

THE COMMONWEALTH OF MASSACHUSETTS
COMMISSION ON LESBIAN, GAY, BISEXUAL, AND
TRANSGENDER YOUTH

ANNUAL POLICY
RECOMMENDATIONS
FY2014



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TABLE OF CONTENTS

LETTER FROM THE EXECUTIVE COMMITTEE 4

INTRODUCTION 5

RECOMMENDATIONS 10

 1. Health & Human Services Recommendations..... 12

 Department of Children and Families..... 13

 Department of Public Health 18

 Department of Transitional Assistance..... 21

 Department of Youth Services..... 23

 2. Education Recommendations..... 25

 Department of Elementary and Secondary Education 26

 Department of Early Education and Care 31

 Department of Higher Education 33

 3. Recommendations to the Great and General Court 35

APPENDIX..... 37

REFERENCES 39

LETTER FROM THE EXECUTIVE COMMITTEE

The Massachusetts Commission on Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth is established by state law as an independent agency of the Commonwealth. The purpose of the Commission is to make recommendations to all branches of state government and advocate for the adoption of policies, programs, and resources that will enable LGBT youth to thrive. Widespread social, economic, and health disparities are endemic to LGBT youth populations in the Commonwealth, in comparison to their non-LGBT peers. Further, significant disparities within LGBT youth populations differentially impact transgender youth and youth of color. Pervasive and longstanding inequalities motivate the Commission's work, and must be addressed in every state agency and the General Court to ensure that we live in a Massachusetts where LGBT youth can reach their full potential.

This document contains annual policy and program recommendations intended for the Great and General Court and executive agencies in the arenas of Health and Human Services and Education. The Commission will continue to strengthen our relationships to state agencies, and to work collaboratively to enact positive changes for the health, safety, and success of LGBT youth in our schools, families, and communities.

The Commission's FY2014 recommendations focus on three themes: access to services; training and education; and development of policies and practice guidance that will assist agencies in complying with *An Act Relative to Gender Identity* and all anti-discrimination laws applying to youth. We reference models provided by other states and national organizations to inspire our work in Massachusetts. In Governor Deval Patrick and his Administration, we have a true ally and partner in bridging LGBT youth disparities. The Legislature likewise supports both the spirit and substance of the Commission's work, and we continue to be encouraged by partnership with members of the LGBT Caucus and the Black and Latino Caucus in the legislature, the Senate President, and the Speaker of the House, as well as Attorney General Martha Coakley, Treasurer Steve Grossman, and Auditor Suzanne Bump.

In this year's recommendations, we have much to celebrate, with still more work to do. Our advocates in the Legislature, including their dedicated staff, have made the work of the Commission possible. Under the direction of The Executive Office of Health and Human Services (EOHHS) Undersecretary Marilyn Anderson Chase, we have advanced a fruitful partnership with Children, Youth and Families (CYF) Cluster agencies. We are particularly grateful to outgoing Commissioner John Auerbach and the Department of Public Health (DPH) for providing vital administrative support to the Commission, and we will continue to support the development of cultural competency programs for providers working under DPH and DPH funded programs. We also extend our gratitude to Department of Children and Families (DCF) Commissioner Angelo McClain for supporting the LGBT liaisons within DCF and for establishing agency liaisons with the Commission. We would like to recognize Department of Youth Services (DYS) Commissioner Ed Dolan for his commitment to cultural competency trainings for all workers, and to Department of Transitional Assistance (DTA) Commissioner Dan Curley for coordinating a working group of CYF Cluster agencies to expedite the adoption of our policy and program recommendations.

We are pleased to begin working for the first time with the Department of Early Education and Care (EEC). By partnering with Commissioner Sherri Killins and her staff, we hope to bring contracting organizations into compliance with state anti-discrimination laws. Our relationship with the Department of Elementary and Secondary Education (DESE) continues to grow, and we thank Commissioner Mitchell Chester and the DESE General Counsel's Office for acting quickly to change regulations and policy to be in compliance with *An Act Relative to Gender Identity* and other state anti-discrimination laws. We look forward to the revitalization of the Safe Schools Program, as well as professional development and technical assistance around *An Act Relative to Bullying in Schools* and *An Act Relative to Gender Identity*.

The Great and General Court, executive agencies within the Commonwealth, and the Commission must work together to secure resources, address institutionalized inequalities that differentially impact LGBT youth populations, and support a culture in Massachusetts where LGBT youth have the tools they need to succeed.

As in the past, budgetary, institutional, and other challenges can be overcome. We look forward to seeing the fruits of our collaborative efforts as they impact individual youth residing in the Commonwealth. We are eager to work together to maintain and expand the role of Massachusetts as a national model for positive LGBT youth work, providing the infrastructure so that youth in our state not only survive, but thrive.

Sincerely,

Julian Cyr, Chair
Erika J. Rickard and Alexis Yioulos, Vice Chairs
The Massachusetts Commission on LGBT Youth

INTRODUCTION

The General Court created 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). The Commission has since adjusted its name to more fully reflect the youth it serves, and as of 2012 is the Commission on Lesbian, Gay, Bisexual and Transgender Youth. Up to 50 members may be appointed to the Commission. Commissioners, representing twelve key Public Education, Public Health, and LGBT organizations and fourteen state regions, are inducted for two-year terms. The Commission's leadership includes a Chair, Vice Chair(s), and an Executive Committee. The Executive Committee meets monthly, and all Commissioners meet as a full body six times per year and monthly in functional teams.

The Commission is committed to the elimination of disparities in access to services and in service outcomes for LGBT youth populations in all life arenas, including physical and mental health, education, social services, housing, and employment. Information from providers who serve LGBT populations, from LGBT youth themselves, and from state and national surveillance data indicates that LGBT youth are a vulnerable population, with transgender youth and youth of color most heavily affected (Consolación, Russell, & Sue, 2004; Garofalo, DeLeon, Osmer, Doll, & Harper, 2006; Harper, Jernewall, & Zea, 2004; McCready, 2004; O'Donnell, O'Donnell, Wardlaw, & Stueve, 2004).

The recommendations for FY2014 set forth in this publication are intended to help make Massachusetts state agencies aware of and responsive to the needs of LGBT youth populations in the Commonwealth. The Commission is committed to working with state agencies to assist in the implementation of these recommendations, and intends to monitor and report on progress made toward their implementation.

Defining Terms and Target Populations

Lesbian, Gay, Bisexual and Transgender (LGBT) Youth

The acronym "LGBT" is intended to represent all sexual minority and transgender/gender non-conforming youth.

- **Sexual Minority Youth:** Sexual minority youth consist 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.
- **Gender Identity Minority, Transgender, and Gender-Nonconforming Youth:** Transgender is an umbrella term that includes youth who transition (or aspire to transition) from one gender to another, and/or gender non-conforming youth – defined as youth who defy social expectations of how they should look, act, or identify based on the gender associated with their birth sex. This includes a range of people, including: male-

to-female (MTF) or female-to-male (FTM) transgender/transsexual youth, as well as youth whose *gender identity* (how they identify their own gender) or *expression* (how they express their gender identity) differs from conventional expectations of masculinity or femininity (Massachusetts Transgender Political Coalition, 2007).

When discussing lesbian, gay, bisexual, or transgender (LGBT) 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 “commonsense” or prevailing definitions of lesbian, gay, bisexual, or transgender (Silenzio, 2003, 867-871). 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. When using the signifier LGB, the Commission intends to refer to all of these youth, not just sexual identity or behavior per se. This also includes youth who may not have a fully developed sexual identity. In some cases, LGB is intentionally used to refer to sexual minority youth exclusively; for example, when statistics are not available for transgender/gender non-conforming youth.

Questioning youth are also included in the LGBT definition. Defining and measuring LGB youth populations can be difficult, with most instruments relying on sexual identity, sexual orientation, sexual behavior, or a combination of the three (Robin, Brener, Donahue, Hack & Goodenow, 2002; Austin, Conron, Patel, & Freedner, 2007). While the Commission urges the continued use of the term “LGBT”, it recognizes that this term should not be read to suggest only youth/students *identifying* as LGBT, but *also include youth/students who would be represented by broader measures* such as orientation, same-sex sexual behavior, or nontraditional gender presentation. We believe that a broader understanding of these terms takes into account the complexity of sexual and gender identity development and allows for more culturally specific descriptions of populations than a reliance on identity alone (Rosario, Schrimshaw, & Hunter, 2008; Rosario, Schrimshaw, & Hunter, 2004; Harper et al., 2004).

Terms and Definitions Regarding Priority Populations

While there are documented health disparities and other forms of inequality associated with LGBT youth populations in general, the Commission recognizes within-group differences that necessitate targeted attention to specific sub-groups. LGB youth of color and transgender/gender non-conforming youth of all racial and ethnic backgrounds are at disproportionate risk of experiencing violence and negative health outcomes, yet face additional barriers to engaging with state agencies and accessing culturally-competent services. Thus, LGB youth of color and all transgender/gender non-conforming youth are considered priority populations by the Commission.

Youth of Color

The Commission defines youth of color broadly, to include those groups that have specific and longstanding relationships with systems of racial or ethnic-based oppression, exploitation, and/or marginalization in the United States. Included in this population are both youth of color (e.g. non-white youth) as well as white-Hispanic youth and/or youth from other minority ethnic or cultural backgrounds that position them for experiences of racist or classist oppression.

Transgender/Gender Nonconforming Youth

Refer to the previous section for the Commission’s definitions of “transgender” and “gender nonconformity”

The Commission recommends the consistent use of as broad a definition of transgender as practicable. Gender norms are complexly influenced by broader cultural norms and those cultural norms affect self perception and perception by others. Additionally, transgender is a relatively new and rapidly evolving term, with no set standards for social science measurements and survey instruments as of yet. Because of these factors, we recommend the inclusion of both identity (e.g. identifying or self-labeling as transgender, transsexual, MTF, FTM, genderqueer, or gender nonconforming) as well as behavioral measures (gender presentation and/or expression) when accounting for and/or addressing the needs of this population. Such an inclusive definition is, for instance, needed to ensure that professionals interact with these youth in an appropriate manner and provide appropriate care. *An Act Relative to Gender Identity*, which went into effect in Massachusetts on July 1, 2012, defines gender identity as a person’s gender-related identity, appearance or behavior, whether or not that gender-related identity, appearance or behavior is different from that traditionally associated with the person’s physiology or assigned sex at birth.

Disparities

The Commonwealth of Massachusetts was among the first states to analyze statewide health and risk behavior assessments on sexual-minority youth via the biennial Youth Risk Behavior Survey (YRBS), which is primarily responsible for monitoring youth behaviors that contribute to mortality and morbidity (Centers for Disease Control and Prevention, 2011). This survey does not include any questions on gender identity, so we do not have data for transgender youth.

Suicide and suicidal ideation continue to be an alarming concern afflicting LGBT youth. When compared with other youth, four times as many sexual-minority youth have attempted suicide in the past 12 months that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (8.4 percent vs. 2.0 percent), according to the Department of Elementary and Secondary Education (Goodenow, 2011). Suicidal ideation and suicide attempts among the LGB population have been consistently reported at much higher rates than heterosexual youth, and despite our awareness of this disparity, it continues to grow. In 2011, 34.1 percent of LGB youth compared to 4.5 percent of non-LGB youth reported a suicide attempt in the past year alone (Goodenow, 2011). The Commission supports programs like the national Trevor Project that provide a lifeline to youth in need. We also support the American Foundation for Suicide Prevention’s national recommendations (Haas et al., 2010), and urge the speedy inclusion of a focus on LGBT youth in any statewide strategy for suicide prevention.

The 2011 Massachusetts YRBS (MYRBS) and the 2011 Massachusetts Youth Health Survey (YHS) document several health disparities experienced by sexual-minority youth when compared with other youth in the state. For example, nearly four times as many sexual-minority youth report experiencing dating violence at some time in their lives, when compared with other youth (36.1 percent and 9.5 percent, respectively) (Massachusetts Department of Public Health,

2012b). Additionally, sexual minority students are more likely to engage in risk behaviors such as illicit drug and alcohol use. Combined data from the state's 2011 YHS and YRBS surveys indicates that 83.3 percent of LGB students reported lifetime alcohol use, compared to 67.3 percent of other youth, and 63.3 percent of LGB students reported having smoked a cigarette, compared to only 34.8 percent of heterosexual students (Massachusetts Department of Public Health, 2012a).

Homelessness disproportionately affects sexual-minority youth. In Massachusetts, 33.4 percent of homeless youth identified as LGB or were unsure of their sexual orientation (Corliss, Goodenow, Nichols, & Austin, 2011). Furthermore, homeless sexual-minority youth are at greater risk than their heterosexual counterparts for negative health outcomes and risk behaviors, including mental health issues (Cochran, Stewart, Ginzler, & Cauce, 2002; Van Leeuwen et al., 2006; Gangamma, Slesnick, Toviessi, & Serovich, 2008) and engagement in risky sexual behavior (Marshal, Friedman, Stall, & Thompson, 2009; Kipke et al., 2007).

RECOMMENDATIONS

For the first time since its inception 20 years ago, the Commission held Public Hearings for youth and adults across the Commonwealth to share their experiences and help us to understand what is and is not working for LGBT youth. The hearings were held on June 20 and 21, 2012, in Boston and Holyoke. Several themes emerged from those hearings. In conjunction with empirical data and evidence-based policies already in effect in other states and/or on the national level, we have used this information to inform the development of the following recommendations that apply across multiple state agencies:

- **Access:** Funding and support for programs that target LGBT youth remains crucial for youth to be able to access the services and resources they need. Both LGBT youth and the adults who work with them reported that youth face barriers to accessing services, including feeling unwelcome in agency offices. This was particularly significant among youth of color and transgender youth.
- **Training:** From schools to foster care to health care, youth and their allies report a need for increased LGBT cultural competency among state employees and contracting agencies. All Executive Office of Health and Human Services (EOHHS) and Executive Office of Education (EOE) agencies would benefit from regular and consistent training and education around LGBT youth populations and issues within their respective service areas. We recommend collaboration with experts to develop and execute these trainings.
- **Anti-discrimination policies and guidance:** Access and education are improved by ensuring there is a grievance process in place or another type of redress that clients have if they are not served appropriately. We recommend developing stronger guidance, model policies, and best practices for working with LGBT youth throughout the Commonwealth, and have provided examples from the federal government and other states where available.

In addition to these general themes, the Commission notes the following specific priorities:

- **Implementing An Act Relative to Gender Identity, *in word and in spirit*:** *An Act Relative to Gender Identity* took effect on July 1, 2012. We recommend that all agencies expand their individual anti-discrimination policies to include gender identity as defined by the statute. This would ensure compliance with the law and Governor Deval Patrick's 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.

- ***Collecting data:*** Data should be gathered in all settings on sexual orientation, gender identity, and (where relevant) sexual behavior. This information is necessary to better target programming to LGBT youth, and would provide the foundational knowledge needed to conduct assessments of the efficacy of LGBT-related policies and programming.
- ***Recognizing intersections:*** LGBT youth live in all parts of the Commonwealth. They are urban and rural, of all races, physical and mental abilities, nationalities, socio-economic backgrounds, religious backgrounds, and families. Recognizing the diverse needs of LGBT youth who experience intersecting forms of inequality and disparities is essential to ensuring that all LGBT youth thrive. We therefore recommend the adoption of these recommendations in all communities, in all parts of the Commonwealth.

1. HEALTH & HUMAN SERVICES RECOMMENDATIONS

Members of the Commission are excited to expand working relationships with EOHHS agencies through collaboration with Secretary JudyAnn Bigby, Undersecretary Chase, DTA Commissioner Curley, the incoming DPH Commissioner, DCF Commissioner McClain, and DYS Commissioner Dolan. Since the public hearings, we have begun to meet with all EOHHS agencies in the CYF Cluster, through our Commission liaisons to state agencies and a working group under the direction of Undersecretary Chase and Commissioner Curley.

Across all EOHHS agencies, we recommend implementing the following changes along the following themes:

Access: We recommend improving access to services by offering a “rights and responsibilities” or “what to expect” brochure, and by displaying recognizable symbols of support (such as LGBT-affirming posters, stickers, and informational materials). Steps such as these will contribute to an environment where LGBT young people feel safe and welcome.

Training: All EOHHS agencies would benefit from regular and consistent training and education on LGBT youth populations within their respective service areas.

Anti-discrimination policies and guidance: We recommend that all agencies expand their individual anti-discrimination policies to include gender identity as defined by state statute, and to think broadly about how to ensure that youth in contact with agencies are protected from discrimination at all levels.

DEPARTMENT OF CHILDREN AND FAMILIES (DCF)

DCF provides an intricate network of services that support the healthy development of children and youth in the Commonwealth. The Commission applauds the work of DCF's LGBT¹ liaisons for their efforts to foster a safe environment for LGBT youth seeking and receiving services from DCF. However, persistent, systemic issues have prevented LGBT youth in the Commonwealth from receiving appropriate and much-needed services from DCF. We recommend that future Diversity Plans and Strategic Plans incorporate the recommended changes to access, training, and policies as they impact LGBT youth that interact with DCF, whether in DCF care or custody, or in intact families.

DCF Recommendations:

1. Improve access to safe homes by identifying and developing LGBT-friendly foster placements, hotline homes, and residential facilities.
2. Increase access to safe homes for youth aging out of care by re-establishing independent living programs, and by identifying LGBT-friendly shelters.
3. Provide training programs for all workers and supervisors on the issues that affect LGBT youth and adults.
4. Provide practice guidance on family assessments and working with openly LGBT youth clients.
5. Provide specific practice guidance on working with transgender youth and adults.

Background

The coming out process itself can cause emotional stress to the family and the young person, which can result in the voluntary or involuntary premature departure from home. These types of situations are not unique to LGBT youth, but LGBT youth are disproportionately affected by homelessness, involvement with the foster care system, or living in unstable or unsafe alternate housing situations. Further, certain protective factors associated with resiliency among racial/ethnic minority groups may be lacking among sexual and gender minority youth, because “in contrast to other minorities in which the adolescent has the same minority status as his or her parents, the LGBT adolescent may also have to deal with parents who reject their offspring because of their child’s sexual orientation” (Levin, 2011, 18).

Nationally, there are over 500,000 youth in the foster care system and an estimated five to ten percent identify as lesbian, gay, bisexual or transgender (U.S. Department of Health and Human Services, 2009; Marksamer, 2006). From a national sample, approximately 50 percent of LGBT

¹ DCF liaisons refer to themselves as BGLTQ liaisons. We use the term LGBT for consistency.

youth reported receiving negative reactions upon coming out to their families, and 26 percent reported being physically kicked out by a member of their family (Ray, 2006). A recent study of high school students in Massachusetts reflects these national statistics (Corliss et al., 2011). According to this study, 25 percent of lesbian and gay teens and 15 percent of bisexual teens are homeless, compared to only three percent of straight teens (Corliss et al., 2011). According to another study, 42 percent of all homeless youth are LGBT (Bridges, 2007). That same study reveals that LGBT youth of color are particularly at risk, with 65 percent of homeless individuals identifying as a racial minority (Bridges, 2007).

LGBT youth not only experience “alarming rates of behavioral and social problems [but] service use among these youth is disproportionately low,” suggesting the likelihood that decreased service accessibility is a causal factor in service underutilization (Acevedo-Polakovich, Bell, Gamache, & Christian, 2011, 1). This theme is reflected in the public hearing testimony specific to DCF-related issues such as housing and homelessness – as well as inappropriate or inadequate service provision that for some results in reluctance to seek services in the future.

The lack of training, skill-development and knowledge needed, both to identify LGBT youth and to provide adequate services, persists as a systemic issue that compromises DCF service provision. Coupled with a limited number of LGBT-friendly out-of-home placements, failure to collect data about LGBT youth involved with DCF has resulted in significant gaps in services that disproportionately impact LGBT youth.

Testimony from the Hearings

“I was kicked out of my home, abused, and neglected for being bisexual. I was put in foster care shortly after my mom got arrested for abusing me. My foster care journey was not easy. . . Kids like us need more support when they’re homeless and when they have been in foster care. I would like to see more social workers who are supportive with GLBT youth.” – Lyanne

“When you’re a homeless GLBT youth, there’s not a lot of safety nets. . . A lot of people think that it’s better to go to a shelter than to stay under a bridge and be on the streets, but in actuality it’s not. They will help other clients target you, then turn their backs, turn a blind eye. It’s really ridiculous.” – Diamond

“It often felt like they were subtly saying to me that they cared but that they would care more if I didn’t sleep with men.” – Anonymous youth, testimony read by Mandy Lussier

An additional story shared by Mandy Lussier of Youth on Fire at AIDS Action Committee further demonstrated the ways in which shelters can be unsafe for LGBT youth. For instance, she shared a story about a young couple forced to leave a women’s shelter when another client “outed” them as being in a same-sex relationship, saying, “The two young women had been sleeping in the same room since their arrival, but after they were outed they had to occupy separate rooms and could not be in the bathroom together, even though all the other women used it at once. After being caught hugging, they were suspended from the shelter for two weeks. They talked about wanting to file suit against the shelter but decided not to because they had no other place to go. They were so worried about being retaliated against that they did not even file

a complaint. They accepted their two week suspensions, during which they stayed outside, and went back to that shelter.”

Gay & Lesbian Advocates & Defenders (GLAD) reports receiving calls from youth about their negative experiences in foster care on a regular basis: “Just today [June 20, 2012], a youth in DCF was told that she could not wear a t-shirt that had a rainbow on it because that means lesbian or gay. We’ve also been involved with DCF caseworkers who’ve done pinky swears with kids in their care to get them to promise that they won’t be gay, that they will try to be straight. Otherwise, they won’t get into heaven. These are not isolated incidents.”

– Vickie Henry, GLAD Senior Staff Attorney

Expanded Recommendations

Access

1. **Improve access to safe homes by identifying LGBT-friendly foster placements, hotline homes, and residential facilities.** LGBT young people, both over and under the age of 18, need safe housing. Homelessness continues to be a major problem for LGBT youth, who are disproportionately represented among homeless populations. In addition, lack of safe homes for LGBT youth has led to the placement of youth in homes with a higher level of care than necessary, as well as greater numbers of disruptions of foster placements. What these youth need first and foremost is a stable living situation, both when they are in DCF care and when they age out of care.

The Commission recommends that each area office within the DCF system identify homes that would be welcoming and affirming to adolescents and children regardless of sexual orientation and gender identity or expression, in particular:

- A minimum of two foster placements in each area office
- A minimum of ten ‘hotline home’ placements in each of the four regions, preferably in the form of a distinct ‘LGBT Hotline.’

Identification and tracking of safe homes requires that family resource workers raise the question as part of the home study process for new foster families, and as part of the re-licensing process for continuing foster families.

Foster families who identify themselves as accepting homes may not necessarily be equipped to do so. An additional approach for identifying LGBT-friendly foster families is to offer voluntary trainings on caring for LGBT youth, and to provide a modest stipend for those trainings. Those who have chosen to attend, who have received training, and who continue to self-identify as accepting homes for LGBT youth are more likely to have successful placements.

In addition, we ask that DCF ensure that its contracting agencies adhere to the same non-discrimination principles as the Department itself.

2. **Increase access to safe homes for youth aging out of care by re-establishing independent living programs, and by identifying LGBT-friendly shelters.** LGBT youth who age out of care too often find themselves without safe places to live. The Commission recommends revitalizing the independent living programs that were once funded, as a long-term goal in the overall strategic plan. In the short term, we urge DCF to collaborate with both EEC and community-based organizations that serve LGBT youth and/or serve homeless and low income LGBT youth to create safe spaces for homeless and marginally housed LGBT young people. Community-based organizations can provide insight into particular communities and populations within the Commonwealth, and we urge DCF and other organizations to consider youth of color and transgender youth as top priorities in the need for safe homes.

Training

3. **Provide training programs for all workers and supervisors on the issues that affect LGBT youth and adults.** 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.” DCF engaged in a Department-wide training on sexual orientation cultural competency in 2004, thanks to an outside grant. To date, there has been no re-creation of that training. LGBT liaisons have taken it upon themselves to seek out training from organizations such as Adoption & Foster Care Mentoring and the Massachusetts Transgender Political Coalition (MTPC), and to revise the foster parent training curriculum (Massachusetts Approach to Partnerships in Parenting, or MAPP). Many case workers, foster parents, and supervisors outside of the self-identified liaisons, however, have never been trained on the needs of LGBT youth in their care. We note that DCF is eligible, as a Title IV-E agency, to access resources from the federal government to provide training for caseworkers on LGBT competency.

We encourage DCF to follow [federal guidelines](#) on training and resource availability for DCF staff. We also recommend the training curriculum provided in [Moving the Margins: Training Curriculum for Child Welfare Services with LGBTQ Youth in Out-of-Home Care](#), created in 2009 by Lambda Legal and the National Association of Social Workers. We urge DCF to integrate LGBT competency training in its continuing education programs for social workers, as well as its new supervisor training and learning circles.

We note that the organization Health Imperatives has received a grant from DPH to provide LGBT cultural competency trainings to state agencies, and has already begun to work with DYS on a tailored training curriculum that has been well-received. We urge DCF to consider working with Health Imperatives as well. In addition, we recommend reducing the caseload for frontline workers who contribute to DCF as LGBT liaisons. DCF liaisons make a tremendous difference, not only in their respective area offices, but also for the Department as a whole. According to the Liaisons Roles and Responsibilities, DCF liaisons are responsible for educating their respective offices about the LGBT resources in their area, participate in area Diversity Leadership Teams, maintain physical resources for their offices, and educate new workers about LGBT issues during On the Job Trainings. We recommend that active liaisons who participate in training their co-workers receive a reduction in their

caseload. Even reducing a caseload by one would make a significant impact in the amount of time that liaisons can devote to internal trainings and education efforts. For supervisors, a reduction in caseload may not be possible – accordingly, we recommend a monthly stipend, similar to the stipend that bilingual workers receive for their additional work and expertise.

[Please see EEC recommendation #3 on partnership between DCF and EEC.]

Policies and Guidance

4. **Provide practice guidance on family assessments and working with openly LGBT youth clients.** Family abuse is a serious issue in situations that involve LGBT youth. Results from the *National Homeless Youth Provider Survey* found that family rejection was the most cited factor contributing to youth homelessness (68 percent), and more than half of the respondents (54 percent) also cited abuse in the family (Durso & Gates, 2012). The federal Administration for Children and Families supports the recommendations made by Lambda Legal in 2012, which include performing family assessments that promote an understanding of the effects of family rejection and acceptance on the well-being of LGBT youth. The California-based Family Acceptance Project also has an assessment tool that may be useful. Caitlyn Ryan of the Family Acceptance Project came to Massachusetts at the end of October 2012 in a collaborative effort between Parents, Families, and Friends of Lesbians and Gays (PFLAG) and DCF to provide training on pastoral care for LGBT youth, and we look forward to continued collaboration to seek out intervention strategies that would improve family acceptance of LGBT youth.

We also recommend building LGBT acceptance assessments into the protocols for family assessments. We encourage building relationships with community organizations to create in-home counseling teams that specialize in working on LGBT identities and family acceptance models. Toward that end, the Commission is eager to work with DCF in seeking grant funding to establish such a project.

The Commission recommends improving access to family-based services by implementing procedures such as those used by the New York City [Administration for Children's Services](#), which were implemented in 2011.

5. **Provide practice guidance on working with transgender youth and adults.** More than 75 percent of the agencies participating in the *National Homeless Youth Provider Survey* reported working with transgender youth within the past year (Durso & Gates, 2012). Full implementation of the new law *An Act Relative to Gender Identity* requires some critical thinking about changes to practices and protocols that would ensure that the Department is meeting the needs of transgender youth in its care.

I am proud of the youth in this community who are willing to be as open as they are about who they are, and I think we owe it to them to ensure that they have the safety they need.

– Jennifer Levi, GLAD

DEPARTMENT OF PUBLIC HEALTH (DPH)

We are grateful to DPH for maintenance funding for the programs it sponsors and for its commitment to stand by LGBT youth. We also thank DPH for providing vital administrative support to the Commission. We are pleased to report that DPH has added a question about gender identity to its Youth Health Survey, which will provide a much-needed data point for future work in the Commonwealth.

DPH Recommendations:

1. Support Suicide Prevention resources, and evaluate whether these services are effectively reaching transgender and gender-nonconforming youth.
2. Provide support for youth organizations that work with LGBT youth in western Massachusetts.
3. Develop and implement evidence-based strategies for addressing health disparities for sexual and gender identity minority youth, particularly sexual and gender identity minority youth of color.
4. Provide ongoing training and technical assistance to state-funded providers about sexual orientation, gender identity and serving transgender, lesbian, gay, and bisexual youth.
5. Provide pamphlets and other print resources through the Safe Spaces program.

Background

The Institute of Medicine (IOM) recently released “The Health of Lesbian, Gay, Bisexual and Transgender (LGBT) People: Building a Foundation for Better Understanding” (2011), which reported on the mental and physical health of LGBT populations, with a chapter devoted to LGBT youth. The report begins by noting, “LGBT youth are typically well adjusted and mentally healthy,” yet consistently research has been found that LGB youth are at increased risk for suicidal ideation and attempts as well as depressive symptoms in comparison to their heterosexual counterparts (2011, 4-6). Other research suggests LGBT youth are at higher risk for mental illnesses such as depression or suicidality due to factors such as antigay victimization, stigma, and family rejection (Levin 2011, 17).

Patterns for physical health suggest a similar trend—that generally LGBT youth exhibit good physical health, although disparities do exist for sexual minority (and likely transgender) populations as compared to non-LGBT counterparts (Institute of Medicine, 2011). This report identifies a number of risk factors that disproportionately affect the health of LGBT youth, such as harassment, victimization and violence; substance abuse; homelessness; and child abuse (Institute of Medicine, 2011).

The Centers for Disease Control (CDC) released a report assessing the health-risk behaviors of students in grades 9-12 based on Youth Risk Behavior Surveillance System (YRBS) data from 2001-2009, collected by the seven states and six large urban school districts including a question about sexual identity or behavior (CDC, 2011). According to this report, in seven out of the ten health risk categories (operationalized by a total of 76 variables) the percentage of all health risks for which the prevalence was higher for sexual minority students (versus heterosexual students) ranged from 49 percent to 90 percent. The seven categories for which sexual minority students had higher prevalence rates included: (1) behaviors that contribute to violence (e.g., did not go to school because of safety concerns); (2) behaviors that relate to attempted suicide (e.g., made a suicide plan); (3) tobacco use (e.g., ever smoked cigarettes); (4) alcohol use (e.g., binge drinking); (5) other drug use (e.g. current marijuana use); (6) sexual behaviors; and (7) weight management.

Expanded Recommendations

Access

1. **Continue to support the dissemination of the Suicide Prevention resources [currently available](#), particularly those targeting transgender and gender-nonconforming youth.** The most recent MYRBS data shows that LGB youth are seven times more likely to have attempted suicide than their non-LGBT peers (Goodenow, 2011). Among transgender youth, the disproportionality is still more drastic. Approximately 41 percent of transgender people and 47 percent of transgender people of color report having attempted suicide, compared to 1.6 percent of the general population (National Center for Transgender Equality, 2010). The Suicide Prevention resources currently available are crucial to the lives and safety of LGBT youth. We encourage DPH to ensure that all programs funded to work with LGBT youth, including Safe Spaces programs and those funded by Youth At Risk grants (current and future grantees) have ready access to information, training and resources on suicide prevention as it relates to LGBT youth populations.
2. **Provide support for youth organizations that work with LGBT youth in the western region of Massachusetts.** At the hearings, the Commission became aware of significant obstacles that organizations in western Massachusetts face when attempting to provide services to LGBT youth in their areas, such as difficulty in reaching youth who lack access to transportation. We urge DPH to provide equitable funding for organizations across the Commonwealth, recognizing the differences in population sizes and needs. We also recommend that the Department consider more frequent RFRs for Safe Spaces, so that new applications from western Massachusetts can be evaluated.
3. **Continue to develop evidence-based strategies for addressing health disparities for sexual minority and transgender youth, particularly youth of color and transgender youth.** In areas ranging from sexual health to mental health to intimate relationships, and as outlined in greater detail above, disparities persist. We urge DPH to encourage the work that is already happening in settings such as the Symposium on Trauma Informed Prevention and

Healthy Relationships/Healthy Sexuality in LGBTQ Supportive Settings and the DPH Healthy Relationships/Healthy Sexuality Working Group, and to convey the resulting recommendations throughout the Department and to outside vendors.

Training

4. **Provide ongoing training and technical assistance to state-funded providers about sexual orientation, gender identity and serving transgender, lesbian, gay, and bisexual youth.** To ensure that culturally competent and clinically appropriate care is being administered and that issues of sexual orientation and gender identity are discussed, we recommend that all employees and contracting organizations, including physicians, nurses, and receptionists, be required to attend LGBT cultural competence training. Service providers in the arenas of teen pregnancy, substance abuse, homelessness, Behavioral Emergency Service Teams, Violence Prevention and Survivor Services, and Suicide Prevention would all benefit from such 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 (7th ed., July 2012), as well as the Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health, published by the American College of Physicians (Goldhammer, Mayer, Potter, & Makadon, 2007). Both of these publications outline practical guidelines and sample questions for providing confidential, compassionate, clinically appropriate, and culturally competent healthcare to LGBT patients. We also recommend that DPH look to [New York City's training program](#) for the citywide public healthcare system.

5. **Provide pamphlets and print resources through the Safe Spaces program.** While Safe Spaces does currently provide some resources through Health Imperatives, limited funding means there is a dearth of official, state-sponsored print resources and guides available for families and providers regarding LGBT youth. A small amount of financial investment in printed publications would improve recognition, awareness, and understanding of LGBT identities and needs across the Commonwealth.

DEPARTMENT OF TRANSITIONAL ASSISTANCE (DTA)

This is our first year working with DTA, and we welcome the collaboration with Commissioner Curley and his staff.

DTA Recommendations:

1. Improve accessibility of public assistance to LGBT youth.
2. Provide LGBT cultural competency for all staff, including DV specialists.

Expanded Recommendations

Access

1. **Improve accessibility of public assistance to LGBT youth.** We recommend improving access to services by offering a “rights and responsibilities” or a “what to expect” guide, and by displaying recognizable symbols of support to LGBT young people. Publicly identifying ally-status through symbols such as Safe Space stickers and rainbow flags signals to LGBT youth that they are in a safe, welcoming setting and promotes a climate of acceptance (Poynter & Tubbs, 2007). We also recommend improving customer service protocols and training staff and administration to understand unique issues related to transgender youth and identity documentation. This would ensure that *all* residents are able to access services.

I’ve worked intensively with young people... I’ve found that the fear starts to outweigh the need for them. If I could encourage capacity building and training opportunities on how to work with LGBT people within state departments, I think that would be very helpful. I’m hoping that will not only allow our young people to follow through with the resources, but it will empower them to get what they need and deserve.

– Tharyn Grant, JRI Health

Training

2. **Provide LGBT cultural competency for all staff, including Domestic Violence Specialists.** Intimate partner violence in LGBT communities is a serious public health and community issue, occurring in approximately 25 to 33 percent of relationships where one or more partner identifies as LGBT (Quinn, 2010). This rate approximates that of violence perpetrated against heterosexual, non-transgender women. A nationally representative sample of adolescents indicates that almost 25 percent of youth with same-sex dating or sexual partners have experienced some form of physical or psychological victimization within the past 18 months, with eleven percent reporting physical violence, and thirteen percent reporting psychological violence alone (Halpern et al., 2004). Other quantitative studies suggest that rates of intimate partner violence among this population are either equivalent to

(Freedner, Freed, Yang, & Austin, 2002) or greater than (Pathela & Schillinger, 2010) those reported in heterosexual adolescent relationships. Domestic Violence Specialists at the DTA must be cognizant of this population to provide comprehensive services across the Commonwealth.

DEPARTMENT OF YOUTH SERVICES (DYS)

DYS, previously under Commissioner Tewksbury and now Commissioner Dolan, has demonstrated commitment to minimizing youth detention, and is now expanding to specifically addressing the needs of LGBT youth in care. We commend Commissioner Dolan for his engagement with the model policies provided by New York State's Office of Children and Family Services (2008) and the national advocacy group The Equity Project, and encourage DYS to continue with the progress made since the Commission's October 2011 recommendations.

DYS Recommendations:

1. Continue to implement LGBT training curriculum for staff.
2. Develop and implement policies related to transgender youth, safety for LGBT youth, and same-gender romantic behaviors for all youth.
3. Encourage vendor providers to develop innovative and privacy-preserving ways of assessing sexual orientation, same-gender romantic behavior and gender identity, and provide sexual health services accordingly.

Background

Based on the risk factors outlined by the Office of Juvenile Justice Detention Prevention, LGBT youth are at a heightened risk of becoming involved with the juvenile justice system (Shader, 2003). According to the Journal of Pediatrics, lesbian, gay, and bisexual youth are 40 percent more likely than other teens to be punished by school authorities, police and the courts (Annie E. Casey Foundation, 2011). On average, LGB and questioning youth spend more time in the juvenile justice system than their non-LGB counterparts, and are more likely to be targeted by police and be detained (Majd, Marksamer, & Reyes, 2009). Nationally, LGBT youth are twice as likely to be detained for non-violent crime, and comprise 15 percent of the national detention population (Irvine, 2010). Harassment and victimization experienced by LGBT youth can increase their risk of involvement with the juvenile justice system (Whitbeck, Chen, Hoyt, Tyler, & Johnson, 2004). Given these stark disparities, it is critical that DYS develop a comprehensive policy to address the needs of LGBT youth.

LGBT youth who enter detention facilities across the U.S. face emotional, sexual and physical abuse from other youth and even facility staff (Majd et al., 2009). Approximately 80 percent of detained youth in a survey by the National Center for Lesbian Rights reported their own safety threatened (Majd et al., 2009). On a national level, youth who identify as LGBT are 9 times as likely to be sexually victimized by youth or staff in facilities as non-LGBT youth (Center for Children's Law and Policy, 2010).

Expanded Recommendations

Training

1. **Continue to implement comprehensive LGBT training curriculum for staff.** We applaud the DYS implementation of LGBT cultural competency training in collaboration with Health Imperatives, and look forward to a future where all workers receive such training on a regular basis, in addition to ongoing partnerships between DYS and other agencies that work with youth.

Policies and Guidance

2. **Develop and implement policies related to transgender youth, safety for LGBT youth, and same-gender romantic behaviors for all youth.** As we stated in 2011, we recommend creating a mechanism to address the safety and health of transgender and gender-nonconforming youth in facilities, and we propose the model policy adopted by the New York State Office of Children and Family Services (Policy and Procedure Manual, 2008). We also recommend changing the language in policy 1.05.06(a), Client Sexual Misconduct, to state that employees shall not prohibit or discourage communication or interaction between youth of the same sex that is not also prohibited or discouraged between youth of different sexes (i.e., expressions of romantic or emotional attraction).
3. **Encourage vendor providers to develop innovative and privacy-preserving ways of assessing sexual orientation, behavior and gender identity, and provide appropriate sexual health services.** In an effort to provide non-stigmatizing health services to all youth, the Commission recommends that DYS staff work with vendor providers on overcoming privacy-related obstacles to providing inclusive, quality care. In particular, DYS staff in group care programs are the direct caregivers for youth, and are responsible for bringing youth to medical and mental health appointments and authorized to consent to routine medical treatment. We recommend that during these meetings, staff be particularly mindful of the confidential nature of conversations that youth have with healthcare providers.

2. EDUCATION RECOMMENDATIONS

Our relationship with Education agencies continues to grow. Mirroring our successful collaboration with DESE last year on parental notification about bullying incidents, we are pleased to report a most recent collaboration among the Commission, DESE, GLAD, MTPC, MIAA, and PFLAG among other groups on developing guidance for schools on implementing *An Act Relative to Gender Identity*. In addition, we welcome Commissioner Chester's commitment, after the Boston hearing, to make a presentation to the Board of Education on the 2011 MYRBS data. We are also pleased to be working for the first time with EEC under Commissioner Killins.

I think that programs that we have in schools are wonderful, like the Safe Schools program. I think that supports that we have in place for parents are wonderful, but we need to do more. We need to make sure that they feel supported and they feel safe.

– Dianne Monnin

DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION (DESE)

We are encouraged by our recent collaboration with the Department surrounding practice guidance for implementation of *An Act Relative to Gender Identity*. We welcome future collaboration with DESE, for example on applying for federal funding to help promote healthy outcomes among LGBT students, such as the APA's Healthy LGBT Students Project.

DESE Recommendations:

1. Hire a full-time staff person to support the Safe Schools Program for LGBT Students.
2. Assume responsibility for the statewide network of student organizations that support LGBT youth.
3. Integrate LGBT-related topics into the Common Core curricula, curriculum frameworks, and Conditions for School Effectiveness.
4. Fully implement *An Act Relative to Bullying in Schools* by training 100 percent of teachers and staff about preventing bias-based bullying over the next 24 months.
5. Fully implement *An Act Relative to Gender Identity* by making technical assistance and guidance available to districts and schools.
6. Add a question on gender identity to the 2013 YRBS survey.
7. Conduct a public presentation of the results of the 2011 MA-YRBS to the Board of Education within the next six months.
8. Reduce discriminatory criminal justice involvement in schools.

Background

The Commission has been working in collaboration with DESE on multiple initiatives: trainings for school personnel on bias-based bullying; the formation of a statewide network of gay-straight alliances (GSAs) and similar organizations; and implementation of policy guidance to fully apply *An Act Relative to Gender Identity*. As we heard repeatedly at the hearings, from teachers, students, guidance counselors, and administrators in public schools, there is much work that needs to be done to ensure that LGBT students are safe and supported while in school. Research shows that a safe school climate is an important step in suicide prevention (Haas et al., 2010).

Testimony from the Hearings

At the Boston hearing, a parent spoke about the importance of making guidance and training available so that educators can better serve gender-nonconforming children. She explained that few of the individuals involved in her son's education were equipped to understand his desire to

dress as a girl. “What was hard for me, as a mom, was having to go to the schools and be an educator of the educators,” she said. For instance, she described introducing herself to an elementary school principal to discuss her son’s needs. “Her jaw dropped. She said, ‘I don’t know what you’re talking about. I’ve never heard of this. You’ll have to teach me.’ . . . There are some parents out there that don’t want to be a teacher and are not able to be a teacher, and I worry about those children.”

The story told by a member of the North Shore Alliance of GLBT Youth further demonstrates the need for the implementation of *An Act Relative to Gender Identity* and for greater commitment to making transgender students feel safe and supported. “Not all LGBT youth are out, but we still need to make schools feel safe for them. Which bathroom do I go to?” the student asked. “Do I go to the male’s or the female’s? I don’t feel like I can even go to the bathroom just because of that. If I go to the female’s, then my friends are asking me, ‘Why are you going to that one? Aren’t you a boy?’ If I go to the male’s, then they’re going to look at me. ‘Aren’t you a girl? You look like a girl.’ I asked the school to make some gender-neutral bathrooms and we haven’t seen any. Maybe if we make schools a little safer and give students something as little as that, we’re making some safe zones for transgender youth to go to.” The student also said that using appropriate names and pronouns within the classroom is a major issue, indicating the necessity of competency training for both staff and students.

Jonathan Nardi, a guidance counselor, suggested that greater top-down support and visibility are essential for LGBT students. “We need GLBT curriculum not only in our guidance programs and health classes – we need it in our core subject areas too. We need to be teaching about Harvey Milk and the Stonewall Riots in social studies classes. Teachers should not be afraid to have their students read novels that have GLBT characters in them. . . . Schools do not take that route on their own. They are afraid to,” he said. Nardi also noted that visibility goes beyond the textbooks. As a gay man himself, Nardi explained that he wanted to be a role model for his students but that it was difficult to be out in a school environment, despite a supportive administration. “It took a great deal out of me to tell my coworkers that I am gay,” he told us. “In fact, I got married without any of them even knowing it.”

An athlete added a student’s perspective to Nardi’s testimony, saying, “Students aren’t necessarily involved in GSAs, but they all have to go through English class, history class, and all that stuff. I think following California’s lead would be the best chance we have at successfully putting those issues in the classroom.” His own coming out story illustrated the impact of having positive role models within the school. He explained that his decision to come out was born in part from a story about an openly gay football captain. Additionally, he told us, “There are many openly gay teachers. There’s a GSA at my school. We celebrate Day of Silence. There’s a lot of discussion and acceptance of LGBT people, despite their struggles. That inspired me to come out.”

A former student from the Leominster school system reported: “The schools were not really gay-friendly. I had my mom’s support, and I started a GSA, but I know once I left the school, they didn’t do it again. . . . The middle school was all top secret about it. They were like, ‘You’re allowed to go, but you can’t tell anybody about it.’ And I think a lot of schools are like that.”

Cathy Couture, a long-time elementary school nurse, underscored the need for increased training and programs such as Safe Schools. “Essential to the nurses are the awareness, training, and tools to do the work,” she told us. “We need posters, safe zone stickers, and handouts for all the children. We need specialized sexuality training. We need to hear from the kids.” Despite the persistence of elementary school bullying, she has seen small steps – such as hanging posters of families with gay or lesbian parents, provided through the Safe Spaces program – create opportunities for discussion and understanding. One child of a lesbian couple, she said, saw one of the posters and “couldn’t believe it existed.”

Expanded Recommendations

Access

1. **Hire a full-time person in FY14 to administer and expand the Safe Schools Program for LGBT Students and provide direct and material support for the program.** No education program or campaign can succeed without DESE funds and support. Such an approach will significantly improve implementation of the Board’s Recommendations and Regulations for the state’s student anti-discrimination and anti-bullying laws as they relate to LGBT students, including provision of professional development and technical assistance to school districts concerning these mandates. The Commission urges DESE to continue to expand the scope of LGBT-related programs in elementary and middle schools.
2. **Assume responsibility for the statewide network of student organizations that support LGBT youth.** Through the revived Safe Schools Program for LGBT students, we expect that the Department will be able to assume responsibility for LGBT student leadership initiatives, such as the Student Leadership Camp, and regional workshops. We recommend a goal of doubling the number of schools with GSAs or other LGBT student organizations, particularly those with majority-minority populations. While the Commission hopes to be able to continue to support bullying prevention work through funding in the FY14 budget, we must work together and leverage all possible resources within the schools.
3. **Integrate LGBT-related topics into the Common Core curricula, curriculum frameworks, and Conditions for School Effectiveness.** As part of the Common Core, integrate LGBT-related topics, including the contributions to history and culture made by LGBT people of all races and ethnicities, in school curricula, textbooks, and library materials. These recommendations were made in 1993 by Governor Weld’s Commission on Gay and Lesbian Youth but were never adopted. Research shows that LGBT inclusion in curricula correlates with all students—regardless of sexual orientation—feeling safer in school (Burdge, Sinclair, Laub, & Russell, 2012; Russell et al., 2006).

Training

4. **Fully implement *An Act Relative to Bullying in Schools* with explicit attention to bias-based bullying.** Per DESE guidance following the enactment of General Laws chapter 71, Section 37O (*An Act Relative to Bullying in Schools*), bullying prevention trainings and

programs for educators, staff, and students must be evidence-based and include specific efforts to reduce bias-based bullying aimed at those populations referenced in the law as being disproportionately targeted (e.g. students with disabilities, homeless students, LGBT students). All teachers, school staff, and social service providers should be trained in identifying, preventing, intervening in, and stopping anti-LGBT bullying. Such training should include how to provide LGBT students and their families with clinically and culturally competent support. Where possible such competency should be measured and demonstrated as a licensing requirement. We recommend a plan for achieving 100 percent training over the next 24 months. Lastly, we commend the Department's January 2011 guidance regarding parental notification in cases of bullying based on actual or perceived sexual orientation or gender identity and ask that the Commissioner urge principals to send the name of their designated liaison and GSA adviser, if they have one, to the Safe Schools director and/or the Commission.

Policies and Guidance

5. **Fully implement *An Act Relative to Gender Identity*.** DESE is currently working on making available to districts and schools guidance, training, resources, and technical assistance to ensure equal educational opportunity for transgender and gender-nonconforming students and to support them and their families with clinical and cultural competence. We applaud the Department's efforts to work with the Massachusetts Transgender Political Coalition (MTPC), Gay & Lesbian Advocates & Defenders (GLAD), Parents, Families, and Friends of Lesbians and Gays (PFLAG), and the Massachusetts Interscholastic Athletic Association (MIAA) to create this guidance, in particular the tireless efforts of John Bynoe, Rachelle Engler Bennett, and Dianne Curran – and we urge its speedy finalization and dissemination across the Commonwealth, directly from the Commissioner's office. Further, we ask that DESE appropriate funds for the remainder of FY13 for training and technical assistance around these new regulations and guidance, including regional conferences for administrators, guidance staff, and student leaders.
6. **Add a question on gender identity to the 2013 MYRBS survey.** We recommend that DESE follow up on its recent surveys of school principals on transgender students, via the School Health Profiles Questionnaires and their follow-up survey, by adding one or more gender identity questions to the 2013 MYRBS. In particular, we recommend that DESE adopt the language that has been tested and is currently being implemented in the YHS survey conducted by DPH. Consistent language across the two surveys will better enable researchers and policy-makers to compare the results of the data.
7. **Conduct a public presentation of the results of the 2011 MYRBS to the Board of Education within the next six months.** To recommend effective policies for Massachusetts students to succeed, the board must be familiar with barriers to learning made explicit in the Youth Risk Behavior Survey. Board members report they have never been given this information. Twelve years of state YRBS data show significant disparities in health risk for sexual minority students as compared with their heterosexual peers. Disproportionate levels of depression, suicidality, violence, truancy, substance use, and risky sexual activity are alarming and must be specifically targeted for reduction. Sexual minority students of color

are at even greater risk in many measures than white sexual minority students, and need targeted attention.

8. **Reduce discriminatory criminal justice involvement in schools.** The YRBS and other data indicate that LGBT youth are disproportionately at risk for truancy, violence, substance use and other risks (e.g., unaccompanied homelessness) that could increase their chances of becoming involved with the juvenile justice system. Research on the school-to-prison pipeline and crossover youth in the child welfare and juvenile justice systems shows that, once singled out for negative attention in school and the home, youth find themselves locked into the system (Sullivan, 1996). What is surprising is the disparate treatment of LGBT youth, particularly LGBT youth of color, when it comes to discipline in schools (Himmelstein & Bruckner, 2010). A national longitudinal study of youth in schools demonstrated that non-heterosexual youth suffer disproportionate school sanctions and punishments “that are not explained by greater engagement in illegal or transgressive behaviors” (Himmelstein & Bruckner, 2010, 49). According to the study, “teachers often overlook harassment of nonheterosexual students by their peers, and youth who report such abuse are frequently ignored or blamed for their victimization.” We urge DESE to disrupt the school-to-prison pipeline for LGBT youth by implementing the recommendations that the ACLU of Massachusetts and Citizens for Juvenile Justice offer in their recent publication, titled [*Arrested Futures*](#) (Dahlberg, 2012).

DEPARTMENT OF EARLY EDUCATION AND CARE (EEC)

EEC has been active since July 1, 2005, and has important priorities working with teen parents and licensing organizations that work with the government. We look forward to working with EEC to address issues relating to LGBT youth.

EEC Recommendations:

1. Increase the number of safe spaces available for LGBT youth.
2. Provide LGBT cultural competency training for program providers.
3. Partner with DCF on ongoing joint training programs.
4. Enforce LGBT cultural competency as a regulatory requirement for adoption and foster care providers.

Background

Given the disproportionate rates of family rejection and homelessness among LGBT youth, temporary shelters, foster families, and other state-licensed care facilities play a significant role in the lives of LGBT youth. Unfortunately, many LGBT young people report negative experiences in such spaces. As Cathy Kristofferson of Join the Impact MA testified at our public hearings, “Countless youth tell us how it is safer on the streets than any available shelter.” According to a guide by the American Bar Association, nearly one hundred percent of LGBT youth in group homes had experienced verbal harassment (Laver & Khoury, 2008). Seventy percent reported being subject to violence, and 78 percent 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.

Without access to supportive care and caregivers, LGBT youth have heightened risks of negative health outcomes and face a more difficult transition to adult life (Child Welfare League of America, 2012). For example, as Amy Epstein of Holyoke Equal Rights Action (HERA) stated at the public hearing in Holyoke, “Most of the foster care is a million times worse than home. So, you really have to think about what’s the safest option. . . Even if their home isn’t safe, it doesn’t really matter – there’s no safe alternative. I have kids that sleep in the park on a regular basis.”

Expanded Recommendations

Access

1. **Increase number of safe homes available for LGBT youth.** We are heartened to learn that in addition to Waltham House, there are dedicated beds for LGBT youth in pre-independent living programs in Lowell (The GRIP Project of JRI), the Boston Metro-West area (Wayside Youth & Family), and an additional space in Waltham (Rediscovery House). We urge EEC

and DCF to work together to ensure that DCF workers are aware of these resources, and can make proper referrals. There continues to be an urgent need for – and awareness of the existence of – safe spaces for LGBT youth throughout the Commonwealth, particularly in western Massachusetts.

Training

2. **Provide LGBT cultural competency training for program providers.** LGBT youth who live with their families may still struggle with negative home environments. Providers of after-school or “out of school time” (OST) programs are well positioned to reach out to LGBT youth who are searching for alternatives to spending time at home, as well as to reach out to families. As John Gintell, Co-Chair of the Cambridge GLBT Commission, stated, OST programs “are havens for kids and for GLBT kids whose own homes are a mess, so they don’t want to go home. It’s very important that these institutions have good policies and practices so that there is training for staff.” Staff training is important not only for creating safe havens, but for creating a bridge in communications with parents and families, to ensure that young people are safe at home as well. We understand that EEC is currently investigating online training modules for this purpose, and we are eager to work with the Department to ensure their success. Logical locations within the online training portal include the “Understanding Growth and Development of Children” or “Guiding and Interacting with Children and Youth” [training modules](#).
3. **Partner with DCF on ongoing joint training programs.** There is significant overlap in the populations that EEC and DCF serve in the child welfare arena. The Commission recommends that the two agencies partner with one another to ensure cross-the-board training to social workers, foster families, and contracting organizations. We note that programs like the Family Center’s “Parenting Journey” program have provided trainings for LGBTQ parents in the past (in New York), and encourage both agencies to share their expertise, and to think creatively about collaborating with pre-existing programs to provide training opportunities for providers and the parents who work with them.

Policies and Guidance

4. **Add LGBT cultural competency as a regulatory requirement for adoption / foster care providers.** All contracting organizations, whether faith-based or not, that receive government funds to provide social services or that care for children in state custody must adhere to professional and legal standards of care: providing for nondiscriminatory, competent and nonjudgmental services to LGBTQ youth and foster and adoptive parents. We recommend that the department modify regulation 102 CMR 5 to reflect the language in 102 CMR 1.03, regarding protected categories. In addition, we recommend that EEC follow [federal guidelines](#) on working with LGBT youth, and that EEC adopt DCF regulation 110 CMR 7.104, which 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.” We encourage EEC to think creatively about collaborating with pre-existing programs to provide training opportunities for providers and the parents who work with them.

DEPARTMENT OF HIGHER EDUCATION (DHE)

This is the first time that the Commission has made recommendations to DHE. We welcome the opportunity to collaborate with the Department to promote welcoming campus climates and improve educational outcomes for LGBT students.

DHE Recommendations:

1. Ensure support for LGBT-inclusive student groups.
2. Fully enforce anti-discrimination policies that are inclusive of sexual orientation and gender identity, as well as other protected categories.
3. Collect information around educational outcomes for LGBT students to improve policies, programs, and services.

Background

The Massachusetts System of Public Higher Education provides critical educational opportunities to nearly 300,000 students (Massachusetts Department of Higher Education). Its mission statement articulates its goal to provide accessible and relevant programs that meet the changing individual and societal needs for education and employment. National research, however, suggests that LGBT students face barriers to accessing and thriving in higher education programs, due to harassment and discrimination.

Despite the existence of inclusive anti-discrimination policies, many LGBT students and staff members continue to face harassment or feel pressured to hide their sexual orientation or gender identity. A report by Campus Pride indicates that LGBT individuals are significantly more likely to experience harassment compared to their non-LGBT peers (Rankin, Weber, Blumenfeld, & Frazer, 2010). Harassment based on sexual orientation or gender identity may intersect with racial bias, resulting in even higher levels of harassment for LGBT people of color (Rankin, 2003).

Concerns over campus climate can interfere with the education provided to LGBT students. LGBT students are more likely to consider withdrawing from their institution and to fear for their physical safety (Rankin et al., 2010). Additionally, LGBT students often feel that their college or university does not provide adequate resources on LGBT issues or respond appropriately to issues of campus harassment (Rankin et al., 2010).

At our hearings, student Laura Valliere shared with us a research project conducted on campus climate for sexual minority students at Springfield College. While her findings were useful in providing a snapshot of the experiences of gay, lesbian, and bisexual students at Springfield, they also illuminated issues that are relevant for college students across the state. “The college needs to develop and offer programs that educate the campus as a whole about gay, lesbian, and bisexual issues,” she concluded.

Expanded Recommendations

Access

1. **Ensure support for LGBT-inclusive student groups.** As one student reported at the Holyoke hearing, students face similar challenges in higher education as they do at the middle school and high school levels when it comes to support for student organizations. We recommend that DHE build support for student groups, such as Gay-Straight Alliances or LGBT Alliances, on college campuses.

Since negative talk about gay, lesbian, and bisexual people was described as a significant problem both in 2005 and the current study, it is clear that Springfield College needs to embark on some educational training in this regard. The college also needs to facilitate the creation and/or maintenance of gay, lesbian, and bisexual clubs and events. These clubs should: create a support group, provide social opportunities, educate the campus, and take political action...Every student at Springfield College deserves the right to develop their spirit, mind, and body without being hindered by lack of acceptance and negative treatment.

– Laura Valliere

Policies and Guidance

2. **Fully enforce anti-discrimination policies that are inclusive of sexual orientation and gender identity, as well as other protected categories.** The Commission urges DHE to ensure that gender identity is incorporated into existing anti-discrimination policies and diversity plans and that policies are consistent with *An Act Relative to Gender Identity*. Additionally, we encourage DHE to make available to colleges and universities guidance, training, resources, and technical assistance to promote equal educational opportunities for LGBT students. Diversity plans and policies to reexamine include those relating to housing, bias incident reporting protocols, health services and health insurance plans, and changing identity documents, among others.
3. **Collect information around educational outcomes for LGBT students to improve policies, programs, and services.** We recommend that DHE include LGBT students when researching and addressing disparities in student success rates by demographic – in particular, in the [Vision Project](#), the Administration’s Strategic Plan for public higher education in Massachusetts.

3. RECOMMENDATIONS TO THE GREAT AND GENERAL COURT

The Commission is thankful for the continued support of the legislature, particularly the members of the LGBT Caucus and the Black and Latino Caucus, the Senate President, and the Speaker of the House. From supporting our enactment in 2006 through testifying at our Boston hearing in 2012, we are heartened by the longstanding support from the legislature.

Legislative Recommendations:

1. Add public accommodations to *An Act Relative to Gender Identity*.
2. Provide funding and resources to schools to adequately implement *An Act Relative to Bullying in Schools* and *An Act Relative to Gender Identity*.
3. Expand *An Act Relative to Bullying in Schools* to include enumerated categories and data collection.
4. Mandate age-appropriate, medically-accurate, and comprehensive health education in schools.
5. Strongly consider the recommendations of the Special Commission on Unaccompanied Homeless Youth.

Expanded Recommendations

1. **Add public accommodations to *An Act Relative to Gender Identity*.** The new law added gender identity as a protected category under chapters 71, 76, and 151B of the Massachusetts General Laws provides protections when seeking employment, housing, and credit, or accessing publicly funded primary and secondary education. A difficult decision that advocates and lawmakers had to make in the fall of 2011 was around public accommodations. Opponents of the Transgender Equal Rights Act dubbed it the “Bathroom Bill,” raising the specter of men wearing dresses and assaulting women in public bathrooms, despite the fact that 14 states and the District of Columbia passed inclusive public accommodation laws without incident. Fear surrounding the optics of this issue made it difficult for the law to garner support. Bill proponents ultimately decided to eliminate public accommodations from the bill, and it passed. Areas of public accommodation include any places where public life is conducted including restaurants, hotels, coffee shops, public transportation, hospitals and museums. Additionally, no other category of people protected by the state’s non-discrimination protections is denied protections in areas of public accommodation. The Commission recommends that the Great and General Court provide clarity and consistency to the law by adding public accommodations to the areas protected under *An Act Relative to Gender Identity*.
2. **Provide funding resources to the schools to adequately implement *An Act Relative to Bullying in Schools* and *An Act Relative to Gender Identity*.** As the American Foundation for Suicide Prevention’s national recommendations make clear, bullying prevention and a safe school climate are crucial to suicide prevention efforts in schools (Haas et al., 2010).

The Commission recommends that the legislature restore “shall spend” language to line item 7010-0005 for the Department of Elementary and Secondary Education. For the past two years, the Commission has received a \$100,000 line item in the state budget to promote anti-bullying work in schools. While this funding has been much appreciated and well-spent, it is insufficient to fully implement *An Act Relative to Bullying in Schools*, let alone an additional law requiring policy guidance and technical assistance.

3. **Expand *An Act Relative to Bullying in Schools* to include enumerated categories and data collection.** The Commission supports the recommendations of the Attorney General’s Bullying Prevention Commission on the impact of *An Act Relative to Bullying in Schools*, and supports the inclusion of enumerated categories and collecting data on bullying reports and investigations across the Commonwealth, and extending the life of the Bullying Prevention Commission.
4. **Mandate age-appropriate, medically-accurate, and comprehensive health education in schools.** The Commission supports legislation that would require age-appropriate and medically-accurate comprehensive sexuality education and sexual health consumer education in health class at all levels. As Boston City Councilor Ayanna Pressley stated at the Boston public hearing, “Parents want it, kids need it, and science says it works.”

It does seem that LGBT issues are swept under the rug a lot of times when talking to students in the general population [about sexual health]. Although going to a GSA is an amazing community, if you don’t go, there’s no way you’re going to learn. . . We have sexual education classes. They do not, however, teach any other type of sex besides that it’s a thing for reproduction and how to stop it, what birth control is. They’re very unwilling to step into unconventional ways of teaching. We had asked the GSA, ‘When you hear the word sex, what comes to mind? How do you define it?’ After bringing that to the health teacher, the health teacher was very reluctant and still felt that teaching sexual education in school and teaching about safe sex would be equivalent to teaching children how to use drugs.

– Jake

5. **Strongly consider the recommendations of the Special Commission on Unaccompanied Homeless Youth.** Estimates suggest that up to 40 percent of unaccompanied homeless youth identify as LGBT, and in many cases family rejection and/or abusive conversion “therapies” have preceded or contributed to their homelessness (Durso & Gates, 2012). The legislature recently approved the formation of a Special Commission to address the needs of unaccompanied homeless youth across the Commonwealth. The Commission fully supports the efforts of this new entity, and urges the Special Commission to consider the needs of LGBT populations in its ongoing work. One particular area of concern is the issue of youth emancipation: Massachusetts has no statute or clear procedure for emancipation, making it more difficult for minors to access housing and services independently – a significant issue for LGBT youth who face rejection on the basis of sexual orientation or gender identity. We ask that the legislature speedily address the recommendations that come out of this Special Commission, which are expected to be made by March 31, 2013.

APPENDIX

Cultural Competency Resources

- Massachusetts Transgender Political Coalition’s [trainings and workshops](#), sessions designed to promote understanding of transgender communities and relevant issues
- The Network / La Red’s [Open Minds, Open Doors](#) project, a guide to transforming domestic violence programs to include LGBTQ survivors
- Larkin Street Stories, a new [three-part video series](#) that offers tips on best practices for providers serving homeless LGBT youth and their families
- www.FindYouthInfo.gov, a cross-cutting federal website on youth issues

Foster Care Resources

- Federal [ACF Information Memorandum](#) with training and resources for LGBTQ youth in foster care; [ACF endorses](#) new practice guidelines on LGBTQ youth in foster care, from [Lambda Legal](#)
- CWLA’s “[A Place of Respect](#)”, a guide for group care facilities serving transgender and gender-nonconforming youth
- HRC’s [All Children, All Families](#) initiative, which seeks to enhance LGBT cultural competence among child welfare professionals and to educate LGBT individuals about becoming foster or adoptive parents
- [Strategies for Recruiting Lesbian, Gay, Bisexual, and Transgender Foster, Adoptive, and Kinship Families](#) on adoptuskids.org
- [Moving the Margins: Training Curriculum for Child Welfare Services with LGBTQ Youth in Out-of-Home Care](#), a train-the-trainer manual for social workers by the National Association of Social Workers and the Lambda Legal Defense and Education Fund
- Family Acceptance Project [assessment tools](#), designed to assess family rejection and health risks for LGBT Youth
- New York City Administration for Children’s Services [policy](#) for LGBT youth and families within the child welfare system, which includes procedures for family prevention services
- National Law Center on Homelessness and Poverty and National Network for Youth’s [Alone without a Home](#), which contains a state-by-state description of youth emancipation laws, along with recommendations on how to construct an emancipation process that protects the rights and best interests of minors.

Health Resources

- Institute of Medicine’s 2011 [report](#) entitled *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. [Note: we look forward to a response to those recommendations soon from the [National Institute of Health](#).]
- The World Professional Association for Transgender Health’s 2012 [Standards of Care for Transgender, Transsexual, and Gender Nonconforming People](#)

- Health care: [Fenway Institute's Guide to Lesbian, Gay, Bisexual, and Transgender Health](#), which provides medical professionals with guidance, practical guidelines, and clinical issues relevant to the LGBT community
- The [Joint Commission Field Guide](#), which includes in the appendix a substantial list of further resources for improving health and health care outcomes for LGBT youth
- New York City Health and Hospitals Corporation (HHC) now has a [mandatory training program](#) for all public healthcare programs, to reduce health disparities in LGBT populations
- Fenway Health provides free [Learning Modules on LGBT Health](#) regarding healthcare for LGBT populations

Juvenile Justice Resources

- [Arrested Futures: The Criminalization of School Discipline in Massachusetts' Three Largest School Districts](#), from American Civil Liberties Union & Citizens for Juvenile Justice, 2012. This report includes recommendations for reducing youth interaction with the juvenile justice system, including addressing the disproportionate use of arrest against youth of color and students with disabilities.
- New York State Office of Children and Family Services [policy](#), which commits to provide LGBT youth in residential and after-care programs with a safe and discrimination-free environment
- Equity Project's [Hidden Injustice: Lesbian, Gay, Bisexual, and Transgender Youth in Juvenile Courts](#), which includes recommendations for facilities, policy-makers, and others, at chapter 10.

Education Resources

- Quabbin Mediation's [Training Active Bystanders program](#), a peer-education model designed to teach students and educators safe intervention techniques and to build community ties
- [Stopbullying.gov](#), a national website with new resources on bullying and LGBT youth
- [California law](#) requiring the inclusion LGBT individuals in the history curriculum
- [Williams Institute](#) legislative and policy recommendations on school climate, curriculum and pedagogy, and school sports
- [LGBT Issues in the Curriculum Promotes School Safety](#) (California Safe Schools Coalition Research Brief No. 4), which contains information on the inclusion of LGBT issues in the curriculum and on school climate
- [Lessons That Matter: LGBTQ Inclusivity and School Safety](#) (Gay-Straight Alliance Network and California Safe Schools Coalition Research Brief No. 14), which considers the impact of including LGBT issues in the curriculum and has recommendations for students, staff, administrators, and community members
- [Ready, Set, Respect](#), for elementary educators on teaching respect and diversity
- [GLSEN school climate survey](#) (2011), a report that details the indicators and impact of a hostile school climate and of positive interventions
- GLAD [Got Rights](#), a collaborative project between GLAD and BAGLY that features a video and workshop on LGBT student rights
- Cianciotto, J. & Cahill, S. (2011). *LGBT youth in America's schools*. University of Michigan Press. Social science research and best practices for working with youth in schools.

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- An Act Relative to Bullying in Schools. 2010 Mass. Acts. ch. 92.
- An Act Relative to Gender Identity. 2011 Mass. Acts. ch. 199.
- 102 Code Mass. Regs. 1.03.
- 102 Code Mass. Regs. 5.00 et seq.
- 110 Code Mass. Regs. 7.104.