youth. Training and professional development should include information on LGBTQ cultural competency and best practices for creating safe, affirming, and trauma-informed environments. We urge EEC to collaborate with community partners and other state agencies where appropriate to ensure educators and staff receive adequate training and professional development. We also understand that EEC relies upon online training modules for many of its trainings, and are eager to work with EEC to develop a module specific to LGBTQ cultural competency.

**3. Work with all EEC licensed or approved programs and facilities to ensure that they are affirming of LGBTQ youth.** All EEC licensed or approved programs and facilities that receive government funds to provide social services or that care for children in state custody, regardless of religious affiliation, must adhere to professional and legal standards of care by providing nondiscriminatory, competent and nonjudgmental services to LGBTQ youth and foster and adoptive parents. We recommend that EEC licensed or approved programs and facilities agree not only to comply with non-discrimination policies but also commit to proactively creating safe and affirming services for LGBTQ youth. Information from providers who serve LGBTQ populations, LGBTQ youth themselves, and state and national surveillance data indicates that LGBTQ youth are a vulnerable population, with transgender youth and youth of color facing additional unique challenges.[37]

# Department of Elementary and Secondary Education

The Department of Elementary and Secondary Education (DESE) is the lead agency responsible for strengthening the Commonwealth's public education system, with nearly one million students from pre-kindergarten through high school enrolled in Massachusetts public and charter schools. The Commission has been working in collaboration with DESE on multiple initiatives over the past several years, including trainings for school personnel on bias-based bullying; the joint administration of the Safe Schools Program for LGBTQ Students; and the issuance of policy guidance to fully implement *An Act Relative to Gender Identity*. (Policy Guidance is included in the Appendix).

In 2013, the Commission established a Memorandum of Understanding (MOU) between DESE Commissioner Chester and Commission Chair Julian Cyr. Through the signing of the MOU, the Commission intends to expand our mutual capacity to support public schools and LGBTQ students through trainings for school personnel on bias-based bullying; and through the launching of a student-run, adult-supported Massachusetts Gender and Sexuality Alliance (GSA) Leadership Council. The Massachusetts GSA Leadership Council and its joint administration recognize the importance of GSAs in school climate change and the promotion of student leadership and resiliency.

We are pleased that Massachusetts is now collecting information on the experiences of transgender students through the Massachusetts Youth Risk Behavior Survey (MYRBS) and the School Health Profiles Surveys, and we support the continued inclusion of questions on gender identity on these surveys. We are grateful to Commissioner Mitchell Chester for his leadership on these issues and the support of key staff, including Associate Commissioner John Bynoe, Diane Curran, Anne Gilligan, Carol Goodenow, Joy Robinson-Lynch, Sarah Slautterback, Karen White, and Donna Taylor.

**Background**

Although many LGBTQ students are thriving in inclusive schools, LGBTQ students face significant barriers to accessing a quality education. As state surveillance data shows, LGBTQ youth remain at much higher risk for a variety of negative outcomes.[38] Research has documented that LGBTQ students face increased risk of harassment and discrimination at school, impeding their ability to do well in this environment and putting them at greater risk for negative outcomes, including alcohol and other drug abuse, suicidal behavior, infection with HIV and other sexually transmitted infections, homelessness, and over-representation in the juvenile justice system.[39]

# Department of Elementary and Secondary Education

**1. Provide expanded resources and technical assistance to schools, LGBTQ students, and families through the establishment of partnerships with other state agencies, families, community-based groups, organizations, and associations.** We recommend that DESE continue to investigate the feasibility of adding additional partners to the existing MOU with the Commission in order to expand the availability of resources to schools, students, and families through the establishment of partnerships with community-based groups, state agencies, organizations, and associations. In particular, we recommend that DESE leverage its connections with Massachusetts Association of Superintendents, Massachusetts Association of School Committees, Massachusetts Secondary School Administrators Association, Massachusetts Interscholastic Athletic Association, Massachusetts Association of Vocational Administrators, and Massachusetts School Counselors Association to make presentations on LGBTQ students at their annual conferences.

**2. Recognize the increased risks faced by transgender and/or racial and ethnic minority students when making resources allocation decisions.** Results of a national report released this year illustrate that LGBTQ youth of color in particular face frequent bias-based bullying and harassment from both peers and school staff. In this study LGBTQ youth of color reported that they were overwhelmingly more likely to be targeted with increased surveillance and policing by school staff, and many stated they felt that they were "not liked" by school staff.[40] Additional research finds that there is significant overlap between race-based and sexual orientation-based bullying. Research has found that students who are bullied because of both race and sexual orientation are more likely to feel unsafe in school than students who are bullied because of only race or only sexual orientation.[41] Transgender students also report increased level of harassment at school. In a 2013 national school climate survey, 73.6% of transgender youth reported experiencing verbal assault while at school, and 63.4% of transgender students responded that they avoiding the bathroom at school because it feels like an unsafe space to be in.[42] The Commission encourages DESE to take into account the increased risk factors that youth with intersecting identifies face when developing new policies and making resource allocation decisions.

**3. Provide meeting space and staff support for the statewide GSA Leadership Council, including having a presence at the annual GSA Leadership Summit.** Modeled on the State Student Advisory Council to the Board of Education, the GSA Leadership Council is comprised of a State Council and five Regional Councils. Regional Councils meet bimonthly to develop recommendations to DESE and to the Commission and to support students in networking, developing leadership skills, and improving school culture. In addition, the Commission and DESE have collaborated for the past four years to offer a three-day leadership summit for student leaders and advisors from across Massachusetts. The State GSA Leadership Council meets bimonthly in Malden at DESE in the Board Room, which provides the opportunity for DESE staff to attend and participate in meetings. The Commission recommends that the Council continue to meet in the Board Room, and that DESE staff serve in advisory roles for the regional meetings and at the annual Leadership Summit, as they do for the State Student Advisory Council.

**4. Maintain and expand the Safe Schools Program for LGBTQ Students presence on the DESE Website.** The presence and the content of the Safe Schools Program on the DESE website was substantially improved this past year. The Commission is eager to expanded the Program's web presence at http://www.doe.mass.edu/ssce/lgbtq/ to include more resources, including training materials, and a list of current GSA advisors for middle school and high school GSAs, as well as liaisons to school districts. In addition, the Commission encourages DESE to explore options for utilizing social media and video to feature LGBTQ-related stories and best practices as part of the expected alignment of the DESE website with Mass.gov.

**5. Continue to jointly coordinate the Safe Schools Program for LGBTQ students to build DESE's capacity to deliver technical assistance, training, and support to schools.** We recommend that DESE continue to jointly promote and coordinate the Safe Schools Program for LGBTQ Students to maximize the effectiveness of its efforts and limited resources as follows:

- DESE and the Commission agree that adequate space, workstations, support, and coordination will be provided for Commission-funded staff and consultants.
- The Commission will continue to support a Train-the-Trainer program established in 2014 to provide increased technical assistance and professional development services to school district personnel. The Commission, in collaboration with the department, will continue to seek funding and opportunities to restore the Safe Schools Program's historical capacity to provide services to schools ($800,000 funding level until 2003).
- DESE and the Commission will jointly investigate effective models and structures for the GSA Leadership Council that will promote and increase student leadership and advocacy similar to the Massachusetts State Student Advisory Council model.
- DESE and the Commission will coordinate a mini-grant program that will promote safe and supportive schools for LGBTQ students, subject to available funding.

**6. Encourage schools to offer training to all school personnel in violence prevention and suicide prevention with a specific emphasis on their impact on LGBTQ students.** State regulation 603 Code Mass. Regs. 26.07 requires the school committee and the superintendent to "provide in-service training for all school personnel at least annually regarding the prevention of discrimination and harassment based upon race, color, sex, gender identity, religion, national origin and sexual orientation, and the appropriate methods for responding to such discrimination and harassment in a school setting." Training for personnel should include the particular issues that lead to LGBTQ students being harmed or harming themselves. *An Act Relative to Bullying in Schools* states that the content of anti-bullying professional development shall include developmentally appropriate strategies for immediate, effective interventions to stop bullying incidents; and research findings on bullying, including information about specific categories of students who have been shown to be particularly at risk for bullying in the school environment. The trained staff should include educators, administrators, school nurses, counselors, librarians, cafeteria workers, custodians, administrative assistants, bus drivers, athletic coaches, activity advisors, all support staff, and paraprofessionals.

# Department of Elementary and Secondary Education

**7. Provide information to school library staff on internet filters and how to avoid blocking youth from learning about LGBTQ identity and health issues.** School libraries should include a selection of high interest LGBTQ books and media. In addition, computer-filtering software should not inhibit age-appropriate access to medical and social information. Schools are encouraged to review the computer filtering protocol to ensure that LGBTQ students and other school community members can access information related to LGBTQ youth, local and national resources, and LGBTQ health information.

**8. Host a roundtable discussion for DESE staff at the Department of Elementary and Secondary Education.** In order to increase awareness of the Safe Schools Program for LGBTQ Students among DESE staff, to build bridges between the Safe Schools Program and other programs within DESE, and to increase the involvement of DESE staff in the activities of the Safe Schools Program, the Commission recommends that the Safe Schools Program hosts a roundtable discussion that is publicized widely to DESE staff.

**9. Work to integrate LGBTQ-related topics into appropriate curricula across all grade levels.** We encourage and support DESE's efforts to develop curriculum units that include LGBTQ content where appropriate. Research shows that inclusion of LGBTQ topics in curricula corresponds to all students reporting that they feel safer in school, regardless of sexual orientation or gender identity. [43] We recommend that the Safe Schools Program continues its work with the curriculum unit at DESE to develop model curriculum units in history and english language arts. Curriculum content and study, where relevant across disciplines, should incorporate topics related to sexual orientation and gender identity, including, but not limited to, comprehensive health/sexual health, social science, language arts, and family life curricula. State regulation requires that "[a]ll public school systems shall, through their curricula, encourage respect for the human and civil rights of all individuals regardless of race, color, sex, gender identity, religion, national origin or sexual orientation."[44]

**10. Continue to disseminate an annual communication to schools reinforcing the requirements of the anti-bullying and anti-discrimination laws with regard to implications for LGBTQ students.** We urge DESE to disseminate an annual communication to school superintendents and principals encouraging schools to be proactive in creating safe learning environments for LBGTQ youth. As it has in prior years, this communication should include specific reference to the technical assistance available through the Safe Schools Program, and promote schools' participation in the GSA Leadership Council. In addition, the communication should ask schools to identify a primary contact on LGBTQ issues in districts and schools to facilitate communication and disseminate information.

**11. Analyze the MYRBS and School Health Profiles Data on Sexual Orientation and Gender Identity and compile it in one-page sheets and in an annual report.** Make available to the Commission the CDC cross-tabulations of the same-sex sexual behavior question and the sexual identity question. Massachusetts has been at the forefront of collecting data regarding sexual orientation, same-sex sexual behavior, and gender identity. DESE currently prints a one-page fact sheet with data related to sexual identity. The Commission recommends that DESE print a one-page fact sheet on each of the survey's questions related to LGBTQ students and on the data from the School Health Profiles Survey, and to incorporate these LGBTQ data into at least one page of the DESE/DPH joint annual report. In addition, the Commission recommends that DESE, possibly with the help of a consultant, publish an expanded analysis of the LGBTQ related data in an extended report. Finally, the Commission requests that the cross-tabulations of the LGBTQ questions on the MYRBS be provided to the Commission, and that DESE do follow-up interviews with the principals from the School Health Profiles Survey regarding their successes and challenges related to supporting transgender students.

**12. Deliver a presentation on LGBTQ students to the Board of Elementary and Secondary Education at least every two years to coincide with the availability of new MYRBS and other data.** The presentation should include information such as the MYRBS data and our collaborative efforts as outlined in the MOU signed by DESE Commissioner Mitchell Chester and Commission Chair Julian Cyr in 2013.

**13. Update and expand the 1993 Board of Education Recommendations on the Support and Safety of Gay and Lesbian Students to reflect current policies, best practices, and terminology.** The Board of Education Recommendations on the Support and Safety of Gay and Lesbian Students were adopted in May 1993, when then Commissioner Robert Antonucci urged the Board of Education to approve four of the recommendations from the February 1993 Education Report of the Governor's Commission on Gay and Lesbian Youth. The Commission recommends that the Safe Schools Program, with input from the Commission's Safe Schools Committee and other DESE staff, update the four 1993 Recommendations and add additional recommendations, including, but not limited to, encouraging schools to: designate an LGBTQ liaison to DESE; to implement curricula inclusive of sexual orientation and gender identity; to provide LGBTQ information in school libraries and resource centers; to have a diverse workforce inclusive of sexual orientation and gender identity; to address any criminal justice disparity among LGBTQ students; and to collect and analyze local data on sexual orientation and gender identity.

# Department of Higher Education

The Department of Higher Education (DHE) oversees critical educational opportunities to nearly 300,000 students at fifteen community colleges, nine state universities, and the five campuses of the University of Massachusetts system. DHE seeks to provide accessible and relevant programs that meet the changing individual and societal needs for education and employment. The Commission has been meeting with DHE over the past year to promote welcoming campus climates and improve educational outcomes for LGBTQ students at the collegiate level.

**Background**

While there is limited information regarding the experience and outcomes of LGBTQ students in public university and college campuses in Massachusetts, national research suggests that LGBTQ college students face barriers to access and achievement in higher education programs. Despite the existence of inclusive nondiscrimination policies at some institutions, many LGBTQ students and staff members across the country face harassment or feel pressured to hide their sexual orientation or gender identity on campus. Indeed, the harassment and discrimination that many LGBTQ high school students experience continues beyond secondary school and into higher education. A report by Campus Pride -- a nationally recognized organization that rates colleges and universities based on their LGBTQ friendly policies, and programs -- indicates that LGBTQ individuals are significantly more likely to experience harassment on campus compared to their non-LGBTQ peers.[45] Harassment based on sexual orientation or gender identity may also intersect with racial bias, resulting in even higher levels of harassment for LGBTQ people of color in higher educational setting.[46] Concerns over campus climate can interfere with the education of LGBTQ students. LGBTQ college students are more likely to consider withdrawing from their institution and fear for their physical safety. Additionally, LGBTQ students often feel that their college or university does not provide adequate resources on LGBTQ issues or respond appropriately to issues of campus harassment.

In Massachusetts, public colleges and universities have taken steps to address the needs of LGBTQ students and staff through policies and trainings. The Board of Higher Education added "gender identity" as a protected category in its affirmative action plans. DHE conducted a survey to learn more about LGBTQ trainings on public education campuses. Out of the eight state universities that responded, six have conducted campus-wide trainings recently and out of the twelve community colleges that responded, five have conducted recent trainings. The remaining institutions have indicated that they are organizing future trainings on this topic. We encourage DHE to make available to state colleges and universities guidance, training, resources, and technical assistance to promote equal educational opportunities for LGBTQ students.

LGBTQ students interact with every facet of the higher education system, and we recommend that DHE assist public colleges and universities across the state in reexamining diversity plans and policies to ensure effective inclusion of and support for LGBTQ students, including but not limited to policies related to housing, bias incident reporting protocols, health services, health insurance plans, and changing identity documents.

# Department of Higher Education

**1. Promote LGBTQ cultural competency training for college and university faculty and staff.** To better meet the needs of LGBTQ students and provide an academic and student life inclusive of sexual and gender minorities, public colleges and universities would benefit from administrators fluent in LGBTQ cultural competency. We recommend that DHE promote LGBTQ cultural competency initiatives among the 29 campuses across the state, highlighting the University of Massachusetts Amherst's Stonewall Center, under the direction of Director Genny Beemyn, as an exemplary example. The Stonewall Center offers LGBTQ ally trainings; LGBTQ resources; and anti-LGBTQ reporting forms to students on their website.

With such information, the department can identify campuses where competency is deficient and, in conjunction with the Commission, help those colleges and universities to provide routine and ongoing training for administrators. We encourage DHE and campuses to partner with local organizations, as well as to utilize existing state and national resources, to achieve a training protocol. The Commission is glad to assist in connecting DHE and individual campuses to helpful resources. We especially urge colleges and universities to consider the wide range of administrative and program staff that would benefit from LGBTQ cultural competency training, including deans, professors, counseling services, admissions officers, student life, and campus safety.

**2. Assess institutional response guidelines regarding LGBTQ hate crimes and incidents of bias.** We recommend that DHE ensure that public colleges and universities explicitly outline potential consequences of bias-motivated incidents based on protected categories. Strong models for institutional response to bias incidents and hate crimes on campus already exist that could be replicated across the state system. The federal *Jeanne Clery Disclosure of Campus Security Policy* and the *Campus Crime Statistics Act* already require reporting bias-motivated incidents, along with the federal *Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act*, and Massachusetts hate crime statutes. Although these statutory mandates have existed for some time, campuses across the state would benefit from DHE support in meeting the intent of these laws.

**3. Consider LGBTQ identities in model policies and best practices.** As the Boston Globe reported in 2014, DHE is producing a model policy for schools to address sexual assault and sexual harassment on campus.[49] Sexual assault is prevalent among LGBTQ students.[50] It is critical that DHE consider LGBTQ students in any model policy. In addition, we encourage DHE to incorporate LGBTQ students in other model policies, and to develop targeted model policies for training, cultural competency, nondiscrimination, and gender-neutral and trans-inclusive housing options in current and planned student housing. The Commission is eager to work in collaboration with DHE, the Board of Higher Education, individual campuses, and community partners to develop these model policies.

# Department of Children and Families

The Department of Children and Families (DCF) provides an intricate network of services that support the healthy development of children and youth in the Commonwealth. In addition to supervising child welfare workers and attorneys and licensing individual foster parents, DCF collaborates with state agencies to address the needs of specific youth populations, including teen parents and unaccompanied refugee and immigrant youth.

DCF has had an internal LGBTQ liaison program since 2005, with one or more liaison from nearly every Area Office across Massachusetts. LGBTQ liaisons are DCF workers who serve on a volunteer basis and act as a resource for fellow workers and area supervisors to address the needs of LGBTQ youth and families. The Commission commends the work of DCF's LGBTQ liaisons for their efforts to foster a safe environment for LGBTQ youth. DCF has focused on the specific needs of LGBTQ youth in recent revisions to its policies and practices. The DCF Strategic Plan and Diversity Plan both include LGBTQ youth as a priority population. The department has contracted with consultants to train 60 senior managers, as well as Area Program Managers and Clinical Managers on issues specific to the needs of LGBTQ youth.

**Background**

Nationally, there are over 500,000 youth in the foster care system. An estimated 5-10% identify as LGBTQ.[51] Approximately 50% of LGB youth in the U.S. report negative reactions upon coming out to their families, and 26% report being kicked out of their home by a family member.[52] Mirroring such disparities in national statistics, 25% of lesbian and gay teens and 15% of bisexual teens are homeless in Massachusetts, compared to only 3% of heterosexual teens.[53]

Further, results from the National Homeless Youth Provider Survey find family rejection and familial abuse significantly contribute to homelessness among LGBT youth. According to the survey results, 68% of LGBT clients who are homeless experienced family rejection, with 54% reporting experiences of familial abuse.[54] Family rejection poses obstacles to reunification, and has the potential to further traumatize vulnerable populations of youth.

To address these disparities the federal Administration for Children and Families supports recommendations made by Lambda Legal in 2012, including family assessments that promote understanding of the detrimental impact of family rejection on LGBTQ youth. The California-based Family Acceptance Project has also developed an assessment tool that DCF may wish to adapt for Massachusetts.

In a collaborative effort between DCF and Parents, Families, and Friends of Lesbians and Gays (PFLAG), Caitlin Ryan of the Family Acceptance Project came to Massachusetts in 2012 to provide training on pastoral care for LGBTQ youth. We encourage continued collaborative efforts to create intervention strategies that promote family acceptance of LGBTQ youth.

# Department of Children and Families

**1. Identify LGBTQ-friendly foster placements, hotline homes, and residential facilities in every region across the Commonwealth; create a database to store this information, and ensure this information is easily accessible to DCF workers (maintaining appropriate levels of privacy).** All LGBTQ young people need safe housing. Homelessness continues to be a significant challenge for LGBTQ youth, who are disproportionately represented among homeless youth populations. In addition, the lack of safe homes for LGBTQ youth has led to the placement of youth in homes with a higher level of care than necessary, and greater numbers of disruptions of foster placements. It is critical that LGBTQ youth involved with DCF are placed in stable living situations, while in DCF care and after aging out.

The Commission recommends that each DCF area office identify homes that are welcoming and affirming to adolescents and children regardless of sexual orientation and gender identity or expression. This means that a minimum of two LGBTQ affirming foster placements should be identified by each area office, and LGBTQ-friendly "hotline homes" within each region should be shared across area offices.

Identification and tracking of safe homes requires family resource workers to directly ask future foster parents about their background and comfort level with LGBTQ identifying youth during the home study process. This is necessary for both new foster families, and during the re-licensing process for continuing foster families. When foster families identify themselves as affirming of LGBTQ identified youth, it is critical for these families to have adequate tools to create homes that will nurture and affirm the sexual and gender identities of the children placed in their care. We recommend that foster parents receive the relevant portions of the LGBTQ Toolkit, whether they are new or veterans to the department.

A complementary approach to identifying LGBTQ-affirming foster families is to offer voluntary trainings on caring for LGBTQ youth, and consider providing a modest stipend for attendance at such trainings. Foster families that have chosen to attend and successfully completed training programs, and continue to self-identify as LGBTQ-affirming homes for youth, may be more likely to result in successful placements with fewer disruptions.

Many LGBTQ-affirming foster families are already working with DCF. It is critical for DCF to identify these families and share that information across area offices. We understand senior staff are in the process of reviewing a letter for distribution to family resource workers explaining the need to ask foster parents about their ability to care for LGBTQ youth during the home study process. We encourage DCF to distribute this letter without delay.

In addition, we recommend that DCF expand intake forms and iFamilyNet to include information about youth's gender and sexual identity. Obtaining this data will help connect youth with LGBTQ-affirming families and services.

**2. Devote one full session of a DCF monthly staff meeting to LGBTQ issues this year, and continue this practice on an annual basis.** Staff meetings provide a consistent and useful opportunity to discuss LGBTQ youth needs. Dedicating at least one of these monthly staff meetings per year to the specific issues faced by LGBTQ youth within the system, and subsequently working to address the specific challenges discussed in these meetings, will demonstrate department leadership's commitment to this priority population. These meetings could include experts in areas such as public policy, mental health, and legal issues to provide a foundation for these discussions.

**3. Expand training programs for all workers and supervisors on the issues that affect LGBTQ youth and adults, with particular attention to gender identity.** DCF regulation (110 CMR 7.104) requires that licensed foster/adoptive homes must be able to nurture children in the home, "including supporting and respecting a child's sexual orientation or gender identity." LGBTQ liaisons have taken it upon themselves to seek out training from organizations such as Adoption & Foster Care Mentoring and The Massachusetts Transgender Political Coalition, and have revised the foster-parent training curriculum (Massachusetts Approach to Partnerships in Parenting, or MAPP). However, outside of self-identified LGBTQ-liaisons, many caseworkers, foster parents, and supervisors have never received training on the needs of LGBTQ youth in their care.

DCF has begun partnering with a nonprofit social service agency to provide LGBTQ cultural competency trainings for staff. We look forward to receiving an update on the status of this training program in spring 2015. Further, we recommend that DCF integrate LGBTQ competency training into continuing education programs for social workers, as well as new supervisor trainings and learning circles.

DCF is eligible, as a Title IV-E agency, to access resources from the federal government to provide training for caseworkers on LGBTQ competency (see Appendix for further information). We encourage DCF to learn more about opportunities to access these federal funds in support of LGBTQ-affirmative training programs.

**4. Distribute an LGBTQ Toolkit to social workers, foster parents, and youth; and share this Toolkit with other agencies of the Commonwealth as a model for LGBTQ-affirmative resources.** We support the progress LGBTQ liaisons and other DCF staff have made towards developing a "Toolkit" of best practices for social workers, foster parents, community-connected residential treatment providers, families, and youth. The Department has recently approved the Toolkit, and distributed it to Area Program Managers throughout the Commonwealth. We recommend that the Department speedily distribute the Toolkit to all area offices, and provide additional technical support to area offices as needed.

# Department of Mental Health

The Department of Mental Health (DMH) provides services and support to meet the mental health needs of individuals of all ages, enabling them to live, work, and participate in their communities. DMH oversees several programs and initiatives that directly affect LGBTQ youth, including residential placements and the Transitional Age Youth Initiative.

In 2014, DMH created its first LGBTQ youth internship. Intern Leon Beck worked with DMH staff for several months to develop the department's first LGBTQ Initiative, with several deliverables to be completed by the end of the calendar year. The department has also begun to work with the MaeBright Group, an LGBTQ consultant organization, to develop LGBTQ cultural competency training for all staff.

**Background**

State and national data suggest that although LGBTQ youth are typically well-adjusted and mentally healthy, factors such as violence, victimization, and family rejection increase their risk of mental illness.[55] The Massachusetts Youth Risk Behavior Survey (MYRBS) indicates that lesbian, gay and bisexual (LGB) youth are at significantly higher risk than their heterosexual counterparts for suicidal ideation, eating disorders, and substance abuse. LGB youth are seven times more likely to have attempted suicide in the past year.[56] While MYRBS data on suicide and suicidal thoughts among transgender youth are not yet available, one national study reported that nearly half of transgender youth have seriously contemplated committing suicide.[57]

Studies show that LGBTQ youth are at increased risk of mental health problems such as depression and anxiety,[58] and that experiences of violence and victimization based on sexual orientation and gender identity can contribute to post-traumatic stress disorder.[59] One study indicated that almost 25% of youth with same-sex romantic or sexual partners had experienced some form of physical or psychological victimization within the previous 18 months.[60] Increased victimization among sexual minority youth has been observed to result in increased depression, suicide ideation, and transmission of STIs in adulthood. With such alarming and disproportionate risks, it is critical that mental health providers and policymakers understand what contributes to mental health problems among LGBTQ youth. It is also vitally important that all mental health services be trauma-informed. Providers need to know how best to provide supportive environments and inclusive systems of care that promote positive coping mechanisms.[61]

# Department of Mental Health

**1. Continue DMH LGBTQ Initiative by designating a staff person and continuing to provide support and resources to complete target goals.** Currently there is no staff person charged with overseeing the implementation of the initiative. The commission recommends hiring a dedicated staff person to meet the timeline set by the working group and to coordinate the application of the guidelines.

**2. Identify LGBTQ-affirming organizations and resources in all three state regions.** The majority of LGBTQ-affirming agencies noted in the Youth Resource Guide are located in the Boston Metro area. We urge the department to identify more service providers and vendors that can provide culturally competent care in other areas of the state. The Commission can assist with identifying resources based on location.

**3. Initiate agency-wide training for all staff on LGBTQ cultural competency.** DMH has been in consultation with trainers for LGBTQ cultural competency. We urge DMH to roll out agency wide training for all staff, without delay. In developing this training, we look to Department of Youth Services (DYS) as a model for comprehensive training that includes 100% of staff. We encourage DMH to adopt mandatory, recurring training for all staff. We also encourage DMH to create a system to periodically evaluate the efficacy of training and retention of training information.

**4. Finalize and distribute policy guidance to workers, supervisors, and program providers.** We understand that DMH has drafted guidance, which is awaiting implementation. We look forward to seeing this guidance, which will provide an avenue for DMH to update policies on LGBTQ inclusion and language and ensure compliance with nondiscrimination policies by the agency and contractors.

# Department of Public Health

The Department of Public Health (DPH) has long supported policies and programs to meet the health needs of vulnerable populations, including LGBTQ youth. DPH clearly recognizes the long-term health and economic benefits to public health interventions with youth, and is committed to developing consistent policies and practices for working with LGBTQ populations. The department, through designated LGBTQ working groups, has developed a fact sheet related to LGBTQ health equity,[62] as well as relevant guidance for DPH staff and providers.

We applaud DPH's addition of a question about gender identity to its biannual Massachusetts Youth Health Survey, which will provide much-needed data to guide policy relative to this population. Further, we are encouraged by DPH's efforts to expand LGBTQ-inclusive suicide prevention resources. DPH's suicide prevention materials for transgender communities have received wide acclaim and serve as a national resource as part of the Suicide Prevention Resource Center's best practices registry.

We also thank DPH for providing vital administrative and operational support to the Commission. DPH hosts many of the Commission's meetings and provides support for the Commission's Coordinator and other part-time staff who make the work of a volunteer members possible.

**Background**

In 2011 the Institute of Medicine (IOM) released "The Health of Lesbian, Gay, Bisexual and Transgender (LGBT) People: Building a Foundation for Better Understanding," which reported on the mental and physical health of LGBTQ populations, including a chapter devoted to LGBTQ youth.[63] While the report notes that "LGBT youth are typically well adjusted and mentally healthy," they consistently have been found to at increased risk for depressive symptoms and suicidality in comparison to their non-LGBTQ counterparts. Other research suggests LGBTQ youth are at higher risk for mental illnesses such as depression or suicidality due to factors such as antigay victimization, stigma, and family rejection.[64] While state-based data collection has just begun for transgender youth, a national study of transgender adults found that approximately 41% of transgender adults – and 47% of transgender adults of color – reported having attempted suicide, a rate considerably higher than the 1.6% of the general population.[65]

Patterns for physical health suggest a similar trend—that generally LGBTQ youth exhibit good physical health, but disparities do exist for sexual and gender minority youth populations as compared to their heterosexual counterparts. The IOM identifies a number of risk factors that disproportionately affect the health of LGBTQ youth, such as harassment, victimization, violence, substance abuse, homelessness, and child abuse.[66]

# Department of Public Health

Across the country, LGBTQ individuals are disproportionately likely to use substances such as drugs, alcohol, and tobacco, often to cope with the impacts of stigma and discrimination. In Massachusetts, the MYHS data from 2011 and MYRBS data from 2013 demonstrate that LGB youth have a much higher reported likelihood of lifetime alcohol use (83%) than their heterosexual peers (67%), and that they are nearly two times more likely to have smoked a cigarette than their non-LGB counterparts.[67]

The Centers for Disease Control and Prevention (CDC) released a report assessing the health-risk behaviors of students in grades 9-12 based on National Youth Risk Behavior Surveillance System data from 2001-2009, collected by the seven states and six large urban school districts (including Massachusetts and Boston) that include questions about sexual identity and/or behavior in their biannual study.[68] According to the CDC report, sexual minority students reported a higher prevalence of health risk behaviors (relative to their heterosexual peers) ranging from 49% to 90% in seven out of ten categories. The seven categories for which sexual minority students had higher prevalence rates included:

- Violence victimization (e.g., did not go to school because of safety concerns)
- Behaviors that relate to attempted suicide (e.g., made a suicide plan)
- Tobacco use (e.g., ever smoked cigarettes)
- Alcohol use (e.g., binge drinking)
- Other drug use (e.g. current marijuana use)
- Sexual behaviors
- Weight management (use of diet pills, laxatives to lose weight)

This data again reiterates that persistent gaps in health outcomes remain for LGBTQ youth.

# Department of Public Health

**1. Publish data on LGBTQ youth in reports from the Massachusetts Youth Health Survey.** Although Massachusetts has long gathered information relating to the health of Massachusetts youth through the Massachusetts Youth Health Survey (MYHS) and other surveillance activities, analysis of LGBTQ-specific data has been limited. The 2013 MYHS report, for example, includes breakdowns by race and gender, but not sexual orientation or gender identity, despite the fact that the survey included gender identity for the first time this year. We recommend that DPH consistently analyze and communicate data collected by the state related to LGBTQ youth, paying particular attention to the intersections of multiple identities, including sexual orientation, gender identity, race, ethnicity, class, and speaking a first language other than English. We especially prioritize information on transgender youth, in light of the current scarcity of data on this population. We suggest that the MYHS report highlight this data to publicly demonstrate the disproportionate risk factors and disparities specific to LGBTQ youth populations.

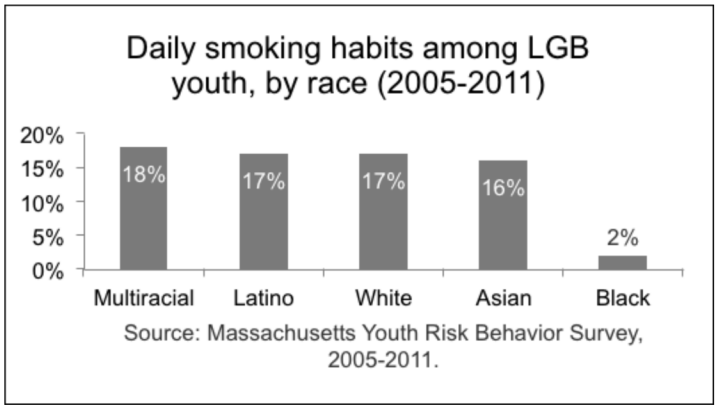
**2. Maintain support for suicide prevention services and resources and evaluate whether they are effectively reaching transgender and gender-nonconforming youth.** Existing suicide prevention resources are crucial to the lives and safety of LGBTQ youth, and we urge DPH to continue making them available. We appreciate DPH's support of programs that empower LGBTQ youth and that may increase resiliency, such as those funded through the Safe Spaces program and Youth at Risk grants. We also commend the department for its support of specific suicide prevention resources and initiatives addressing LGBTQ youth. We note that DPH has worked closely with the Transgender Suicide Prevention Working Group to offer transgender-specific resources and events, such as the November 2013 Transgender Activist Peer Support Summit. To expand upon these efforts, we recommend that DPH begin to evaluate their effectiveness in reaching LGBTQ youth, with particular attention to transgender and gender-nonconforming youth.

**3. Prioritize HIV and Hepatitis-C prevention and care to address the increase in new infections among young Black and Latino gay and bisexual men and transwomen in Massachusetts.**[69] While Massachusetts has had sustained success in reducing new HIV infections by 45% during the past decade,[70] new infections are rising among young Black gay and bisexual men, including adolescents.[71] African Americans and Latinos are disproportionately affected by HIV in Massachusetts, as they are nationally. Unfortunately, Massachusetts has been punished for its success at the national level, with funding for HIV prevention and care dramatically reduced by the federal government and state appropriators. The decline in new HIV infections in the Bay State has leveled out in the last year or so, and the HIV epidemic continues to disproportionately burden gay and bisexual men and transgender women, especially Black and Latino members of these communities.

A related concern is Hepatitis C. According to a 2012 DPH report, new Hepatitis C infections among adolescents and young adults who inject drugs increased 74% from 2002 to 2009.[72] Recognizing the challenges posed by the loss of $4 million in recent years, we recommend that the department think creatively about how to address HIV and Hepatitis C prevention and care, and recommend a health promotion campaign targeting health access for young gay and bisexual men, and transgender women. We urge the department to prioritize this campaign by pushing to increase the number of individuals tested for HIV and Hepatitis C, improve treatment outcomes for those who test positive, and reduce the spread of these diseases.

**4. Include LGBTQ youth as a priority population in tobacco cessation programs and teen pregnancy programs.** In light of disproportionate rates of tobacco use among LGBTQ youth, we urge the Massachusetts Tobacco Cessation and Prevention Program (MTCP) to further direct prevention and cessation resources toward this population and evaluate whether its initiatives are effectively reaching LGBTQ youth. We encourage MTCP to recognize the diverse factors contributing to LGBTQ youth tobacco use and to adopt a culturally sensitive and trauma-informed approach in addressing the issue. The Commission is eager to support MTCP in collaborating with existing LGBTQ youth groups, such as school-based Gender & Sexuality (or Gay/Straight) Alliances and the community-based GLBT Youth Group Network of Massachusetts (AGLY Network), to proactively include LGBTQ youth in programs as the Great American Smokeout, Kick Butts Day, and The 84, a statewide network of youth committed to fighting tobacco. Further, we recommend that DPH coordinate its tobacco cessation efforts with LGBTQ programs within the Division of Violence and Injury Prevention.

**5. Ensure that Community Transformation Grants fund prevention and health promotion among LGBTQ youth.** Federally funded Community Transformation Grants (CTGs) provide $1 billion a year to local and state health departments to address the two structural drivers of chronic disease: obesity and tobacco use. Massachusetts has been a model state for this work, receiving several of these grants. Data show that lesbians are more likely to be obese than heterosexual women.[74] African American women also experience higher rates of obesity.[75] Black women who have sex with women (WSW) should be a priority population in obesity prevention and weight reduction efforts. Data also show that LGBTQ people smoke cigarettes at 1.5 to 2.5 times the rate of heterosexual and non-transgender people.[76] We recommend that CTGs fund obesity programs targeting lesbians and tobacco prevention and cessation efforts targeting LGBTQ people, with a particular emphasis on youth. The department should likewise consider LGBTQ youth across its Mass in Motion initiative and in the newly establish Prevention and Wellness Trust Fund.




**6. Prioritize substance abuse prevention, education and treatment in both LGBTQ youth-specific and general youth programs in order to ensure that they are best addressing the unique needs of this population.** Data show that substance use and abuse among LGBTQ youth populations is significantly higher than in the general youth population. This is often a result of negative coping mechanisms in response to societal stigmatization of their LGBTQ identities, including lack of acceptance, harassment, and violence. The negative health impacts of substance use, substance abuse, and addiction on all populations has been well-documented, and so we urge the department to prioritize funding, programs and services that specifically address the unique needs of LGBTQ young people.

# Department of Public Health

Through its LGBTQ Advisory Board, the Bureau of Substance Abuse Services (BSAS) has started to collect data on LGBTQ individuals served through BSAS programs and has issued practice guidance for providers on serving LGBTQ adults. In the past year, BSAS has also developed a multiyear plan to improve the cultural competency of providers, and has offered three trainings with youth residential programs and recovery high schools through a Substance Abuse and Mental Health Services Administration Technical Assistance grant. We encourage the department to support the ongoing work of BSAS to improve treatment accessibility, resources, and services for LGBTQ youth, and to use BSAS as a model for similar initiatives within other DPH bureaus. We also urge BSAS to complement its youth-focused trainings by finalizing and distributing the LGBTQ Youth Practice Guidance currently in development.

**7. Require vendors to provide training and professional development to youth-serving staff on sexual orientation, gender identity, and serving LGBTQ youth.** We recommend that all youth-serving employees at various levels of care within contracting organizations participate in mandatory LGBTQ cultural competence training with the specific goal of supporting employees to provide culturally responsive and trauma-informed care for LGBTQ youth. We especially prioritize attention to serving LGBTQ youth in the areas of teen pregnancy, substance abuse, tobacco use, homelessness, violence prevention, domestic violence, sexual assault services, behavioral emergency services, and suicide prevention. We encourage the department to rely on state-funded providers to implement vendor training. We also recommend that hospital staff, DPH Sexual Assault Nurse Examiners, school health center nurses, and all other health care providers under the purview of DPH become familiar with the World Professional Association of Transgender Health (WPATH) *Standards of Care for Transgender, Transsexual, and Gender Nonconforming People*,[77] as well as the *Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health*, published by the American College of Physicians (see Appendix). Both of these publications offer practical guidelines and sample questions for providing confidential, compassionate, clinically appropriate, and culturally responsive healthcare to LGBTQ patients. We also suggest that DPH look to New York City's training program for the citywide public healthcare system as a model.[78]

**8. Direct the Division of Health Professionals Licensure to work with their boards of registration and the Board of Registration in Medicine to establish medical information, best practices, and continuing medical education for all health care providers on issues of care for LGBTQ youth, especially providers serving pediatric populations.** Despite years of training, medical providers are often not equipped to navigate LGBTQ youth health concerns. For example, the majority of medical schools dedicate five hours or less to LGBTQ topics and a full third spend no time on this topic at all. Accurate and up-to-date LGBTQ medical information and cultural competency training is vital to ensuring medical professionals are able to appropriately assess and respond to the needs of LGBTQ youth. We hope that by working with the Board of Registration in Medicine, the Division of Health Professionals Licensure can ensure that medical staff and personnel are informed about and responsive to the health concerns unique to LGBTQ youth. Continuing medical education on LGBTQ youth health needs for health care providers licensed by the department, including advanced practice nurses, nurses, physicians assistants, dentists and dental assistants, community health workers, and other healthcare providers, is critical to meeting the health needs of this vulnerable population. We also encourage the department to consider data collection on sexual orientation and gender identity in electronic health records.

**9. Revise the Massachusetts Strategic Plan for Suicide Prevention to address the specific needs of LGBTQ youth.** Currently, the Massachusetts Strategic Plan for Suicide Prevention does not address the needs of specific geographic regions, communities or populations known to be at increased risk of suicide, such as LGBTQ youth. Given the disproportionately high prevalence of suicidality among LGBTQ youth, the Commission urges DMH to work with the Department of Public Health and community partners to ensure meaningful and targeted inclusion of this population in statewide planning for suicide prevention.

**10. Work with the Registry of Motor Vehicles to develop a clear, consistent, and uniform policy regarding gender markers documents in the Registry of Vital Records and Statistics (RVRS).** The DPH RVRS is responsible for birth and death certificates, marriage and divorce records, and death certificates. While birth and death certificates each require gender markers, the marriage form is simply outdated. Toward that end, we recommend that the RVRS:

- Update the R408 form to be gender-neutral. The Registry maintains the Certificate of Absolute Divorce or Annulment,[80] pursuant to G.L. c. 208, Sections 6B and 46. This form is a prerequisite to filing for divorce. Notably, the statute does not require that the form separately list the "husband" and "wife", and yet the form does. DPH made short work of revising applications for marriage certificates to reflect gender-neutral language, such as "spouse", rather than husband and wife. We urge the Department to do the same with this form and with other similar forms, including the Petition for Adoption form and adoption certificate.
- Develop consistent information written information explaining the process to change gender markers on birth and death certificates. DPH has developed a policy for individuals to change gender markers on their vital records consistent with their gender identity. Unfortunately, imple mentation of this policy has been inconsistent, and varies by staff. We encourage DPH to develop written instructions to ensure consistent application. In addition, we look forward to bringing together the Registry of Motor Vehicles and the RVRS to ensure that the process is streamlined across agencies.

**11. Work with the Interagency Council on Housing and Homelessness and the Department of Housing and Community to establish a designated programmatic and funding stream to provide appropriate services to homeless youth.** As described in the recommendations for the ICHH, placing youth in adult shelters leads to increased trauma and negative health outcomes, particularly emotional and psychosocial health. We note that pilot programs for LGBTQ youth beds in Boston, Cambridge, and western Massachusetts were recently funded through the Massachusetts Housing and Shelter Alliance.[81] Still, there remains no dedicated, consistent state funding source for youth, let alone LGBTQ youth. If the Commonwealth is to adequate address the acute problem of unaccompanied homeless youth, a designated funding source with programmatic support is needed.

# Board of Registration in Medicine

The Board of Registration in Medicine (BORIM) licenses and oversees over 40,000 physicians and acupuncturists in the Commonwealth. In addition to licensing and disciplinary matters, the BORIM issues best practice information to health care providers on a range of matters, in service of its mission that physicians and health care institutions in which they practice provide to their patients a high standard of care, and support an environment that maximizes the high quality of health care in Massachusetts.

**1. Work with the Department of Public Health to establish medical information, best practices, and continuing medical education for all healthcare providers on issues of care for LGBTQ youth, especially providers serving pediatric populations.** Despite years of training, medical providers are often not equipped to navigate LGBTQ youth health concerns. For example, the majority of medical schools dedicate five hours or less to LGBTQ topics and a full third spend no time on this topic at all.[82] Accurate and up-to-date LGBTQ medical information and cultural competency training is vital to ensuring medical professionals are able to appropriately assess and respond to the needs of LGBTQ youth. We hope that the BORIM will ensure that physicians are informed about and responsive to the health concerns unique to LGBTQ youth. We look to California as a model: California recently passed legislation to require all continuing medical education programs to include information "pertinent to the appropriate treatment of, and provision of care to, the lesbian, gay, bisexual, transgender, and intersex communities."[83]

**2. Establish best practices for data collection.** We encourage the Board to consider data collection on sexual orientation and gender identity in electronic health records.[84] We note that the Massachusetts Division of Insurance has recently announced recommendations to insurers that they cover transgender-inclusive medical coverage. With this progress, it is all the more important that medical providers be able to provide this care in a culturally competent manner.

# Office for Refugees and Immigrants

The Office for Refugees and Immigrants (ORI) was established in 1992 to promote the "full participation of refugees and immigrants as self-sufficient individuals and families in social, economic and civic life of Massachusetts."[85] Largely through resources from the federal Office of Refugee Resettlement, ORI provides funding to refugee resettlement providers to support some of the most vulnerable refugees to the United States who are admitted on humanitarian grounds.

ORI has played a critical role in ensuring that adequate services are available to LGBTQ immigrant youth. This past year, ORI has been working directly with the Commission on LGBTQ Youth. ORI and the Safe Schools Program for LGBTQ Students have begun should be a lasting and fruitful partnership. ORI has initiated staff training on the needs and experiences of LGBTQ youth, and is also investigating data collection regarding sexual orientation and gender identity. We applaud this dedication.

**Background**

According to one national survey, 10% of immigrants who come to the United States before age 30 identify as LGBTQ.[86] Immigrants and refugees may come to the U.S. with different understandings of sexuality, gender, and identity than those that predominate here, which may mean that the available data is under-reporting individuals' lived experiences.

LGBTQ refugee and immigrant youth live within a system in which their immigration status compounds the challenges and complexities faced by the LGBTQ youth population broadly. As refugees, they must navigate the challenges of living as "outsiders" in the United States, as well as isolation or harassment that they may face within immigrant communities as a result of their sexual orientation and gender identity.[87] Dual-layer minority status often manifests in fear and distrust of figures of authority and creates obstacles to accessing resources and support. The importance of meeting LGBTQ youth where they are – both geographically and psychologically – is especially pronounced for refugee and immigrant youth populations. These are youth in desperate need of information and, often, protection.

LGBTQ youth who lack legal immigration status are especially vulnerable to coercion and abuse. In some instances, families have threatened or refused to sponsor LGBTQ-identified children.[88] Services for LGBTQ immigrant youth should be trauma-informed and culturally competent. They must take into account the experiences of LGBTQ youth before becoming refugees, as well as the distinct dynamics among various immigrant communities, including differing attitudes towards LGBTQ people. Individuals who do seek legal aid may be manipulated by unscrupulous attorneys or *notarios*,[89] hindering chances for immigration relief.

# Office for Refugees and Immigrants

**1. Identify LGBTQ-affirming medical, housing, legal and community resources. Such resources should be made available to refugee resettlement and immigration service providers.** For examples of possible models, we point to the National Heartland Alliance International Rainbow Welcome Initiative, "Resources for UAC Programs."[90]

**2. Require training and professional development for service providers on sexual orientation, gender identity, and serving LGBTQ youth.** We recommend that all youth-serving employees at contracting agencies attend mandatory LGBTQ cultural competency trainings. Trainings should include information on the needs of LGBTQ refugee youth and best practices for serving and supporting them and their families in an affirming, trauma-informed, and culturally sensitive manner. These trainings could be offered through independently or incorporated into pre-existing in-service workshops. We recommend ORI collaborate with the Department of Children and Families and other agencies where appropriate, particularly in offering professional development to case managers in the Unaccompanied Refugee Minors Program.

**3. Require ORI contracting agencies to provide referrals and other services for LGBTQ youth.** LGBTQ refugees and immigrants are susceptible to isolation and violence within their ethnic, national, and religious communities of origin. Because of prior experience, LGBTQ refugees and immigrants may also distrust service providers who share their background.[91] Moreover, isolation from a supportive community and social, legal, medical and other resources can leave refugees vulnerable to violence and exploitation by people outside their communities of origin. We recommend that ORI work with contracting organizations to add language in relevant brochures and print materials to provide resources. In recognizing that not all contracting organizations currently have capacity to fully serve LGBTQ refugee youth, we also recommend ORI require contractors to refer clients to service organizations that do have capacity and cultural competency.

# Department of Transitional Assistance

The Department of Transitional Assistance (DTA) assists low-income individuals and their families to meet their basic needs, increase their incomes, and improve overall quality of life. The DTA serves families who are LGBTQ and/or have LGBTQ youth, as well as young people up to twenty-six years of age. We appreciate the work that has already been done to make the regional DTA offices more affirming of LGBTQ youth by including positive messaging in waiting areas, and by agreeing to provide customer service training to all caseworkers.

LGBTQ immigrant youth may suffer from abandonment, abuse, or neglect on account of their sexual orientation, gender identity and/or gender expression, whether in their home in the United States or in their countries of origin. Though federal immigration law establishes protections for undocumented immigrant children who are victims of abandonment, abuse, or neglect, most of these protections are time-sensitive and those who claim them are often too late. Massachusetts has an opportunity to lead in efforts to ensure that eligible immigrant LGBTQ children have a chance to apply for protection.

**Background**

According to a recent national study by the Williams Institute at the UCLA School of Law (aka Williams), LGBTQ people are disproportionately food insecure, and are more likely than non-LGBTQ people to receive SNAP benefits. Williams also reported LGB adults aged 18-44 raising children are 1.8 times more likely than their heterosexual counterparts to receive food stamps. For youth ages 18-24, that number is still starker: 26% of LGB youth receive food stamps, compared to 17% of heterosexual youth. Same-sex couples raising children under age 18 are 2.1 times more likely than comparable different-sex couples to receive food stamps.[92] These findings indicate the importance of considering LGBTQ populations in social services, including welfare.

# Department of Transitional Assistance

**1. Designate staff to develop LGBTQ-inclusive policies within DTA services and contract agencies.** As exemplified by the LGBTQ liaisons within the Department of Children and Families, designating staff to focus on cultural competence and expertise makes a tremendous difference in implementing policies and practices that improve services for LGBTQ youth. We urge the department to create an internal working group and specifically charge the group to: (1) advise on inclusion of clear nondiscrimination policies regarding sexual orientation and gender identity; (2) perform quality assurance of providers' policies; (3) develop guidance on transgender client service and program access; and (4) review contracts with DTA-funded agencies to ensure gender identity nondiscrimination protections. (See Appendix for sample guidance from Massachusetts Transgender Political Coalition and the National Gay and Lesbian Task Force websites.)

**2. Provide LGBTQ cultural competency training for all staff, especially those case-workers involved in direct service provision.** Domestic Violence (DV) Specialists at DTA have independently sought out LGBTQ cultural competence DV training from community organizations, including Fenway Health's Violence Recovery Program and The Network/La Red. We recommend that DTA incorporate routine LGBTQ cultural competency training for all staff, and update customer service protocols to better meet the needs of LGBTQ youth clients. We encourage DTA to collaborate with other state agencies and community partners where possible to realize these trainings. Where possible, we recommend having separate trainings that are tailored to specific needs, starting with a focus on DV providers.

**3. Require vendors to provide training and professional development to case workers on sexual orientation, gender identity, and the needs of LGBTQ youth.** Understanding the needs of LGBTQ youth is critical to providing responsive, trauma-informed services to LGBTQ youth, not only within state agencies but also within vendors providing state services. We recommend that all youth-serving employees within contracting agencies attend mandatory LGBTQ cultural competency training, with the specific goal of supporting employees in addressing the unique needs of LGBTQ youth. We recognize that DTA works in collaboration with the Department of Children and Families and other state agencies, and encourage departments to work together to address these needs. We encourage DTA to rely on state-funded providers for assistance with training and to collaborate with other agencies and community partners where appropriate.

# Department of Youth Services

The Department of Youth Services (DYS) is the state agency charged with serving youth in pre-trial detention or adjudicated youth committed as juvenile delinquents or youthful offenders. DYS has led the nation in developing and implementing policy and guidelines to prohibit discrimination and harassment against LGBTQ, intersex, and gender non-conforming youth. For the purpose of these recommendations, LGBTQ youth includes intersex and gender non-confirming youth, although as the DYS guidance correctly acknowledges, some intersex or gender non-conforming youth do not identify as LGBTQ. The DYS policy and guidelines, which became effective on July 1, 2014, were developed working closely with community advocates, including members of the Massachusetts Commission on LGBTQ Youth, and are a model for other states. (The DYS policy is included in the Appendix.)

DYS leadership has kept members of the Commission abreast of progress on training staff and implementation of the new LGBTQ policy. As of fall 2014, all of DYS's approximately 1,000 state employees had been oriented to the new policy and trained.. DYS is now directing its focus on training the roughly 1,000 contract/vendor employees. New state and contract employees and new vendors will be trained in LGBTQ youth issues moving forward. We encourage DYS leaders to join a future meeting of the Commission to update us on their efforts sometime in calendar year 2015.

**Background**

Research demonstrates that juveniles in custody who are or perceived to be lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming are at high risk of sexual abuse and other forms of abuse in prison. LGBTQ youth are overrepresented in the justice system generally, with approximately 13% of youth in detention facilities across the country identifying as LGBT.[93] Family rejection of LGBTQ youth resulting in homelessness, harassment in school, and "survival" crimes such as robbery or sex work make LGBTQ youth more likely to become involved in the juvenile justice system.[94] Massachusetts Youth Risk Behavior Survey data from 2013 indicate that gay, lesbian and bisexual youth are more than twice as likely to be gang-involved than heterosexual youth.[95] LGB youth in Massachusetts are five times as likely to skip school because they feel unsafe, and experience higher rates of getting into fights at school and being attacked or threatened with a weapon at school or on the way to school.[96] LGB youth are also more likely to bring a weapon to school.[97]

There is an emerging body of literature indicating that LGB youth are punished more harshly than their heterosexual and non-transgender peers. A 2010 article in Pediatrics found that LGB youth are punished more harshly in schools and in the court system, even though they are less likely to engage in serious misdeeds—such as using a weapon, selling drugs, or burglary—than their heterosexual peers.[98] This analysis was based on a national sample of 15,000 middle and high school students. LGB youth also report being expelled from school at higher rates than heterosexual students, perhaps related to getting in fights resulting from bullying.[99] This disparity in treatment by law enforcement is especially pronounced among girls. Lesbian and bisexual girls are 50% more likely to be stopped by police, and twice as likely to be

arrested and convicted, even though they do not engage in higher levels of misconduct compared to heterosexual females.[100] In national studies, youth workers often punish justice-involved LGBTQ youth or attempt to change their sexual orientation or gender identity. Gender variance is often perceived as rebellious behavior for which the youth are punished.[101]

LGBTQ youth are treated more harshly in sentencing than heterosexual peers. They are sometimes viewed as sexually predatory, and detained as a result. Sometimes youth flee prior placements due to anti-LGBTQ harassment; courts and probation officers see them as flight risks, further detaining them without providing supportive counseling to address the victimization they experience. It is common when a youth is released to their parents that they must obey "home rules" even if their parents' rules are not LGBTQ-affirming, putting them at further risk of violation and coming back into the system. "At every state of the process, services and placements competent to serve LGBT youth are lacking," writes Majd, Marksamer and Reyes in *Hidden Injustice: LGBT clients in juvenile courts*.[102]

The juvenile justice system is often characterized by a profound lack of acceptance of LGBTQ identity, based in large part on misconceptions about sexual orientation and gender identity. These include myths that youth, by virtue of their age, cannot be LGBTQ or that LGBTQ youth simply do not exist within the juvenile justice population.[103] This finding, in a 2009 analysis of LGBTQ youth in juvenile detention by three leading legal organizations, underscores the challenges facing justice-involved LGBTQ youth.

Government statistics further reinforce the challenging reality of detention for this vulnerable population. LGBTQ youth in detention facilities may experience physical, sexual, and/or emotional abuse from heterosexual youth and facility staff. The U.S. Bureau of Justice Statistics (BJS) reports that non-heterosexual youth in custody are twice as likely as their detained heterosexual peers to report sexual victimization while in detention—14.3% of non-heterosexual youth report any sexual victimization versus 8.9% of heterosexual youth.[104] Non-heterosexual youth are nearly 7 times as likely as heterosexual youth to report sexual victimization by another youth (10.3% versus 1.5%); while they are equally likely to report sexual victimization by facility staff (7.5% of non-heterosexual youth report sexual victimization by facility staff versus 7.8% of heterosexual youth). Protocols designed to offer better safeguards for LGBTQ and intersex youth in detention are a critical piece of efforts to effect safer and more respectful management of youth. These protocols also stand to benefit all youth in custody. Heterosexual youth and non-transgender youth alike can be victimized by prejudice motivated by bias against homosexuality and gender nonconformity. Strict enforcement of nondiscrimination and non-harassment policies for LGBTQ youth can therefore benefit all youth in custody.

Massachusetts is a leader in changing these stark disparities, both through the actions of DYS and through the Juvenile Detentions Alternative Initiative (JDAI), a collaboration between DYS, other agencies, the courts, and attorneys representing juveniles.

# Department of Youth Services

**1. Continue to modify, test and validate methods aimed at implementing intake forms as needed to be LGBTQ-inclusive and affirming, and conducting routine, state led collection of data on sexual orientation and gender identify.** The department's new policy rightly calls for protection of the confidentiality of information about sexual orientation and gender identity if it is self-disclosed by youth. It states that, "In order to better understand and help the population DYS serves, DYS will collect statistics on the number of LGBTQ youth in its care consistent with the youth's confidentiality requests. Youth who self-identify as LGBTQ will be asked if they will agree to such information being reported to a Central Office DYS Staff for record keeping purposes only." We recommend that data on a youth's sexual orientation and gender identity be collected in a manner that de-identifies the individual who is LGBTQ. This will allow DYS and others concerned about this population to understand the experiences of LGBTQ youth in DYS custody, while not putting an individual youth at risk of unwanted disclosure. The Commission can also connect DYS to local researchers who can help them in developing the most accurate and effective measures of LGBTQ identity, same-sex behavior, and gender variance.

**2. Continue to provide LGBTQ training curriculum for existing and incoming staff, and conduct evaluation of the effectiveness of these trainings.** It is essential that trainings be evaluated for effectiveness to ensure that staff, volunteers and interns are gaining cultural competency to serve LGBTQ youth and eliminate harassment and discrimination against them by staff and other youth. We recommend that DYS review educational/clinical curricula on an on-going basis in order to increase awareness of the diversity of youth in DYS care. It is also important that the new policy and guidelines be evaluated for effectiveness. The Commission can connect DYS to local researchers who can help them in developing an effective evaluation protocol.

**3. Brief the Commission on its efforts to reduce and eliminate physical and sexual harassment of youth in custody, and any data it has on disparities in rates of such harassment affecting LGBTQ youth in custody.** Disproportionate rates of physical and sexual abuse against non-heterosexual youth in custody exist across the U.S. DYS's new policy and guidelines are a critical step toward reducing and eliminating such abuse in Massachusetts. This information will also support federally mandated PREA efforts to better understand the extent of exploitation, assault and harassment in juvenile residential and community settings. The Commission looks forward to learning of efforts to reduce physical and sexual victimization within DYS, especially toward LGBTQ youth in custody.

# Department of Transportation

The Massachusetts Department of Transportation (MassDOT) is charged with providing the Commonwealth with a safe and reliable transit system, while strengthening the state's economy and quality of life. Agencies within MassDOT include the Registry of Motor Vehicles (RMV) and the Regional Transit Authorities (RTAs). Safe, reliable public transportation, access to state issued identification and dignified customer service are all resources that support the Commission's mandate to improve the ability of state agencies to provide services that ensure all LGBTQ youth can thrive in Massachusetts.

**Registry of Motor Vehicles**

In the past year, the Massachusetts Registry of Motor Vehicles (RMV) has collaborated with the Commission and inter-agency work group on LGBTQ competency to create line staff guidelines for completing gender marker changes on state issued identification (ID). The Commission commends the RMV for its continuing commitment to expanding access of state services for all youth in the Commonwealth.

**Background**

In the fall of 2014 the Commission held a Boston-area convening of youth-serving community organizations. Providers identified that lack of access to state-issued forms of identification is a major barrier to services for homeless youth and youth with limited means. Many youth currently experiencing homelessness lack access to any kind of identifying documentation. Many youth leave their homes of origin in a hurry, and returning for identification documents may be unsafe physically and emotionally. Without ID it is extremely difficult to access education, benefits, housing, and employment. Further, because homeless youth lack basic financial resources, the $25 or $50 required to obtain identification is overly burdensome, if not completely cost-prohibitive. Other barriers include the requirement that youth under 18 have parental consent to obtain identification, address requirements that necessitate a specified address to which many youth experiencing homelessness do not have access, and the possession of a birth certificate of which may youth lack access to and which copies cannot be obtained without a valid ID.

Massachusetts currently possesses one of the most progressive gender marker change policies in the country for state IDs. Despite this, community members report inconsistent, and sometimes discriminatory or harassing treatment by staff when gender marker change requests are submitted. Some community members report that line staff have laughed when they submitted gender marker change request forms, others report hearing staff talking about them and their appearance while processing the form.

# Department of Transportation

**1. Implement cultural competency trainings and develop best practices for gender marker change requests.** The RMV has collaborated with the Commission to develop a nondiscrimination policy and accompanying "best practice" guidance to working with LGBTQ RMV customers. In order to ensure uniform implementation and cultural competence across the registry, the Commission urges the RMV to implement procedural and cultural competency trainings for all branch workers who perform gender marker changes on state ID cards. This effort would be most effective if coordinated with the Department of Public Health Registry of Vital Records and Statistics.

**2. Establish pilot program in collaboration with the Commission and the Registry of Vital Records and Statistics to facilitate access to identification cards for unaccompanied homeless youth.** The Commission is currently collaborating with the RMV regarding potential partnerships between the Commission, branches, youth-serving organizations and vital statistics. The Commission has designated specific funds in the FY15 budget to assist qualifying youth in accessing IDs. The Commission further suggests piloting an initiative through one or two RMV branches that connects youth and community organizations to designated service coordinators at RMV branches and the Office of Vital Statistics. The Commission can provide logistical support for the launch of this program.

**3. Establish streamlined procedures at the Registry of Motor Vehicles, in coordination with the Department of Public Health Registry of Vital Records and Statistics, to facilitate access to identification cards for unaccompanied homeless youth.** Identification cards are critical to obtaining employment and housing for many unaccompanied homeless youth, who are disproportionately likely to identify as LGBTQ. Current application procedures pose serious challenges for youth experiencing homelessness and poverty. Unaccompanied homeless LGBTQ youth often lack access to multiple forms of supporting identification and documentation, may struggle to obtain a parental signature or to pay the application fee, and may not have transportation to a full-service regional branch office. These barriers may seriously limit the progress unaccompanied homeless youth are able to make. The Commission recommends that the RMV investigate the feasibility of:

- expanding the number of accepted forms of supporting identification;
- removing requirements of parent/guardian consent to obtain a state-issued ID for youth over the age of 14;
- offering a no-fee or low-fee ID option for youth who can produce a letter of indigency from a homeless service provider or clinician; and
- appointing a designated service coordinator for unaccompanied youth at local service branches

# Department of Transportation

**Regional Transit Authoritiy**

The MassDOT Rail & Transit Division runs fifteen Regional Transit Authorities (RTAs) as well as the MBTA, in six regions across the Commonwealth: Boston, Northern, Central, Western, and Cape Cod & Islands. These agencies serve a total of 262 communities and provide over 29 million trips annually. MassDOT and the RTAs recently completed a study as part of its Beyond Boston Initiative. The Beyond Boston Transit study is designed to more effectively strategize, prioritize, and deliver transit service throughout the Commonwealth. This study identifies a broad range of ideas that offer potential to improve the planning, organization, and delivery of public transportation service. We look forward to contributing to the ongoing implementation of this study, and hope to highlight LGBTQ youth-serving organizations in rural parts of the Commonwealth as an underserved population.

**Background**

A 2012 Gay, Lesbian & Straight Education Network (GLSEN) report indicated that LGBTQ youth living in rural areas were significantly less likely to have access to community groups or programs providing affirming spaces and vital support services; only 30% of rural LGBTQ youth reported having access to such a group in their community, compared to 51% of their urban counterparts.[106]

These trends hold true in Massachusetts. In 2012, the Commission held Public Hearings in Boston and Holyoke for LGBTQ youth, their families, and service providers across the state. In testimony in Western Massachusetts, youth and adult allies spoke of difficulty in accessing resources – and each other – due to a lack of public transit options. As one provider testified, "Communities like Holyoke are really isolated. There's nowhere to get on the bus. Unless you're downtown where everyone is, you're not accessible to a youth. When you live in Holyoke and when you live in communities where there's not a lot of transportation, you're so much more isolated." While Holyoke does have several buses thanks to the Pioneer Valley Transit Authority, they are simply not available at times and routes that enable LGBTQ youth to access local resources. Still more challenging is the lack of public transit for western communities that do not have colleges or universities: in those 12-13 cities and towns, there are still fewer bus routes available.

Isolation also emerged as a theme in focus groups that the Commission conducted with LGBTQ youth in Western Massachusetts in collaboration with the Executive Office of Health and Human Services following the 2012 hearings. Particularly in Berkshire, Franklin, and northern Worcester counties, youth reported that they struggled to access spaces where they could find safety, support, and affirmation from other LGBTQ youth. Focus group participants also spoke to the difficulty of accessing local health resources and other service providers. Youth explained that they often resorted to unsafe transit options, including walking on roads without sidewalks or in areas where they feared being targeted for street harassment related to their sexual orientation or gender identity and expression.

# Department of Transportation

**1. Establish a pilot project in one or more RTA programs to conduct needs assessments with respect to transportation needs, barriers, and best practices with LGBTQ youth and LGBTQ community groups.** Massachusetts does not have a clear assessment of the transportation needs of LGBTQ youth, particularly in rural areas. We recommend that MassDOT identify RTAs for a pilot project to work with school and community-based groups to collect data regarding barriers to accessing local and regional resources, perhaps as part of the Beyond Boston Initiative. Such an initiative should address knowledge of existing transportation resources and identify opportunities for improved service delivery or resource coordination. We recommend RTAs in western or north-central Massachusetts, and suggest that the pilot rely on LGBTQ youth-serving organizations such as the GLBT Youth Group Network of Massachusetts (AGLY Network) and the Massachusetts GSA Leadership Council in order to gather the information needed to effectively coordinate existing transit options and appropriately direct new resources.

**2. Include LGBTQ youth groups in MassDOT-facilitated resource and service plan assessments.** Given LGBTQ youth's reliance on public and community-operated transportation when accessing local and regional resources, we recommend partnering with local LGBTQ youth-serving groups, including the AGLY Network and the Massachusetts GSA Leadership Council, in its ongoing efforts to assess the statewide provision of public transit. We recommend that MassDOT expand existing inventories of regional transportation resources, develop such inventories where none exist, and share them with the Commission and partner agencies. We urge MassDOT to pilot the use of listening groups to gather input from LGBTQ youth and adult service providers in community discussions regarding meeting transportation needs, resource sharing, and establishing efficient regional transportation networks.

**3. Expand access to reduced-rate transportation passes for youth.** As described by the youth advocacy organization Youth Way on the MBTA, the economic recession and rising transportation costs have resulted in an affordability youth crisis. The MBTA recently agreed to establish a working group to develop a pilot program for a monthly Youth Pass for all MBTA youth riders.[107] We encourage all RTAs to consider ways to expand public transportation options.

# Massachusetts Board of Library Commissioners

The Massachusetts Board of Library Commissioners is the agency of state government with the statutory authority and responsibility to organize, develop, coordinate and improve library services throughout the Commonwealth. The Board also strives to provide every resident of the Commonwealth with full and equal access to library information resources regardless of geographic location, social or economic status, age, level of physical or intellectual ability, or cultural background.

This is the Commission's first year working with the MBLC. We welcome the collaboration with MBLC Director Dianne Carty and her staff and look forward to working with MBLC to address the meaningful inclusion of LGBTQ youth in all programs and services.

**Background**

Libraries are a vital resource for LGBTQ youth and their supporters, including, increasingly, access to information technology. Although libraries account for only 1.25% of Massachusetts municipal spending,[108] they provide some of the most-accessed services statewide, with an average of nearly 700,000 weekly visits in FY2013.[109]

Libraries have great potential for serving all youth. For privacy reasons, libraries do not generally collect demographic data on their users, so the number of LGBTQ youth accessing library services is unknown. Libraries can nonetheless take steps to be welcoming for LGBTQ youth by providing programming and materials relevant to their concerns and helping them access information technology. Moreover they can support the youths' loved ones and agencies wishing to serve them. Many librarians are familiar with social disparities and work hard to improve access to library services for a variety of underserved constituencies. Resource lists, such as the American Library Association's Rainbow Project Book List, for example,[110] are easily accessed and widely used, but library patrons may be unaware of them. We look forward to working with the MBLC and its constituent libraries to increasing youth, family, and community access to such information and supports.

# Massachusetts Board of Library Commissioners

**1. Encourage libraries across the state to collect voluntary data about gender identity and sexual orientation.** We deeply respect libraries' commitment to their patrons' privacy. At the same time, we recognize the challenge for libraries to develop resources for their communities when their constituents' identities are unknown. Although it may be relatively easy to estimate the number of children using the library, for example, the same ease does not apply to assessing the needs of LGBTQ youth being served, especially when those youth do not feel safe or comfortable publicly identifying as LGBTQ or evincing interest in LGBTQ topics. Since many library card applications already ask for voluntary gender identification (usually limited to "male" or "female"), we recommend that those options be expanded to include transgender and genderqueer men and women or simply be left as a fill-in-the-blank question. We also recommend that another voluntary sexual orientation question be added. Finally, we recommend that libraries allow users to identify a chosen name, if different from their legal name. We recognize that such changes must be decided on a municipal or other local level. We therefore encourage the MBLC to provide a model or "best practice" guide on voluntary data that would benefit library constituents.

**2. Conduct outreach to public and academic libraries to inform them of existing resource lists for LGBTQ youth and encouraging them to purchase and display items on these lists.** Shelley Quezada, as MBLC Consultant to the Underserved, is familiar with many of these resources, such as lists provided by the ALA's GLBT Round Table.[111] We thank her for the time and energy she spent compiling them. Buying and exhibiting LGBTQ materials makes them more accessible for youth who don't know how to look for them or even that they exist; it lets youth know that their interests are shared by other library users; and it sends an inclusive message to those who aren't LGBTQ. Libraries can also support LGBTQ youth by providing meeting space for such community organizations, such as school-based Gay-Straight Alliances (GSAs) or PFLAG (for parents and friends of LGBTQ people). They can host youth and young adult LGBTQ book clubs and explicitly designate libraries as a safe spaces for LGBTQ youth. Lastly, libraries can offer computer and other technology training and access for youth who lack access to these resources elsewhere.

**3. Submit a proposal to the Massachusetts Library Association for a presentation on supporting LGBTQ youth in the library community for their spring 2015 conference.** The Massachusetts Library Association conference is a promising venue for increasing librarians' access to training on issues pertaining to LGBTQ youth. Dianne Carty, Shelley Quezada and their colleagues would have much to offer through such a training.

### 4. Disseminate best practice information to school libraries on internet filters and how to avoid blocking youth from LGBTQ identity and health issues.

Libraries receiving certain federal funds are required, under the Children's Internet Protection Act, to use filtering software on their computers that are available for public use.[112] Although the presumptive purpose of this requirement is to protect children from sex and violence, in practice, valuable medical and social information is rendered inaccessible. For instance, software that designates the word "breast" as obscene would prevent access to information about breast cancer. Many of the popular filters obstruct access to such useful and non-pornographic sites as the Gay, Lesbian & Straight Education Network. While the ALA has taken a strong stand against this practice on First Amendment grounds,[113] it is our understanding that most school libraries do use internet filtering software while most public libraries do not.

Gay & Lesbian Advocates & Defenders has crafted a simple protocol for ensuring that, if filtration software is used, its settings are not so restrictive as to prevent LGBTQ and questioning youth from accessing information about other LGBTQ youth, local and national resources, and appropriate health information.[114] The Commission recommends MBLC distribute this form to all libraries, in particular school libraries. If every Massachusetts library were to use this simple, five-minute protocol to review their own software, youth internet access would be greatly improved.

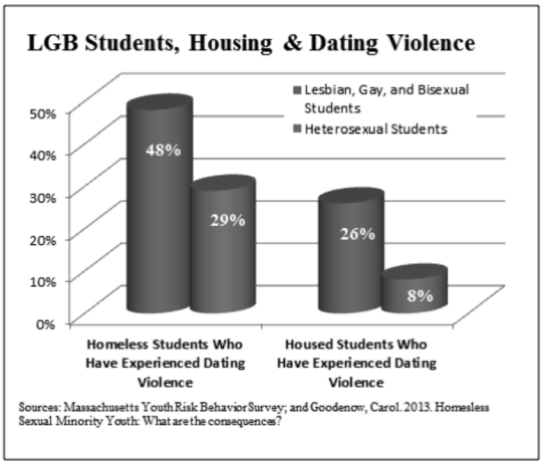
# Department of Housing and Community Development

The Department of Housing and Community Development (DHCD) is responsible for providing safe and affordable housing options for Massachusetts residents, including oversight of regional networks of shelter agencies and partners and of housing stabilization and emergency assistance programs. Numerous constituencies within and outside state government have raised the issue of the critical housing needs of LGBTQ youth and young adults. We are eager to bridge the gap between youth needs and available services.

**Background**

Reports indicate that youth who are LGBTQ are at higher risk for homelessness than the general youth population, and are often subject to stigma and discrimination. Indeed, multiple studies suggest that up to 40% of all homeless youth in the U.S. are LGBTQ.[115] Homeless LGBTQ youth and young adults struggle to access age-appropriate and affirming shelters and other living spaces. At the Commission's 2012 public hearings, LGBTQ youth and service providers reported that many youth feel safer sleeping outside or in abandoned buildings than in available shelters. As a result, homeless LGBTQ youth experience violence and victimization on a more frequent basis, and may engage in the street economy or other survival behaviors that put them at increased risk of involvement with the juvenile and criminal justice systems and of negative health and safety outcomes.

Massachusetts-specific data confirms the testimony the Commission has received. According to the Massachusetts Youth Risk Behavior Survey (MYRBS), 48% of homeless LGB students had experienced dating violence – compared to 29% of homeless heterosexual students, 26% of housed LGB students, and 8% of housed heterosexual students. MYRBS data also indicates significantly higher rates of substance use, bullying, suicide attempts, and nonconsensual sex among homeless LGB youth than among housed LGB youth or housed or homeless heterosexual youth.[116] Additionally, LGB youth are more likely than heterosexual youth to have ever been or gotten someone else pregnant, a factor that likely increases their need for services.[117]




The Commission seeks to ensure that homeless LGBTQ youth are finding appropriate housing in safe settings that are responsive to their particular needs, including youth who have aged out of foster care or other state-based facilities. The Commission is especially concerned about the unmet needs of transgender populations, who are not explicitly covered under state nondiscrimination laws in relation to public accommodations.[118]

# Department of Housing and Community Development

**1. Collaborate with agencies under the Interagency Council of Housing and Homelessness to establish a designated programmatic and funding stream to provide appropriate services to unaccompanied homeless youth.** In a research convening the Commission held in November 2013, panelists discussed improper housing as a public health issue. Improper housing leads to increased trauma and negative health outcomes, particularly emotional and psychosocial health. We commend DHCD for providing vouchers for unaccompanied homeless youth, and encourage the department to explore ways to add additional vouchers and other resources. In particular, we encourage DHCD to work with the Department of Public Health and other agencies under the Interagency Council of Housing and Homelessness to address the critical lack of appropriate services for unaccompanied homeless youth in the Commonwealth.

**2. Provide LGBTQ cultural competency training to staff and providers to improve access to shelter and housing, including domestic violence services, for LGBTQ youth.** Many unaccompanied LGBTQ youth have experienced family rejection, discrimination, harassment, and various forms of violence and victimization. LGBTQ young people utilizing services through DHCD need supportive staff who can offer affirming and trauma-informed services. Research indicates that LGBTQ youth are as or more likely than other youth to experience domestic violence,[119] and data show that homeless LGB young people are significantly more likely to experience dating violence than housed LGB youth and housed or homeless heterosexual youth.[120] Studies also indicate that even a small change towards support and inclusion of LGBTQ youth achieves improved health and safety outcomes.[121] We also advise DHCD to collaborate with community-based organizations and state-funded providers, including those specializing in LGBTQ domestic violence services, to provide cultural competency trainings to staff and providers, and to partner with other state agencies on training initiatives where appropriate.

**3. Adopt guidelines to promote safety and privacy of transgender and gender-nonconforming individuals in shelters.** Shelters serving homeless individuals and families should have LGBTQ-friendly housing situations for LGBTQ youth accessing shelters with their parents or LGBTQ young people who are pregnant or are parents, as well as unaccompanied LGBTQ homeless youth. We note that model policies specific to Massachusetts already exist, including those developed by Gay & Lesbian Advocates & Defenders for the Lynn Emergency Shelter[122] and the *Shelter for All Genders* model policy developed by the Massachusetts Transgender Political Coalition.[123] Considering the statewide scope of homelessness, consistent guidelines are needed in all shelters.

# Department of Career Services

The Department of Career Services (DCS) oversees the state's network of One-Stop Career Centers that assist businesses in finding qualified workers and provide job seekers with career guidance as well as referrals to jobs and training. We are pleased to have been able to work in collaboration with DCS to update and revise its nondiscrimination policy to be LGBTQ-inclusive.

**Background**

LGBTQ youth are more likely to experience a number of risk factors, such as homelessness, unsafe educational environments, or involvement with the juvenile and criminal justice systems, that make obtaining employment more difficult. Unsafe or under-resourced schools and disproportionate rates of school suspensions and arrests put LGBTQ youth of color in particular at a disadvantage in preparing to enter the workforce. The repercussions of obstacles to obtaining employment often follow LGBTQ youth, particularly transgender young people and youth of color, into their adult years. Unemployment statistics suggesting that transgender adults and LGBTQ adults of color experience unemployment rates significantly higher than the national average.[124]

# Department of Career Services

**1. Partner with social service providers to offer career readiness services to LGBTQ youth who face barriers to employment.** The Executive Office of Labor and Workforce Development's Strategic Plan lists increasing youth employment as a goal, with strategies including job readiness services for youth, strengthening connections to youth-serving organizations, and recruiting subsidized and unsubsidized jobs. We urge DCS to ensure the department is meeting the career readiness needs of LGBTQ youth, particularly those who have experienced homelessness, involvement with the juvenile justice system, or other risk factors that create barriers to successful entry into the workforce. We encourage DCS to partner with social service providers and employers to link LGBTQ youth with training and employment opportunities and to provide resources, such as workshops or job fairs, targeted at LGBTQ youth through One-Stop Career Centers. LGBTQ youth-serving organizations are strong potential partners for this work. The New York State Department of Labor has been active in partnering with LGBTQ youth homeless shelters and other providers to improve access to employment opportunities for LGBTQ youth, and we encourage DCS to rely on New York State as a model.[125]

**2. Designate a liaison to work with the Commission to identify opportunities for more fully serving LGBTQ youth.** The Commission pairs a Commission liaison with one or more agency staff to address the meaningful inclusion of policies and practices responsive to LGBTQ youth, particularly through: the collection of data and conducting of assessments; the development and strengthening of LGBTQ-affirming resources; training to increase cultural competency of staff working with LGBTQ youth; and the development of stronger guidance, model policies, and best practices with regard to sexual orientation and gender identity. The Commission looks forward to collaborating with DCS in identifying opportunities for better serving LGBTQ youth and providing support to DCS in the development and implementation of policies, practices, programs, and resources.

# Glossary of terms

**Assigned sex:** the sex (male or female) that is noted on an individual's birth certificate issued at birth. Also referred to as sex assigned at birth, birth sex, and/or sex recorded at birth. Please note the "issued at birth", as an individual may amend their birth certificate later in life to better reflect their gender identity.

**Bisexual:** a person who self-identifies as having an emotional, sexual, spiritual, and/or relational attraction to people of their same or different gender.

**Biological sex:** an individual's sex (male or female) based on an individual's external anatomy and their assumed sex chromosomes or hormones.

**Cisgender:** a term used for someone whose gender identity matches their sex assigned at birth. Also may be referred to as non-transgender.

**Coming out:** the process of self-disclosing one's sexual orientation or gender identity to themselves and other people. Coming out is often a lifelong process, as there may be many different instances a person may choose to come out. It is important that an individual be given the autonomy to choose if they want come out, how they will come out, and when they will come out, as this choice is often influenced by a sense of safety and/or acceptance.

**Gay:** a man who self-identifies as having an emotional, sexual, spiritual, and/or relational attraction to other men. The term 'gay' is preferred to 'homosexual' which has clinical overtones that some may find offensive. The term gay is sometimes used by women who prefer it to the term lesbian, or as an overarching term to refer to a broad array of sexual orientation identities other than heterosexual.

**Gender Identity:** a person's internal and individual experience of gender, whether that be a man, woman, both, neither, or something entirely different. A person's gender identity may be the same as or different from their assigned sex. Gender identity is separate from sexual orientation.

**Gender Expression:** refers to how a person publicly represents or expresses their gender identity to others. Every person has a gender identity, and makes choices of how they express this identity by the way they speak or act, how they wear their hair, which clothes they choose to wear, and whether or not they choose to wear makeup. A person's gender expression may be different from the gender norms that are generally associated with that person's biological sex in society.

**Gender Binary:** the cultural belief that there are only two sexes/genders (male and female/masculine and feminine), and that they are distinct, opposite forms of each other.

**Gender Dysphoria (GD), Formerly known as Gender Identity Disorder (GID):** described as the extreme discomfort or distress resulting from a mismatch between one's biological sex and gender identity. Gender Dysphoria is also the formal diagnosis for transgender identity in the Diagnostic and Statistical Manual, fifth edition, (DSM 5). In order to be diagnosed with GD, one must have a marked incongruence between one's experienced/expressed gender and assigned gender for at least six months. In children, the desire to be another gender must be present and verbalized. The condition is associated with

clinically significant distress or impairment in social, school, occupational, or other important areas of functioning. Not all members of the transgender community choose to take on the formal diagnosis, as there is still some stigma associated with a formal diagnosis.

**Gender neutral:** a term that describes something, many times a space (like a bathroom) or a thing (such as clothing), that is not segregated by sex or gender.

**Gender Non-Conforming (GNC):** a term used to describe people whose gender expression differs from stereotypic expectations of gender appropriate behavior or ways men and women are expected to act. Not all gender non-conforming people identify as LGBTQ. May also be referred to as gender variance.

**Gender roles:** social and cultural beliefs about what is considered gender appropriate behavior, or the ways men and women are expected to act.

**Genderqueer:** a term for people who identify outside the confines of the binary definition of gender (male/female). Genderqueer people may consider themselves to be two or more genders, without a gender, a third gender, and/or fluid.

**Homophobia:** fear, hatred or discriminatory response to a person who is or is perceived to be lesbian, gay, bisexual or queer.

**Intersex:** label used to describe a person whose combination of chromosomes, hormones, primary and secondary sex characteristics differs from one of the two expected patterns of male or female. This term replaces "hermaphrodite" which is considered offensive by many intersex individuals.

**Lesbian:** a woman who self-identifies as having an emotional, sexual, spiritual, and/or relational attraction to other women.

**Medical transition:** a process that utilizes hormonal treatments and/or affirming surgical interventions to bring a person's body into alliance with that person's gender identity. Not all transgender people desire to transition medically, due to various medical, social, financial, and/or safety reasons.

**Pansexual:** a person who has an emotional, sexual, spiritual, and/or relational attraction to other people, rather than a specific sex or gender.

**Preferred Gender Pronouns:** the way people refer to themselves and how they prefer to be addressed in terms of gender. If you are unsure of what pronoun a person may use, it is best to ask rather than assuming. Some common preferred gender pronouns are: she/her/hers, he/him/his, they/them/theirs (singular), ze/hir/hirs.

**Pubertal Suppression:** a medical process that pauses hormonal changes that initiate puberty in adolescents, resulting in a purposeful delay in the development of secondary sex characteristics (e.g, breast growth, facial hair, body fast redistribution, voice changes, etc). Suppression can prevent gender dysphoria that often accompanies puberty for trans or gender non-conforming youth, and is not permanent.

**Queer:** an umbrella term that includes anyone who wants to identify as queer and who somehow feels outside the societal norms in regards to gender identity, sexual orientation, and

sexual/romantic behaviors. The term may also serve as a political statement that advocates breaking gender and sexual binaries. Was formerly used as a derogatory term, but has been reclaimed in recent decades.

**Questioning:** a term used to describe a person who is exploring their sexual orientation and/or gender identity and does not necessarily self-identify as LGBTQ. Not all people who question their identities may come out and/or identify as LGBTQ.

**Secondary Sex Characteristics:** features that appear during puberty that distinguish sex, which may include breast development, facial hair, voice changes, redistribution of body fat, etc.

**Sexual Minority Youth:** consists of young people who identify themselves as gay or lesbian (e.g. individuals whose primary sexual/emotional connections are to people of the same gender) or bisexual (e.g. individuals whose sexual/emotional attraction and connections are not limited to one gender or the other), as well as youth who do not ascribe to these identity labels, but engage in same-gender sexual or romantic behavior.

**Sexual Orientation:** refers to a person's emotional, sexual, spiritual, and/or relational attraction towards other people of the same or different gender. Some common sexual orientations include lesbian, gay, bisexual, heterosexual, queer, pansexual, and asexual. There are many other terms that people may use to identify their sexual orientation.

**Social Transition:** the process of disclosing oneself as transgender to friends, family, co-workers, and/or classmates. This often includes asking that others use a name, pronoun, or gender that reflects that person's gender identity. Additionally, this person may begin to use facilities such as bathrooms, locker rooms, or dormitories associated with their gender identity.

**Transgender:** an umbrella term used to describe a person whose gender identity or gender expression is different from that traditionally associated with the assigned sex at birth. Transgender identity is often confused with sexual orientation. A transgender person may identify as heterosexual, lesbian, gay, bisexual, queer, questioning, pansexual or something else.

**Transgender Healthcare:** broadly describes the medical or behavior health care that some transgender or gender non-conforming people may seek in relation to their gender identity. Some of this includes transition related health care, such as supportive psychotherapy, hormone therapy, surgical procedures, voice therapy, and/or electrolysis/laser hair removal. Transgender Healthcare also includes general healthcare that may be anxiety provoking due to its ties to gender, such as pap smears, chest exams, birth control, and prostate exams. Many transgender people have difficulty accessing general or transition related health care that is culturally competent.

**Transgender Man/FTM/Female-to-Male:** a person who identifies as male, but was assigned female at birth.

**Transgender Woman/MTF/Male-to-Female:** a person who identifies as female, but was assigned male at birth.

**Transphobia:** fear, hatred or discriminatory response to a person who is or is perceived to be transgender or gender non-conforming.

## Definitions adapted from the following resources:

Marksamer, J., Spade, D. & Arkles, G. (2011). A Place of Respect: A Guide for Group Care Facilities Serving Transgender and Gender Non-Conforming Youth. National Center for Lesbian Rights & Sylvia Rivera Law Project. Available online: http://nicic.gov/Library/026484.

Bureau of Substance Abuse Services. (2014) Practice Guidance: Serving Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Youth & Young Adults and Their Families. Boston, MA.

Perry, J.R. & Green, E.R. (2014). Safe & Respected: Policy, Best Practices & Guidance for Serving Transgender & Gender Non-Conforming Children and Youth Involved in the Child Welfare, Detention, and Juvenile Justice Systems. New York City, NY: New York City's Administration for Children's Services.

Massachusetts Transgender Political Coalition (2013). Shelter for All Genders: Best Practices for Homeless Shelters, Services, and Programs in Massachusetts in Serving Transgender Adults and Gender Non-conforming Guests.

Marksamer, J. & Vade, D. (2014). Trans 101. Sylvia Rivera Law Project, http://srlp.org/resources/trans-101/

(2014) Fact Sheet: Transgender & Gender Nonconforming Youth in School, Sylvia Rivera Law Project, http://srlp.org/resources/fact-sheet-transgender-gender-nonconforming-youth-school/

# Endnotes


**1** Silenzio, V. M. B. (2003). Anthropological assessment for culturally appropriate interventions targeting men who have sex with men. American Journal of Public Health, 93(6), 867–871.

**2** Robin, L., Brener, N. D., Donahue, S. F., Hack, T., Hale, K., & Goodenow, C. (2002). Associations between health risk behaviors and opposite-, same-, and both-sex sexual partners in representative samples of Vermont and Massachusetts high school students. Archives of Pediatrics and Adolescent Medicine, 156(4), 349–355.

**3** Rosario, M., Scrimshaw, E. W., & Hunter, J. (2008). Predicting patterns of sexual identity development over time among lesbian, gay, and bisexual youths: A cluster analysis approach. American Journal of Community Psychology, 42(3-4), 266–282; Russell, S. (2006). Substance use and abuse and mental health among sexual minority youths: Evidence from Add Health. In A. Omoto & H. Kurtzman (Eds.), Sexual orientation and mental health. Washington, DC: American Psychological Association.

**4** Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health. (2011). Youth risk behavior surveillance system. Retrieved from http://www.cdc.gov/HealthyYouth/yrbs/index.htm

**5** Data on transgender and genderqueer youth are not yet available, as the Massachusetts survey did not include any questions on gender identity until 2013. In several instances, we list only data for lesbian, gay, and bisexual (LGB) students where appropriate.

**6** See Appendix for full report on sexual minority youth in 2013 Massachusetts Youth Risk Behavior Survey.

**7** Grant, J.M., Mottet, L.A., & Tanis, J. (2011.) Injustice at every turn: a report of the national transgender discrimination survey. Washington, D.C.: National Gay and Lesbian Task Force and National Center for Transgender Equality. Retrieved from http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf

**8** Growing up LGBT in America: HRC Youth Survey Report. http://hrc-assets.s3-website-us-east-1.amazonaws.com//files/assets/resources/Growing-Up-LGBT-in-America_Report.pdf

**9** Ibid.

**10** Durso, L.E., & Gates, G.J. (2012). Serving Our Youth: Findings from a National Survey of Service Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth who are Homeless or At Risk of Becoming Homeless. Los Angeles: The Williams Institute with True Colors Fund and The Palette Fund. Retrieved from http://williamsinstitute.law.ucla.edu/wp-content/uploads/Durso-Gates-LGBT-Homeless-Youth-Survey-July-2012.pdf. This research is consistent with a previous review of 16 peer-reviewed journal articles and several other sources conducted by the National Gay and Lesbian Task Force Policy Institute in 2006 found that up to 40 percent of all homeless youth in the U.S. were LGBTQ. Ray, N. (2006.) Lesbian, Gay, Bisexual, and Transgender Youth: An Epidemic of Homelessness. New York: National Gay and Lesbian Task Force Policy Institute and National Coalition for the Homeless.

**11** Bridges, Emily. (2007). The impact of homophobia and racism on GLBTQ youth of color. Advocates for Youth. Retrieved from http://www.lgbt.ucla.edu/documents/ImpactofHomophobiaandRacism.pdf

**12** Goodenow, C. (2014.) Sexual minority youth and race in 2007, 2009, 2011 Massachusetts Youth Risk Behavior Survey. Internal analysis.

**13** Lick, David J., Laura E. Durso, and Kerri L. Johnson. "Minority stress and physical health among sexual minorities." Perspectives on Psychological Science 8.5 (2013): 521-548. Retrieved from http://williamsinstitute.law.ucla.edu/research/health-and-hiv-aids/minority-stress-and-physical-health-among-sexual-minorities. See also Wight, R. G., LeBlanc, A. J., De Vries, B., & Detels, R. (2012). Stress and mental health among midlife and older gay-identified men. American journal of public health, 102(3), 503-510. Retrieved from http://williamsinstitute.law.ucla.edu/research/health-and- hiv-aids/stress-and-mental-health-among-midlife-and-older-gay-identified-men/; Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. Psychological bulletin, 129(5), 674. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2072932/; Mikalson, P., Pardo, S., & Green, J. (2012). First do no harm: Reducing disparities for lesbian, gay, bisexual, transgender, queer and questioning populations in California. Office of Health Equity, California Department of Public Health. Retrieved from http://www.cdph.ca.gov/programs/Documents/LGBTQ_Population_Report.pdf; Institute of Medicine. (2011). The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding.

**14** Centers for Disease Control and Prevention. (2011). Morbidity and Mortality Weekly Report, Supplement; 60(1). Retrieved from http://www.cdc.gov/mmwr/pdf/other/su6001.pdf

**16** Russell, S. T., Ryan, C., Toomey, R. B., Diaz, R. M., & Sanchez, J. (2011). Lesbian, gay, bisexual, and transgender adolescent school victimization: Implications for young adult health and adjustment. Journal of School Health,81(5), 223-230. Retrieved from http://www.saashsc.org/wordpress/wp-content/uploads/2012/02/LGBT-Adolescent-School-Victimization.pdf

**17** Toomey RB, Ryan C, Diaz RM, Card NA, Russell ST. Gender-nonconforming lesbian, gay, bisexual, and transgender youth: School victimization and young adult psychosocial adjustment. Developmental Psychology. 2010;46(6):1580–1589. Direct relationships between adolescent gender non-conformity and young adult life satisfaction and depression were not significant. See also Roberts AL, Austin SB, Corliss HL, et al. Pervasive trauma exposure among US sexual orientation minority adults and risk of posttraumatic stress disorder. Am J Public Health. 2010 Apr 15.

**18** McLaughlin, K. A., Hatzenbuehler, M. L., Xuan, Z., & Conron, K. J. (2012). Disproportionate exposure to early-life adversity and sexual orientation disparities in psychiatric morbidity. Child abuse & neglect, 36(9), 645-655. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3445753/

**19** Rosario, M., Corliss, H. L., Everett, B. G., Reisner, S. L., Austin, S. B., Buchting, F. O., & Birkett, M. (2014). Sexual orientation disparities in cancer-related risk behaviors of tobacco, alcohol, sexual behaviors, and diet and physical activity: pooled Youth Risk Behavior Surveys. American journal of public health, 104(2), 245-254.

**20** Frost, D. M., Lehavot, K., & Meyer, I. H. (2013). Minority stress and physical health among sexual minority individuals. Journal of behavioral medicine, 1-8.

**21** Patel, A. (June 10, 2014). Homophobia may cost India's economy billions of dollars. Wall Street Journal. Retrieved from http://blogs.wsj.com/indiarealtime/2014/06/10/how-homophobia-hurts-indias-economy/; Krehely, J. (2009). How to close the LGBT health disparities gap. Center for American Progress. Retrieved from http://www.americanprogress.org/issues/lgbt/report/2009/12/21/7048/how-to-close-the-lgbt-health-disparities-gap/

**22** The GenIUSS Group. (2014). Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents on Population-Based Surveys. J.L. Herman (Ed.). Los Angeles, CA: The Williams Institute. Retrieved from http://williamsinstitute.law.ucla.edu/wp-content/uploads/geniuss-report-sep-2014.pdf

**23** Rice, E., Barman-Adhikari, A., Rhoades, H., Winetrobe, H., Fulginiti, A., Astor, R., ... & Kordic, T. (2013). Homelessness experiences, sexual orientation, and sexual risk taking among high school students in Los Angeles. Journal of Adolescent Health, 52(6), 773-778.

**24** Ray, Lesbian, gay, bisexual and transgender youth; Institute of Medicine, The health of lesbian, gay, bisexual, and transgender people

**25** Cochran et al., Challenges faced by homeless sexual minorities; Van Leeuwen et al., Lesbian, gay, and bisexual homeless youth; Gangamma et al., Comparison of HIV risks.

**26** Marshal et al., Individual trajectories of substance use; Kipke et al., The health and health behaviors of young men who have sex with men.

**27** Corliss, H. L., Goodenow, C. S., Nichols, L., & Austin, S. B. (2011). High burden of homelessness among sexual-minority adolescents: Findings from a representative Massachusetts high school sample. American Journal of Public Health, 101(9), 1683-1689.

**28** Bridges, The impact of homophobia and racism.

**29** Massachusetts Alliance on Teen Pregnancy. (2013.) Living on the Edge: The Conflict and Trauma that Lead to Teen Parent Homelessness. Boston, MA. Retrieved from http://www.massteenpregnancy.org/sites/default/files/ publications/matpliving-edgesummer2013.pdf

**30** The Commonwealth of Massachusetts Special Commission on Unaccompanied Homeless Youth. Report to the Great and General Court, Executive Office of the Governor, and the Office of the Child Advocate. Retrieved from http://www.massappleseed.org/pdfs/special_commission_uhy_report.pdf

**31** Baim, T. (June 10, 2014.) Chicago 2014 Homeless Youth Summit. Retrieved from http://www.windycitymediagroup.com/pdf/YOUTHSUMMITREPORTSMALL.pdf

**32** Massachusetts Housing and Shelter Alliance. Press Release: MHSA Launches Housing Program for LGBTQ Homeless Young Adults. Retrieved from http://www.mhsa.net/matriarch/documents/MHSA%20Launches%20 Housing%20Program%20for%20LGBTQ%20Homeless%20Young%20Adults%2011.7.13%281%29.pdf

**33** Gay & Lesbian Advocates & Defenders. (2014). Gender Identity Non-Discrimination Model Policy for Homeless Shelters. Retrieved from http://www.glad.org/uploads/docs/publications/shelter-gi-non-discrimination-model-policy.pdf

**34** Massachusetts Transgender Political Coalition Policy Committee. (December 2013.) Shelter for All Genders: Best Practices for Homeless Shelters, Services, and Programs in Massachusetts in Serving Transgender Adults and Gender Non-Conforming Guests. Retrieved from http://www.masstpc.org/wp-content/uploads/2012/10/Shelter-for-all-Genders.pdf

**35** Laver, M. & Khoury, A. (2008). Opening doors for LGBTQ youth in foster care: A guide for lawyers and judges. American Bar Association.

**36** Child Welfare League of America. (2012). Recommended practices to promote the safety and well-being of LGBTQ youth and youth at risk of or living with HIV in child welfare settings. Retrieved from http://www.cwla.org/newsevents/recommended-practices-youth.pdf

**37** Institute of Medicine, Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Re search Gaps and Opportunities. (2011). The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding. Washington, DC: The National Academies Press; Consolación, T., Russell, S., & Sue, S. (2004). Sex, race/ethnicity, and romantic attractions: Multiple minority status adolescents and mental health. Cultural Diversity & Ethnic Minority Psychology, 10(3), 200-214; Garofalo, R., Deleon, J., Osmer, E., Doll, M., & Harper, G.W. (2006). Overlooked, misunderstood and at-risk: Exploring the lives and HIV risk of ethnic minority male-to- female transgender youth. Journal of Adolescent Health, 38(3), 230–236; Harper, G. W., Jernewall, N., & Zea, M. C. (2004). Giving voice to emerging science and theory for lesbian, gay, and bisexual people of color. Cultural Diversity and Ethnic Minority Psychology, 10(3), 187-199; O'Donnell, L., O'Donnell, C., Wardlaw, D. M., & Stueve, A. (2004). Risk and resiliency factors influencing suicidality among urban African American and Latino youth. American Journal of Community Psychology, 33(1-2), 37-49.

**38** See Appendix for 2013 YRBS data on sexual minority youth.

**39** Russell, S., Ryan, C., Toomey, R., Diaz, R., and Sanchez, J. (2011). Lesbian, gay, bisexual, and transgender adolescent school victimization: Implications for young adult health and adjustment. Journal of School Health, 81, 223–230. Toomey, R., McGuire, J., and Russell, S. (2011). Heteronormativity, school climates, and perceived safety for gender nonconforming peers. Journal of Adolescence. Advance online publication. Russell, S. (2003). Sexual minority youth and suicide risk. American Behavioral Scientist, 46, 1241–1257. Poteat, V. P., Sinclair, K. O., DiGiovanni, C. D., Koenig, B. W., & Russell, S. T. (2013). Gay-Straight Alliances are associated with student health: A multi-school comparison of LGBTQ and heterosexual youth. Journal of Research on Adolescence, 23, 319-330.

**40** Burdge, H., Licona, A. C., Hemingway, Z. T. (2014). LGBTQ Youth of Color: Discipline Disparities, School Push-Out, and the School-to-Prison Pipeline. San Francisco, CA: Gay-Straight Alliance Network and Tucson, AZ: Crossroads Collaborative at the University of Arizona.

**41** Russell, S. T., Clarke, T. J., & Laub, C. (2009). Understanding School Safety and the Intersections of Race, Ethnicity, and Sexual Orientation. (California Safe Schools Coalition Research Brief No. 10). San Francisco, CA: California Safe Schools Coalition.

**42** Kosciw, J. G., Greytak, E. A., Palmer, N. A., & Boesen, M. J. (2014). The 2013 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools. New York: GLSEN.

**43** Burdge, H., Sinclair, K., Laub, C., and Russell, S. (2012). Lessons that matter: LGBTQ inclusivity and school safety. Gay-Straight Alliance Network and California Safe Schools Coalition Research Brief No. 14. Retrieved from http://www.gsanetwork.org/files/aboutus/PS H%20Report%206_2012.pdf. Himmelstein, K. E. W. and Bruckner, H. (2011.) Criminal justice and school sanctions against nonheterosexual youth: A national longitudinal study. Pediatrics, 49-57. Retrieved from http: //pediatrics.aappublications.org/content/early/2010/12/06/peds.2009-2306.full.pdf

**44** 603 Code Mass. Regs. 26.05(1).

**45** Rankin, S., Weber, G., Blumenfeld, W., & Frazer, S. (2010). 2010 state of higher education for lesbian, gay, bisexual, and transgender people. Campus Pride. Retrieved from http://www.campuspride.org/ Campus%20Pride%202010%20LGBT%20Report%20Summary.pdf

**46** Rankin, S. (2003). Campus climate for gay, lesbian, bisexual, and transgender people: A national perspective. National Gay and Lesbian Taskforce. Retrieved from http://www.thetaskforce.org /downloads/reports/reports/CampusClimate.pdf

**47** Rankin et al., *2010 state of higher education.*

**48** Ibid.

**49** Riley, R. (October 21, 2014.) Education board to conduct review of sex assault policies at state's public colleges. Boston Globe. Retrieved from http://www.bostonglobe.com/metro/2014/10/21/education-board-conduct-review-sex-assault-policies-state-public-colleges/c5oOBoSZtwLciufymcfVdI/story.html

**50** Zenen Jaimes Pérez and Hannah Hussey. (September 19, 2014.) A Hidden Crisis: Including the LGBT Community When Addressing Sexual Violence on College Campuses. Center for American Progress. Retrieved from http://www.americanprogress.org/issues/lgbt/report/2014/09/19/97504/ a-hidden-crisis/

**51** U.S. Department of Health and Human Services, Administration for Children and Families. (2009). Foster Care Statistics; Marksamer, J. (2006). LGBTQ youth in the foster care system. National Center for Lesbian Rights.

**52** Ray, *Lesbian, gay, bisexual, and transgender youth.*

**53** Corliss et al., *High burden of homelessness.*

**54** Durso, L.E. & Gates, G. J. (2012). Serving our youth: Findings from a national survey of service providers working with lesbian, gay, bisexual, and transgender youth who are homeless or at risk of becoming homeless. Los Angeles: The Williams Institute with True Colors Fund and The Palette Fund.

**55** Institute of Medicine, The health of lesbian, gay, bisexual, and transgender people; Levin, A. (2011). LGBT individuals not getting equal attention in research. Psychiatric News, 46(11), 17-19.

**56** Goodenow, *Prevention needs.*
**57** Grossman, A. H. & D'Augelli, A. R. (2007). Transgender youth and life-threatening behaviors. Suicide and Life Threatening Behavior, 37(5), 527.
**58** Hart, T.A., Heimberg, R.G. (2001). Presenting problems among treatment-seeking gay, lesbian, and bi sexual youth. Journal of Clinical Psychology, 57, 615-627.
**59** D'Augelli, A. R., Grossman, A. H. & Starks, M. T. (2006). Childhood Gender Atypicality, Victimization, and PTSD Among Lesbian, Gay, and Bisexual Youth. Journal of Interpersonal Violence, 21(11), 1-21.
**60** Halpern, C. T., Young, M. L., Waller, M. W., Martin, S. L., & Kupper, L. L. (2004). Prevalence of partner violence in same-sex romantic and sexual relationships in a national sample of adolescents. Journal of Adolescent Health, 35(2),124-131.
**61** Bostwick, W. B. (2007). Mental health risk factors among GLBT youth. National Alliance on Mental Illness. Retrieved from http://www.nami.org/TextTemplate.cfm?Section=Fact_Sheets1&Template =/ContentManagement/ ContentDisplay.cfm&ContentID=48112
**62** Massachusetts Department of Public Health. (May 2014.) Trends in Same Sex Marriage and a Commitment to LGBTQ Health in Massachusetts. Retrieved from http://www.mass.gov/eohhs/docs/ dph/health-equity/lgbtq-fact-sheet.docx
**63** Institute of Medicine, *The health of lesbian, gay, bisexual, and transgender people.*
**64** Levin, *LGBT individuals not getting equal attention in research.*
**65** National Center for Transgender Equality. (2010). Preventing transgender suicide. Retrieved from http://transequality.org/PDFs/NCTE_Suicide_Prevention.pdf
**66** Institute of Medicine, *The health of lesbian, gay, bisexual, and transgender people.*
**67** Massachusetts Department of Public Health. *2011 Massachusetts youth risk behavior survey and youth health survey combined data***;** Massachusetts Youth Risk Behavior Survey, 2013.
**68** Centers for Disease Control and Prevention, *Youth risk behavior surveillance system.*
**69** Zanoni, B. C., & Mayer, K. H. (2014). The adolescent and young adult HIV cascade of care in the United States: Exaggerated health disparities. *AIDS patient care and STDs*, 28(3), 128-135. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/24601734.
**70** Massachusetts Department of Public Health. (2014.) Massachusetts HIV/AIDS Data Fact Sheet: The Massachusetts HIV/AIDS Epidemic at a Glance. Retrieved from http://www.mass.gov/eohhs/docs/ dph/aids/2014-profiles/epidemic-glance.pdf.
**71** Ibid.
**72** Massachusetts Department of Public Health. (2012). Shifting epidemics: HIV and Hepatitis C Infection among injection drug users in Massachusetts. http://www.mass.gov/eohhs/docs/dph/aids/shifting-epidemics-report.pdf
**73** Office of Adolescent Health and the Family and Youth Services Bureau. (2013.) LGB Youth: Challenges, Risks and Protective Factors. Retrieved from http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/ tip_sheets/lgb-youth-508.pdf
**74** Boehmer, U., Bowen, D., & Bauer G. (2007). Overweight and obesity in sexual minority women: evidence from population-based data. Am J Pub Health. 97, 1134-1140. Cited in Mayer, K., Bradford, J., Makadon, H., Stall, R., Goldhammer, H., Landers, S. (2008). Sexual and gender minority health: What we know and what needs to be done. Am J Public Health. 98, 989-995.
**75** Office of Minority Health. (October 11, 2013.) Obesity and African Americans. Retrieved from http://minorityhealth.hhs.gov/templates/content.aspx?ID=6456.
**76** Lee, J., Griffin, G., & Melvin, C. (2009). Tobacco use among sexual minorities in the USA, 1987 to May 2007: a systematic review. Tob Control. Aug 2009; 18(4):275-282.
**77** 7th ed., July 2012.

**78** New York City Health and Hospitals Corporation (HHC). (May 2011.) Press release: HHC Will Adopt Mandatory Cultural Competence Training for Staff to Improve the Health of Lesbian, Gay, Bisexual, Transgender New Yorkers. Retrieved from: http://www.nyc.gov/html/hhc/html/news/press-release-20110525-lgbt-training.shtml. The HHC curriculum includes a video, entitled "To Treat Me, You Have to Know Who I Am: Welcoming Lesbian, Gay, Bisexual and Transgender Patients into Healthcare," which is available on YouTube at https://www.youtube.com/watch?v=NUhvJgxgAac&feature=kp.
**79** Obedin-Maliver, J., Goldsmith, E. S., Stewart, L., White, W., Tran, E. & Lunn, M. R. (2011). Lesbian, gay, bisexual, and transgender-related content in undergraduate medical education. Journal of the American Medical Association, 306 , 971–977.
**80** Registry of Vital Records and Statistics. Certificate of Absolute Divorce or Annulment. Retrieved from http://www.mass.gov/courts/docs/forms/probate-and-family/r408.pdf.
**81** Massachusetts Housing and Shelter Alliance. Press Release: MHSA Launches Housing Program for LGBTQ Homeless Young Adults. Retrieved from thttp://www.mhsa.net/matriarch/documents/MHSA%20Launches%20 Housing%20Program%20for%20LGBTQ%20Homeless%20Young%20Adults%2011.7.13%281%29.pdf
**82** Obedin-Maliver, J., et al., Lesbian, gay, bisexual, and transgender-related content in undergraduate medical education.
**83** California bill no. AB 496. (February 20, 2013.) Retrieved from http://www.leginfo.ca.gov/pub/13-14/bill/asm/ab_0451-0500/ab_496_bill_20140625_amended_sen_v95.html.
**84** Baker, K. (2014.) Do ask, do tell: Collecting LGBT data in electronic health records. Center for American Progress. Retrieved from http://www.academyhealth.org/files/2014/sunday/baker.pdf
**85** Office for Refugees and Immigrants. (2012.) Mission Statement for ORI. Retrieved from http://www.mass.gov/eohhs/gov/departments/ori/
**86** Wong, T. and Valdivia. (2014.) "In Their Own Words: A Nationwide Survey of Undocumented Millennials" Washington and New York: United We Dream Network and Unbound Philanthropy. Retrieved from http:// unitedwedream.org/wp-content/uploads/2014/05/ Undocumented-Millennials-Survey-Summary.pdf
**87** Luibhéid, E., and Cantú., L (2005.) Queer Migrations: Sexuality, U.S. Citizenship, and Border Crossings. Minneapolis: U of Minnesota, 34.
**88** Ibid.
**89** The literal translation of notario is notary public. In Latin American countries a notario is someone who has acquired a legal degree. There have been many cases where notarios have taken advantage of people and have offered fraudulent legal advice.
**90** Heartland Alliance. (2011). "Rainbow Welcome Initiative: An Assessment and Recommendations Report on LGBT Refugee Resettlement in the United States." Retrieved from http://www.rainbowwelcome.org/uploads/pdfs/ORR%20Report%20MASTER%20COPY_01.2012.pdf.
**91** Organization for Refuge, Asylum and Migration. (June 2012.) Opening Doors: A Global Survey of NGO Attitudes Towards LGBTI Refugees & Asylum Seekers. Retrieved from http://www.oraminternational.org/images/stories/ Publications/oram-opening-doors.pdf
**92** Gates, G.J. (February 2014.) LGBT People Are Disproportionately Food Insecure. The Williams Institute. Retrieved from http://williamsinstitute.law.ucla.edu/research/health-and-hiv-aids/lgbt-people-are-disproportionately-food-insecure/
**93** Majd K, Marksamer J, & Reyes C. (2009). Hidden injustice: Lesbian, gay, bisexual and transgender youth in juvenile courts. Washington, DC: Legal Services for Children, National Juvenile Defender Center, and National Center for Lesbian Rights. http://www.equityproject.org/pdfs/hidden_injustice.pdf. Accessed June 29, 2014.

**94** Ibid.
**95** Massachusetts Department of Elementary and Secondary Education, "Massachusetts High School Students and Sexual Orientation, Results of the 2013 Youth Risk Behavior Survey," Malden, Massachusetts, 2013.
**96** Ibid.
**97** Ibid.
**98** Himmelstein K and Brickner H. *Criminal-Justice and School Sanctions Against Nonheterosexual Youth: A National Longitudinal Study.*
**99** Ibid.
**100** Ibid.
**101** Majd (2009) op.cit.
**102** Ibid.
**103** Ibid.
**104** Beck AJ, Cantor D, Hartge J, and Smith T. (2013.) Sexual Victimization in Juvenile Facilities Reported by Youth, 2012. Bureau of Justice Statistics. Retrieved from http://www.bjs.gov/content/pub/pdf/svjfry12.pdf.
**105** Beck A, Harrison P, & Guerino P. (2010.) Bureau of Justice Statistics Special Report: Sexual victimization in juvenile facilities reported by youth, 2008-09. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved from http://bjs.ojp.usdoj.gov/content/pub/pdf/svjfry09.pdf.
**106** Palmer, N. A., Kosciw, J. G., & Bartkiewicz, M. J. (2012). Strengths and Silences: The Experiences of Lesbian, Gay, Bisexual and Transgender Students in Rural and Small Town Schools. Gay, Lesbian & Straight Education Network. Retrieved from http://glsen.org/sites/default/files/Strengths%20%26%20Silences.pdf
**107** Youth Way on the MBTA. (June 2011.) OpportuniT: Youth riders, the affordability crisis, and the Youth Pass solution. Retrieved from http://youthwayonthembta.org/wp-content/uploads/2010/12/ OpportuniT-Youth-riders-the-affordability-crisis-and-the-Youth-Pass-solution.pdf
**108** Public Library Share of the FY2012 Massachusetts Municipal Pie. Massachusetts Board of Library Commissioners Public Library Data. Retrieved from http://mblc.state.ma.us/advisory/statistics/public/repmunicpie/mp_pie_chart.pdf
**109** Massachusetts Public Libraries: Library Services for FY2013. Massachusetts Board of Library Commissioners Public Library Data. Retrieved from http://www.countingopinions.com/pireports/report.php?065e92826db36d13a00ea45573a38db2
**110** Rainbow Project Book List. American Library Association. Retrieved from http://www.ala.org/awardsgrants/rainbow-project-book-list
**111** American Library Association Gay, Lesbian, Bisexual and Transgender Round Table (GLBTRT). Retrieved from http://www.ala.org/glbtrt/
**112** Federal Communications Commission. (2014.) Guide: Children's Internet Protection Act. Retrieved from http://www.fcc.gov/guides/childrens-internet-protection-act.
**113** Statement on Library Use of Filtering Software. American Library Association. Retrieved from http://www.ala.org/Template.cfm?Section=IF_Resolutions&Template=/Content Management/ContentDisplay.cfm&ContentID=13090.
**114** Internet Filtering Checklist. Gay & Lesbian Advocates & Defenders. Retrieved from https://www.glad.org/uploads/docs/publications/internet-filtering-checklist-parents.pdf
**115** Center for American Progress, Percent of Homeless or At-Risk Youth Are Gay or Transgender.

**116** Goodenow, C. (2013.) Homeless Sexual Minority Youth: What Are the Consequences?

**117** Goodenow, *Prevention Needs.*

**118** We recognize, however, that case law in Massachusetts has interpreted discrimination by sex or gender to extend to gender identity as well. See Barusch, M. and Reuben, C.E. (2012.) Transgender Equal Rights In Massachusetts: Likely Broader Than You Think. Boston Bar Journal. Retrieved from http://www.bostonbar.org/pub/bbj/bbj_online/bbj1112/spring2012/Heads-Up-Reuben.pdf

**119** Dank, M., Lachman, P., Zweig, J.M. & Yahner, J. 2013. Dating Violence Experiences of Lesbian, Gay, Bisexual, and Transgender Youth. J Youth Adolesc. doi: 10.1007/s10964-013-9975-8

**120** Goodenow, *Homeless and sexual minority youth.*

**121** Ryan, C., Huebner, D., Diaz, R., & Sanchez, J. 2009. Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults. Pediatrics 123, 346-352.

**122** Gay & Lesbian Advocates & Defenders. (2014). Gender Identity Non-Discrimination Model Policy for Homeless Shelters. Retrieved from http://www.glad.org/uploads/docs/publications/shelter-gi-nondiscrimination-model-policy.pdf

**123** Massachusetts Transgender Political Coalition Policy Committee. (December 2013.) Shelter for All Genders: Best Practices for Homeless Shelters, Services, and Programs in Massachusetts in Serving Transgender Adults and Gender Non-Conforming Guests. Retrieved from http://www.masstpc.org/wp-content/uploads/2012/10/Shelter-for-all-Genders.pdf

**124** Movement Advancement Project. (2013). *A Broken Bargain for LGBT Workers of Color.* Retrieved from http://www.lgbtmap.org/file/a-broken-bargain-for-lgbt-workers-of-color.pdf

**125** New York State Department of Labor. (September 24, 2014.) Press Release: State Labor Commissioner Rivera Announces Annual Career Fair for LGBT Youth. Retrieved from http://www.labor.ny.gov/pressreleases/2014/ september-24-2014.shtm. See also State Labor Department Announces At-Risk LGBTQ Youth Employment Initiative. Retrieved from http://labor.ny.gov/pressreleases/2013/june-4-2013.shtm.