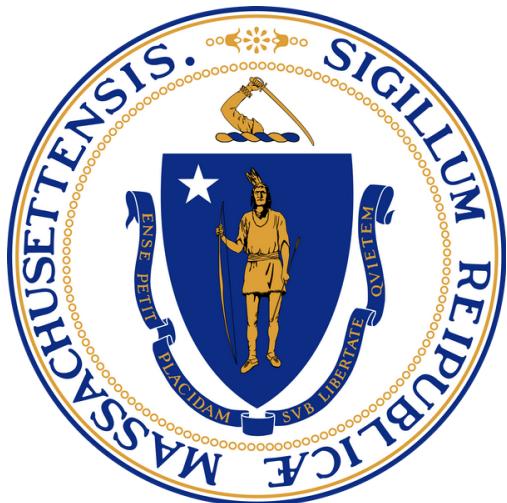




**THE COMMONWEALTH OF
MASSACHUSETTS
COMMISSION ON LESBIAN, GAY,
BISEXUAL, TRANSGENDER,
QUEER & QUESTIONING YOUTH**

**REPORT & RECOMMENDATIONS
FOR FISCAL YEAR 2022**

July 1, 2021 - June 30, 2022



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About Us: The Massachusetts Commission on Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) Youth is established by law as an independent agency of the Commonwealth to recommend to all branches of state government effective policies, programs, and resources for LGBTQ youth to thrive. Per its legislative authority, the Commission works closely with the agencies to which it issues non-binding recommendations to receive their input and assist them in achieving the goals that the Commission has set. The Commission was originally founded as the Governor’s Commission on Gay and Lesbian Youth in 1992 in response to high suicide rates among gay and lesbian young people, and was reestablished by the legislature as an independent commission in 2006 (Act of Jul. 1, 2006, Ch. 139 §4, codified in Mass. Gen. Laws Ch. 3 §67). Twenty-eight years after the creation of the original Governor’s Commission, it remains the first and only such statewide commission in the country.

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LETTER FROM COMMISSION LEADERSHIP

June 15, 2021

Between the ongoing COVID-19 pandemic and the events leading up to the January 6, 2021 U.S. Capitol Insurrection by Trump supporters, the past year has tested our spirits, governing bodies, and communities. The pandemic and its associated “shutdown” transformed daily life for almost everyone, but disproportionately for those at the intersections of multiple oppressions; LGBTQ youth, youth of color and trans youth. In the face of test after test, the members of the MA Commission on LGBTQ Youth and our partners have stayed strong in our mission to build a Commonwealth where all youth thrive.

The last year has also been unprecedented in terms of attacks on LGBTQ people and their rights. In 2020, 44 trans and gender nonconforming people were killed, making it the worst year for transphobic violence since the Human Rights Campaign began recording transphobic hate crimes. As of June 1, 2021, the number has already reached 28, potentially making 2021 more deadly than 2020 for trans and gender nonconforming people. On May 2, 2021, this hit close to home as the Boston LGBTQ community experienced the loss of Jahaira DeAlto, one of the founding members of Trans Resistance, an organization created to support and uplift the lives of trans people of color.

In the first six months of 2021, seventeen anti-LGBTQ bills have been enacted into law across the US. This breaks the 2015 record when fifteen anti-LGBTQ bills were enacted into law. An additional eleven anti-LGBTQ bills have made it to governors’ desks, awaiting signature or veto. Eight states have passed legislation prohibiting transgender girls and women from competing on women’s school and college sports teams. And we are only half way through 2021.

As our special report on COVID reveals, this year has been particularly challenging for LGBTQ youth. LGBTQ youth, especially LGBTQ youth of color, experience disproportionate disparities on almost every factor. The COVID pandemic has only served to exacerbate these disparities, resulting in significant challenges to the welfare of LGBTQ youth. According to the Massachusetts Department of Public Health COVID-19 Community Impact Survey, LGBTQ people were among those who reported the highest rates of poor mental health and job loss.

The COVID crisis has had significant compounding impacts on youth, particularly on youth mental health. 83% of Nonbinary and 78% of Transgender youth reported feeling sad or hopeless every day for more than two weeks compared to 46% of cisgender youth. 84% of Queer, 68% of Bisexual/Pansexual, and 66% of Gay or Lesbian youth reported feeling sad or hopeless every day for more than two weeks compared to 39 % of Heterosexual youth. In addition to experiencing mental challenges, a disproportionate number of LGBTQ youth, particularly LGBTQ youth of color, faced housing instability, unsupportive home environments, and economic instability.

The Commission takes seriously its mission to provide recommendations, advice, and resources to the agencies, governing bodies, schools, and the public of the state of Massachusetts. We are committed to ensuring that the guidance provided by the Commission is based on the most recent evidence-based research. This year, in addition to special reports on the effects of COVID on LGBTQ youth, new Youth Risk Behavior Survey data, and the Safe School Program, our annual report includes more comprehensive sections on the most recent research in our core areas of focus. We make this research publicly available to agencies, legislators, institutions, educators and activists in an effort to increase education and awareness among those positioned to promote the well-being and flourishing of LGBTQ in our Commonwealth.

In order to address the ongoing crisis, our governmental institutions – be they schools, executive agencies, law enforcement, or anything else – must be LGBTQ-competent and bias-free. The Commission's recommendations issued to legislators and specific agencies outline steps to advance this work here in Massachusetts. We are grateful to the many members of state government, nonprofit organizations, community coalitions, and others who weighed in to help shape this report. We look forward to partnering with all branches and levels of government in Massachusetts to advance these goals throughout the new fiscal year.

Sincerely,

Sasha Goodfriend
Chair of the Massachusetts Commission on LGBTQ Youth
She/Her/Her

Jo Trigilio, Ph.D.
Interim Executive Director of the Massachusetts Commission on LGBTQ Youth
All pronouns

EXECUTIVE SUMMARY

The Massachusetts Commission on Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) Youth is an independent state agency first founded in 1992 as a governor's commission. The Commission was remade as an independent commission by the Legislature in 2006, with its role being provide expert advice to the Commonwealth of Massachusetts on how to improve services and decrease inequities facing LGBTQ youth. In keeping with its legislative requirements, the Commission is herein providing its annual report on the status of LGBTQ youth in the Commonwealth, as well as its policy recommendations, for the 2021 fiscal year.

This document begins with special reports on the COVID-19 pandemic and on new data regarding transgender youth in Massachusetts, both of which present novel research. Following those reports are the Commission's core recommendations to the Governor and Legislature, which it is statutorily obligated to present annually. These recommendations follow the five policy areas into which the Commission has divided its work for the past several years: inclusion in schools and with families, homelessness, the juvenile and criminal justice systems, health, and a new section on sexual victimization. Finally, this report issues details detailed recommendations to the 17 individual government entities with whom we currently hold such a relationship.

Special Report on COVID-19 and LGBTQ Youth

In March 2020, as the COVID-19 pandemic unfolded in Massachusetts and caused schools and workplaces to close, the Commission awarded \$18,000 in emergency grants to LGBTQ youth and organizations that serve them. In the year since, the Commission has allocated an additional \$50,000 in emergency grants. The Commission's research found that LGBTQ youth have been hit particularly hard by losing access to safe spaces at school and in the community; being forced to return to homes with families that do not know about or support their identities; having difficulties accessing care, particularly that which is LGBTQ-affirming; and facing severe socioeconomic fallout from losing jobs and housing, with national studies showing that LGBTQ people were especially likely to be impacted in this way by the pandemic. New data from the Massachusetts Department of Public Health, presented in the special report on COVID-19 below, shows that LGBTQ youth and adults have faced stark disparities in testing access, healthcare delays, mental health, employment impacts, and more.

In this special report, the Commission issues both short- and long-term recommendations to the state on how to both address the challenges caused by the pandemic and related shutdown in the lives of LGBTQ youth, and also how to improve underlying conditions to prevent such disastrous results from arising again, even if and when the state faces future pandemics. While some of these recommendations are new and reflect changed circumstances brought about by COVID-19, many mirror long-standing recommendations of the Commission that are simply made more vital by the current circumstances.

Increasing Inclusion Research and Recommendations

Recommendations to the Governor and Legislature on increasing inclusion:

1. Provide basic LGBTQ competency training to all state employees and contractors.
2. Support the interagency collaboration to address family rejection of LGBTQ youth.
3. Strengthen protections against bullying of LGBTQ youth and enact policies to strengthen inclusion in schools.
4. Adopt policies that recognize gender identity diversity in state workplaces.
5. Implement LGBTQ-inclusive curriculum in public schools.

The Commission has been deeply involved since its inception on increasing inclusion within schools. The 2019 Massachusetts Youth Risk Behavior Survey (MYRBS) results show that LGBTQ students are still more than twice as likely to experience bullying and cyber-bullying than non-LGBTQ students and are approximately three times as likely to be threatened or injured with a weapon at school. The 2019 MYRBS also shows that LGBTQ students being 2.9 times more likely to skip school due to feeling unsafe and 3.3 times more likely to have attempted suicide in the previous year. Additionally, many of these disparities are even higher for racial and ethnic minorities, showing that much work is needed to ensure the safety of schools for LGBTQ students of color.

To address these disparities, the Commission reviewed the literature on professional development programs designed to increase the efficacy of educator intervention in anti-LGBTQ bullying and improve school climate. The Commission's research concluded that LGBTQ training for school staff increases educator's knowledge of LGBTQ student experiences, awareness of the impacts of harmful or supportive behavior, and positive beliefs about LGBTQ youth. Training participant's efficacy in intervention also improves, and many educators report an increase in behaviors to interrupt bias-based behavior. All of these together contribute to a more positive school climate for LGBTQ student when educators participate in training, which is a major protective factor against the aforementioned behavior and health risks. The Commission's research in this area also identified opportunities for improvement in LGBTQ training programs; related recommendations to training providers are included in that section of the report.

Since 1992, the Commission has co-produced the Safe Schools Program for LGBTQ Students (SSP) with the Massachusetts Department of Elementary and Secondary Education (DESE), with a primary focus on providing school districts and educators with professional development training. In FY 2018 and FY 2019 alone, SSP conducted approximately 300 training sessions for educators or school district personnel in 127 distinct districts, with an annual average of over 100 technical assistance sessions ranging from guidance over the phone to in-person advanced workshops. Due to the COVID-19 pandemic and attendant disruption that schools experienced, SSP received fewer training requests than the previous school year. In the 2020-2021 school year,

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we provided 86 trainings to schools, districts, and educational organizations across MA (as of May 2021). Training sessions were facilitated by our cadre of experienced facilitators including Jeff Perrotti, Elijah Oyenuga, Landon Callahan, René Rives, James Shultis, Minh Nguyen, Kimm Topping, and Polly Williams.

Ending Homelessness Research and Recommendations

Recommendations to the Governor and Legislature on ending homelessness:

1. Improve access to state IDs for youth experiencing homelessness and gender expansive youth.
2. Increase services for youth at risk for or experiencing homelessness.
3. Create a bill of rights for people experiencing homelessness.
4. Increase LGBTQ participation as youth ambassadors and respondents to the Youth Count.
5. Promote best and promising practices for serving LGBTQ youth with providers of services for youth at risk for or experiencing homelessness.
6. Implement policies to ensure greater transparency of the foster care review process.
7. Implement policies to prevent families and individuals from experiencing homelessness.

Since the Commission restructured to focus its work on areas particularly affecting LGBTQ youth of color, it has been working in coalition with other organizations to address the major epidemic of youth homelessness. Corroborating the 2019 MYRBS data point that LGBTQ students are 2.9 times more likely to experience homelessness, the 2019 Massachusetts Youth Count found that 24.7% of homeless youth and young adults surveyed identified as LGBTQ. Furthermore, at least 47% of those respondents identified as Black, Latinx, Native American, Asian, or Pacific Islander. Due to the COVID-19 pandemic, the 2020 Youth Count was suspended, but data from the 2021 Youth Count should be available by the fall of 2021.

The report on homelessness below details the factors leading to homelessness and housing instability for LGBTQ youth, with the leading cause being familial rejection, followed by exiting or aging out of foster care, which can also be closely linked to family rejection. LGBTQ youth are disproportionately affected by other causes of homelessness such as juvenile justice involvement, skipping school because they feel unsafe, personal or parent substance use, and they experience other factors such as family homelessness. The report also examines experiences of LGBTQ youth, and finds that compared to other youth experiencing homelessness, they are more likely to sleep in a car or outside, and less likely to stay in a shelter; are four times more

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likely to engage in survival sex; and are three times more likely to be living with HIV. These, among other dire statistics, illustrate the necessity of efforts to reduce LGBTQ homelessness and improve the provision of services to homeless LGBTQ youth.

The Commission's recommendations echo some of the goals laid out in these plans and expands upon them, with a special section outlining best practices for providers to best support LGBTQ youth experiencing homelessness.

Advancing Justice Research and Recommendations

Recommendations to the Governor and Legislature on advancing justice:

1. Increase collection of data on sexual orientation and gender identity to identify and reduce disparities throughout the juvenile and criminal justice systems.
2. Limit the use of force by law enforcement and correctional officers and remove police from schools.
3. Decriminalize consensual sexual relations among parties close in age and issue guidance on reporting consensual sexual relations between minors.
4. Adapt the Sexual Orientation and Gender Identity or Expression Guiding Principles developed by the Juvenile Detention Alternative Initiative (JDAI)'s Special Populations Work Group.
5. Decriminalize sex work.
6. Improve prison conditions for incarcerated LGBTQ and intersex individuals.
7. Protect undocumented LGBTQ youth.
8. Raise the age of the juvenile justice system to include 18-to 20-year-olds.
9. Support legislative initiatives to improve the juvenile justice system.

LGBTQ youth are twice as likely to enter the juvenile system as their non-LGBTQ peers.¹ LGBTQ youth of color face even starker disparities and comprise a staggering estimated 85% of LGBTQ youth in the justice system.² Transgender individuals are nearly twice as likely to have been incarcerated as other LGBQ people, with transgender people of color reporting a rate of past incarceration four times higher than other LGBQ people.³ The Commission also knows, from its own data analysis as presented in the data report below, that LGBTQ youth (particularly transgender youth and youth of color) are especially likely to face risk factors such as truancy out of fear of attending school, being involved in bullying and fights, and experiencing homelessness, all of which are drivers of justice systems involvement.

The overrepresentation of LGBTQ youth of color in the juvenile and criminal systems also reflects the racial disparities faced by all people, regardless of LGBTQ identity, involved in these systems. One national study found that as compared to white youth, Black youth are four times more likely to be incarcerated, Native American youth nearly three times as likely, and Latinx youth 1.5 times as likely.⁴ It is therefore deeply troubling, but not surprising, that an estimated 85% of LGBTQ youth in the justice system are youth of color.⁵ Experiences of discrimination that disproportionately affect and result in justice involvement for LGBTQ youth, particularly LGBTQ youth of color, parallel vulnerabilities that result in victimization, abuse, and further trauma within the justice-system⁶.

To combat these disparities, the Commission has worked closely with many state agencies and entities in Massachusetts to establish more equitable state policies within the juvenile justice system. The Commission has also worked in coalition with community organizations such as Citizens for Juvenile Justice to advance legislation to further reform the juvenile justice system and improve the lives and conditions of LGBTQ individuals involved in the juvenile and adult criminal justice system. While the Department of Youth Services (DYS) has made much progress over the past several years on being a safer and more affirming place for LGBTQ youth, the adult criminal justice system has not made such strides. Furthermore, both the juvenile and adult systems can only do so much to prevent youth from actually *entering* these systems. Decreasing the incarceration of LGBTQ youth and youth of color in particular will also require law reform that is focused on equity and anti-racism, and on dismantling the structural factors that lead to the excessive incarceration of these populations. Finally, if the Commonwealth is to take these issues seriously, it is critical that we have more data on LGBTQ populations in the justice systems.

Improving Health Research and Recommendations

Recommendations to the Governor and Legislature on improving health:

1. Ensure that comprehensive, age-appropriate, and LGBTQ-inclusive sexual health education is taught in every school district and supported with adequate funding.
2. Support HIV prevention and treatment services for LGBTQ youth, which are particularly critical for LGBTQ youth of color.
3. Enact policies to ensure health equity throughout state government.
4. Improve the quality and availability of mental healthcare.
5. Create a legal framework for supervised consumption sites.

The Commission's recommendations on health have historically placed a large focus on sexual health, as this is an area that consistently affects LGBTQ youth disproportionately. Despite a downward trend in HIV infection rates among the LGBTQ population at large, certain groups such

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as young people, people of color, and transgender people continue to be disproportionately affected. Potential causes of higher HIV rates include riskier sexual behavior and less frequent use of effective STI prevention methods, pointing to a need for LGBTQ-inclusive sexual health education. However, LGBTQ students are less likely to report learning about condom use or STI prevention in school, and only 18% of them receive sex education that is inclusive of LGBTQ identities. The Improving Health section then reviews several available health curricula that meet standards of inclusivity and medical accuracy.

Along with the recommendations in the Increasing Inclusion section, which can reduce harmful stigma leading to these health disparities, this part of the report details several areas where strategies are needed to improve health among LGBTQ youth populations. These include a lack of LGBTQ competence among healthcare providers, leading to negative encounters with medical professionals—at 31% of transgender people, a major barrier to accessing care—and a crisis of insurance coverage for mental and behavioral healthcare combined with prohibitively high costs. The Commission also calls for greater awareness of and support for transgender healthcare, in particular affordable access to medical transition related needs, as well as a sufficient quantity of providers specializing in mental health who are able to support youth through social transition and detect signs of abuse or other concerns. Among all areas of care, another area of need stressed by the report is a strengthening of confidentiality in healthcare systems overall.

Sexual Victimization Research and Recommendations

Recommendations to the Governor and Legislature on sexual victimization:

1. Require schools to sexual health education that includes consent and develop consent education programs to prevent and reduce instances of sexual assault.

LGBTQ people experience disproportionately high rates of sexual violence, when compared to non-LGBTQ people.⁷ Current research demonstrates that sexual violence affects people of all genders, sexual orientations, races, abilities, ages, and more; however, it uniquely impacts LGBTQ youth and the LGBTQ community. Discrimination, marginalization, racism, sexism, and hate-motivated violence all put LGBTQ persons at a higher risk of sexual assault. Society also often hypersexualizes LGBTQ people and stigmatizes queer relationships, which contributes to ineffective responses to sexual violence in the community and decreased reporting.⁸ Internalized homophobia and transphobia in the community has been linked to intimate partner violence between LGBTQ couples.⁹ Finally, LGBTQ youth and young people experience disproportionately high rates of sexual violence in higher education and carceral institutions.

Agency Recommendations

In addition to the core recommendations noted above – which require legislation, executive action, and/or interagency collaboration – the Commission has also issued unique and extensive

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recommendations to 17 government entities in the state. These recommendations are the result of relationships developed between the Commission and agencies through a liaison system and, as much as is possible, represent shared goals rather than the perspective of the Commission alone. These recommendations tend to focus on the topics of staff and vendor trainings, increasing LGBTQ-inclusive data collection, crafting LGBTQ nondiscrimination and inclusion policies, and conducting outreach and providing resources to the LGBTQ youth population.

ENDNOTES

¹ Vallas, R., & Dietrich, S. (2014). One Strike and You're Out: How We Can Eliminate Barriers to Economic Security and Mobility for People with Juvenile Records. *Center for American Progress*.

² Wilson, B. D. M., et al. (2017).

³ Lambda Legal. (2016). Protected and Served?: Jails and Prisons. Retrieved from <https://www.lambdalegal.org/protected-and-served/jails-and-prisons>

⁴ Stemming the Rising Tide: Racial & Ethnic Disparities in Youth Incarceration & Strategies for Change. (2016). The W. Haywood Burns Institute. Retrieved from http://www.burnsinstitute.org/wp-content/uploads/2016/05/Stemming-the-Rising-Tide_FINAL.pdf

⁵ Wilson, B. D. M., et al. (2017).

⁶ Brockman, B., Cahill S., Henry, V., & Wang, T (2018). Emerging Best Practices for the Management and Treatment of Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex Youth in Juvenile Justice Settings. The Fenway Institute and The Center for Prisoner Health and Human Rights. Retrieved from: https://fenwayhealth.org/wp-content/uploads/TFIP-21_BestPracticesForLGBTYouthInJuvenileJustice_Brief_web.pdf

⁷ Sexual violence is defined as any sexual interaction where an offender exerts power and control over another person without their consent. Boston Area Rape Crisis Center, “About sexual violence,” accessed May 13, 2021, <https://barcc.org/information/facts>.

⁸“Sexual Assault and the LGBTQ Community,” Human Rights Campaign, accessed June 5, 2021, <https://www.hrc.org/resources/sexual-assault-and-the-lgbt-community>.

⁹ Laura Badenes-Riberra, Julio Sanchez-Meca, & Claudio Longobardi, “The Relationship Between Internalized Homophobia and Intimate Partner Violence in Same-Sex Relationships: A Meta-Analysis,” *Trauma, Violence, & Abuse* 20, no. 3 (2019).

Sexual Orientation and Gender Identity Among Massachusetts High School Students



Summary of LGBTQ Data in 2022 Annual Report

The Massachusetts Youth Risk Behavior Survey (MYRBS) is a biannual, representative study of youth statewide. In the most recent 2019 MYRBS,

- 17.1% of MA youth identified as LGBTQ
- 67.3% of LGBTQ MA youth identified as female
- 32.7% identified as male
- 47.2% of LGBTQ MA youth identified as white
- 11.2% as Black
- 8.9% as Hispanic/Latinx
- 5.7% as Asian
- 26.8% as multiracial youth

For a full analysis, see our 2022 Annual Report at mass.gov/annual-recommendations.

Percent of Students Who Reported Risk Behaviors and Experiences	LGBTQ Students	Non-LGBTQ Students	Relative Risk for LGBTQ Students
Bullied at school in the past year	29.8	14.1	2.1x
Skipped school in past month because felt unsafe	15.4	4.5	3.4x
Been in a physical fight at school in the past year	11.9	5.6	2.1x
Threatened or injured with weapon at school	11.8	3.3	3.6x
Bullied electronically in the past year	23.8	11.5	2.1x
Hurt self on purpose in the past year (e.g., by cutting, burning self)	37.3	12.4	3.0x
Seriously considered suicide in the past year	39.0	12.9	3.0x
Made a suicide attempt in the past year	19.9	4.5	4.4x
Can talk to parents about "things that are important to you"	69.3	82.9	0.8x
Any lifetime heroin use	4.6	1.1	4.2x
Experienced sexual contact against their will	18.8	7.3	2.6x
Homelessness	7.0	2.0	3.5x

All differences between LGBTQ and other students are statistically significant, p. < .01.



Sexual Orientation and Gender Identity Among Massachusetts DYS Residential Population

Summary of LGBTQ Data in 2022 Annual Report

The PREA Assessment (MYRBS) is a recent study looking at the LGBTQ+ residential population from the Department of Youth Services (DYS) where,

- 27.3% of DYS residential youth identified as white
- 16.4% as Black or African American
- 49.1% as Hispanic/Latinx
- 7.3% as all other races or multiracial

For a full analysis, see our 2022 Annual Report at
mass.gov/annual-recommendations.

Percent of Students Who Reported Risk Behaviors and Experiences	LGBTQ Youth %	Non-LGBTQ Youth %	Relative Risk for LGBTQ Students
Fears About Being at DYS	23.8	9.3	2.6x
Neg. Comments About Gender Identity	11	1.1	10x
Neg. Comments About Sexual Orientation	30.8	1.3	23.7x
Neg. Comments About Religion	6	3.4	1.8x
Neg. Comments About Race	29.5	17.5	1.7x
Negative Comments About Appearance	58	24.8	2.3x
History of Physical Abuse	54.8	16.8	3.3x
History of Sexual Abuse	46.7	8.4	5.6x

All differences between LGBTQ and other students are statistically significant, p. < .01.

SPECIAL REPORT ON COVID-19 AND LGBTQ YOUTH

A. Introduction

Presently, there is little data capturing the specific impact of COVID-19 on LGBTQ adults and youth. In May 2020, 100 members of Congress called on the Trump Administration to collect sexual orientation and gender identity and expression (SOGIE) data of COVID-19 patients, with no success.¹ Only two states, Pennsylvania and California, purportedly track information on LGBTQ identities of COVID-19 patients. However, in California, despite a bill passed through the legislature, health agencies continue to exclude LGBTQ people from their data.² Pennsylvania efforts have similarly fallen short, failing to modify SOGI questions related to vaccination distribution and access.³

In the Commonwealth of Massachusetts, the Fenway Health Institute published an editorial in August 2020, entitled “Sexual and Gender Minority Health in the COVID-10 Pandemic and Why Data Collection and Combatting Discrimination Matter More Now Than Ever.” The editorial’s lead author and Director of Health Policy Research, Cahill said, ““We don’t yet know whether Black, Latinx, or Indigenous people who are also lesbian, gay, bisexual, and transgender have worse outcomes from COVID-19 than their straight and cisgender peers. These are critically important questions because the answers might affect the deployment of resources and the development of culturally tailored interventions.”⁴

Between September and November of 2020, the Massachusetts Department of Public Health (DPH) conducted an online Community Impact Survey to understand the specific needs of populations that have been disproportionately impacted by the pandemic and included LGBTQ individuals as one of their Priority Populations.⁵ While this data does not show us the impact of COVID-19 infections and deaths among LGBTQ individuals, it demonstrates significant disparities in other important areas, including access to COVID testing, mental health impacts, risk mitigation, impacts on youth, and more. This data is discussed below in Section II.

While it is essential to gather more data on LGBTQ persons impacted by COVID, studies currently show that the pandemic presents a unique and adverse socioeconomic impact on LGBTQ youth. The pandemic has exacerbated economic and housing instability, unsafe and unsupportive home environments, inadequate access to support systems, and mental health challenges faced by LGBTQ youth. These health and socio-economic disparities exist at the national level and state level in Massachusetts.

On December 11, 2020, the U.S. Food and Drug Administration issued emergency authorization of a vaccination preventing COVID-19 in persons 16 years of age and older.⁶ The vaccination’s authorization occurred eight months after the World Health Organization declared the outbreak of COVID-19 to be a global pandemic.⁷ The arrival of the vaccination brought hope to many

around the country and within the state of Massachusetts. Massachusetts rolled out the vaccination in phases, based on age, occupation, and pre-existing health conditions.⁸ By April 19, 2021, all persons over 16 years of age became eligible for the vaccination.⁹ By the end of May 2021, approximately 3.5 million Massachusetts resident were fully vaccinated against COVID.¹⁰ Additionally, schools, businesses, and other institutions are re-opening, entertaining larger capacities of persons, and shedding mask mandates.

While the COVID vaccination invites hope, the pandemic continues to bring hardship to young people and youth, particularly those from marginalized communities. Despite national and state efforts to “put shots in arms,” in many areas, COVID cases continue to rise.¹¹ More contagious variants circulate, and hospitals are seeing more severe cases of COVID in younger persons.¹² Between May 19 and 26, 2020, there were 814 new, confirmed cases in people ages 10-14, 909 confirmed in ages 15-19, and 1,537 confirmed in ages 20-29. People ages 20-29 had the highest number of confirmed cases compared to other age groups.¹³

B. Massachusetts Department of Public Health COVID-19 Community Impact Survey

As noted above, the Massachusetts Department of Public Health (DPH) published a comprehensive COVID-19 Community Impact Survey (CCIS) on May 12, 2021 to understand the specific needs of populations that have been disproportionately impacted by the pandemic. CCIS included over 33,000 responses from adults and over 3,000 responses from youth and included LGBTQ individuals as a Priority Population.

The CCIS topics include:

- Mitigating Individual Risk of Infection
- Access to Testing
- Access to Healthcare
- Social Determinants of Health
- Mental Health
- Employment
- Parents and Families
- Substance Use
- Discrimination and Race Spotlights
- Impact on Youth

A breakdown of several of these topics have been included below to highlight the disparities LGBTQ individuals have faced. Please note that the terminology for each population and subpopulation comes from DPH’s report.

1. Risk Mitigation

Populations who were most likely to report being “very worried” about becoming infected with COVID-19 include (i) transgender individuals; (ii) those who are female or questioning their

gender identity; (iii) LGBQ+ respondents; (iv) blind people and people with visual impairment; (v) people with cognitive, mobility, or self-care disabilities; (vi) respondents with lower income and/or lower educational attainment; (vii) people of color, including Hispanic/Latinx, Asian/Pacific Islander, Black, and American Indian/Alaskan Native; and (viii) those who speak a language other than English.¹⁴

Data on specific subpopulations show stark disparities among LGBTQ individuals. Respondents who reported being “very” worried about becoming infected with COVID-19 include¹⁵:

- ❖ Gender Identity:
 - Transgender: 43%
 - Nonbinary, Questioning, or Not sure: 41%
 - Cisgender: 30%
- ❖ Sexual Orientation:
 - Questioning/Not Sure: 38%
 - Queer: 36%
 - Gay or Lesbian: 34%
 - Heterosexual: 29%

2. Testing Access

Populations who were more likely to report not getting tested because they did not know where to go include: (i) transgender individuals; (ii) nonbinary and male individuals; (iii) LGBQ individuals; (iv) individuals with disabilities; (v) American Indian/Alaska Native, Multiracial, and Asian individuals; (vi) individuals with lower income; and (vii) individuals who speak languages other than English.¹⁶

Respondents who reported not getting tested because they did not know where to go include¹⁷:

- ❖ Gender Identity:
 - Transgender: 21%
 - Nonbinary: 14%
 - Cisgender: 4%
- ❖ Sexual Orientation:
 - Queer: 11%
 - Questioning: 11%
 - Bisexual/Pansexual: 7%
 - Gay or Lesbian: 5%
 - Heterosexual: 3%

3. Healthcare Access and Delays

Populations who reported the highest rates of delaying medical care include: (i) nonbinary and genderqueer individuals; (ii) transgender individuals; (iii) LGBQ individuals; (iv) individuals with disabilities; and (v) American Indian/Alaska Natives, Black, and Multiracial individuals.¹⁸

Respondents who reported delaying medical care include¹⁹:

- ❖ Gender Identity:
 - Nonbinary: 38%
 - Transgender: 35%
 - Cisgender: 17%
- ❖ Sexual Orientation:
 - Queer: 37%
 - Bisexual/Pansexual: 30%
 - Heterosexual: 16%

4. Mental Health

Populations who reported the highest rates of poor mental health include: (i) transgender and nonbinary individuals; (ii) LGBQ+ respondents; (iii) Multiracial, American Indian/Alaska Native, and Hispanic/Latinx individuals; (iv) younger respondents; and (v) individuals with annual income under \$35,000.²⁰

Respondents most likely to report 15+ days of poor mental health in the past 30 days include²¹:

- ❖ Gender Identity:
 - Nonbinary: 68%
 - Transgender: 62%
 - Cisgender: 33%
- ❖ Sexual Orientation:
 - Queer: 59%
 - Bisexual/Pansexual: 55%
 - Gay or Lesbian: 41%
 - Heterosexual: 31%

5. Employment

Populations who were most likely to report either losing their jobs, experiencing a reduction of work hours, or took leave include: (i) transgender individuals (over 2 in 5); (ii) nonbinary individuals (2 in 5); (iii) bisexual and pansexual individuals (1 in 3); and (iv) American Indian/Alaska Native (over 1 in 3). Queer and asexual individuals reported higher rates of only job loss, while

Hispanic/Latinx, multi-racial, and individuals who speak a language other than English reported higher rates of experiencing reduced hours or taking leave.²²

Respondents most likely to report job loss, reduced hours, or taking leave from work include²³:

- ❖ Gender Identity:
 - Transgender: 43%
 - Nonbinary: 39%
 - Cisgender: 24%
- ❖ Sexual Orientation:
 - Queer: 34%
 - Bisexual/Pansexual: 32%
 - Asexual: 29%
 - Heterosexual: 24%
 - Gay or Lesbian: 21%

6. Parents and Families

Parents reported significant concerns on issues from housing costs and stability, access to affordable childcare, mental health, delaying healthcare, and more.²⁴

Parents who reported being **worried about housing expenses** in the next few weeks include²⁵:

- ❖ Gender Identity:
 - Transgender: 55%
 - Nonbinary: 54%
 - Cisgender: 32%
- ❖ Sexual Orientation:
 - Questioning: 60%
 - Asexual: 44%
 - Bisexual/Pansexual: 41%
 - Queer: 39%
 - Heterosexual: 31%
 - Gay or Lesbian: 29%

Parents who reported being worried about **available childcare services** include²⁶:

- ❖ Gender Identity:
 - Nonbinary: 48%
 - Transgender: 41%
 - Cisgender: 17%

- ❖ Sexual Orientation:
 - Queer: 39%
 - Bisexual/Pansexual: 34%
 - Questioning: 34%
 - Asexual: 24%
 - Heterosexual: 16%
 - Gay or Lesbian: 15%

Parents who reported **more than 15 days of poor mental health** in the past month include²⁷:

- ❖ Gender Identity:
 - Nonbinary: 67%
 - Transgender: 63%
 - Cisgender: 34%
- ❖ Sexual Orientation:
 - Questioning: 74%
 - Queer: 61%
 - Bisexual/Pansexual: 55%
 - Gay or Lesbian: 38%
 - Asexual: 36%
 - Heterosexual: 33%

Parents who reported **delaying healthcare** include²⁸:

- ❖ Gender Identity:
 - Transgender: 53%
 - Nonbinary: 44%
 - Cisgender: 17%
- ❖ Sexual Orientation:
 - Queer: 36%
 - Questioning: 28%
 - Bisexual/Pansexual: 28%
 - Gay or Lesbian: 20%
 - Heterosexual: 17%
 - Asexual: 16%

7. Impact on Youth

The COVID crisis has had significant compounding impacts on youth, particularly on youth mental health.

Youth who reported **feeling sad or hopeless every day for more than two weeks** include²⁹:

- ❖ Gender Identity:
 - Nonbinary: 83%
 - Transgender: 78%
 - Cisgender: 46%
- ❖ Sexual Orientation:
 - Queer: 84%
 - Bisexual/Pansexual: 68%
 - Gay or Lesbian: 66%
 - Asexual: 52%
 - Questioning: 51%
 - Heterosexual: 39%

Youth who reported **having more than 3 PTSD reactions** during COVID-19 include³⁰:

- ❖ Gender Identity:
 - Nonbinary: 55%
 - Transgender: 54%
 - Cisgender: 24%
- ❖ Sexual Orientation:
 - Queer: 61%
 - Bisexual/Pansexual: 39%
 - Gay or Lesbian: 37%
 - Asexual: 35%
 - Questioning: 29%
 - Heterosexual: 29%

Public Health Measures Massachusetts Should Enact

Given the current national and local landscape, the Commission urges the Commonwealth of Massachusetts to take action and provide equitable and inclusive responses that center the experiences of LGBTQ youth, youth of color, and other marginalized populations. This Commission specifically supports the policy recommendations forwarded by the Task Force on Coronavirus and Equity, created by the Massachusetts Public Health Association³¹:

1. Ensure Housing Security and Safety.

This Commission supports housing protections, such as measures to prevent eviction and foreclosure for one year following the end of the state of emergency. Additionally, continued access to testing, safe quarantine, vaccinations, and long-term housing solutions are needed for people experiencing homelessness.

2. Secure Worker Rights and Safety.

Even with rising vaccination rates, workers must be protected during Massachusetts's economic reopening and beyond. The COVID-19 pandemic caused an unprecedented health and safety crisis for workers and continues to have lasting social, physical, mental, and economic impacts on workers and their families. Throughout the pandemic, the State largely failed to provide basic safety protections for workers and instead, chose to save businesses and absolve employers from responsibility.³² This Commission requests emergency paid sick time and other protections to support workers.

3. Demand Police Accountability.

This Commission continues to demand police accountability, despite advances in legislation. On December 31, 2020, Governor Baker signed an omnibus bill into law, which importantly asserts control over police in schools, requires public disclosure of police misconduct records, prevents sexual assault in police custody, and more. However, as stated by the Massachusetts ACLU, the bill is a compromise. This Commission supports efforts to protect Black, LGBTQ, and other marginalized communities from police brutality, such as ending qualified immunity.³³

4. Implement Data Collection and Action Planning for Equity.

The current data on COVID-19 makes it clear that the pandemic has disproportionately impacted Black and Latinx communities. In response, on June 8, 2020, the Act Addressing Covid-19 Data Collection and Disparities in Treatment was signed into law. While the Act represents some progress, this Commission supports improved data collection and efforts to address the inequities illuminated by such data.

5. Improve Health & Safety for Immigrants.

This Commission supports safe access to testing and treatment for immigrants in Massachusetts. It additionally supports legislative efforts to improve the health and safety of immigrants, such as an Act to Protect the Civil Rights of all MA Residents, an Act Relative to Work and Family Mobility, and an Act to Provide Equal Stimulus Checks to Immigrant Taxpayers. These acts did not come up for vote in the 2020 legislation session; however, if passed, they offer tangible ways to improve the health and safety of immigrants in Massachusetts.

6. Decarcerate Prisons and Jails.

Prisons and jails have been disproportionately hit by COVID-19. This Commission calls on the Commonwealth of Massachusetts to develop a plan for decarceration of prisons and jails to protect the health and well-being of incarcerated persons.

7. Amend the Crisis Standards of Care.

This Commission joins advocates and medical providers in requesting revision of Massachusetts's "crisis standards of care." These standards of care are guidelines involving the allocation of medical equipment when demand for critical care resources outpaces supply. While the standards were revised in April 2020, they remain inadequate. They were designed based on assumptions about the quality of life that discriminate against people of color and people with disabilities.

C. Impact of COVID-19 on LGBTQ Youth Experiences

Below is a summary of data describing the impact of COVID-19 on LGBTQ youth across the nation and in the Commonwealth of Massachusetts. Current studies suggest that COVID-19 has adversely impacted housing, economic conditions, support services, health, and incarceration of LGBTQ youth.

1. Housing Issues

a. Housing Instability

Homophobia and transphobia, racism, poverty, structural violence, and other factors place LGBTQ youth at risk of economic and housing instability and exposure to COVID-19. In general, LGBTQ youth experience higher rates of homelessness and poverty than their heterosexual peers.³⁴ While only 7% of US youth identify as LGBTQ, up to 40% of youth experiencing homelessness identify as LGBTQ.³⁵ Thus, LGBTQ youth are overrepresented among the unhoused and face unique challenges in homelessness during the COVID pandemic.

At the onset of the pandemic, evictions, closure of shelters and university housing, and inability of youth to "couch surf" due to stay-at-home orders pushed more youth into homelessness. Eviction and housing displacement are associated with an increased risk in COVID-19 infection and mortality.³⁶ Housing instability leads to virus transmission opportunities and difficulty in complying with public health measures necessary to reduce virus spread. For instance, the CDC at the state and federal levels champions, and in some instances mandates, public health measures such as physical distancing, staying at home, routine hand washing/sanitizing, and mask wearing to prevent the spread of COVID-19. However, adherence to these measures can be difficult and even impossible for youth experiencing homelessness and/or housing instability.

Additionally, housing instability may lead to lower access to testing and decreases likelihood of timely medical attention, which threatens community spread. Individuals who are most vulnerable to housing displacement, namely people of color and lower income persons, are more likely to suffer from comorbidities that increase the risk of severe COVID-19 symptoms, such as diabetes, obesity, high blood pressure, pulmonary disease, and respiratory disease.³⁷

In September 2020, the CDC issued a federal order to pause evictions and prevent the spread of COVID.³⁸ While this action was unprecedented, there are numerous problems with its design and implementation. First, tenants must meet a list of requirements and present a signed declaration to their landlord. The moratorium applies to those who experience substantial loss of household income due to a layoff or reduced work hours. Those who were experiencing economic and housing instability pre-pandemic may not be afforded its protections. Without internet access, presenting a signed declaration may be difficult as well.

Second, the moratorium does not solve the issue of housing instability, but merely postpones evictions. Once the moratorium expires on June 20, 2021, many renters will owe back rent and face eviction. Third, even with the moratorium in place, landlords may evict tenants on grounds other than non-payment, such as excessive noise, or simply refuse to extend leases.³⁹ Threatening tenants with eviction may also be enough to get tenants to leave; the CDC said that landlords have the right to challenge any tenant's declarations that they qualify for the moratorium. Tenants who make a false claim could face criminal charges for perjury.⁴⁰

In Massachusetts, according to an investigation by students and a professor at Northeastern University, there has been a dramatic spike in eviction filings since the state's eviction moratorium expired in October 2020. Between November and January 2020, there were more than 6,500 eviction filings across the state. According to Vanessa Calerón-Rosado, the CEO of Inquilinos Boricuas en Acción, "The moratorium really has helped keep people housed, especially children who are now studying remotely. You don't want to put families, in the midst of a pandemic, on the streets. But it's clearly a short-term solution. And we just need to have more resources available to support families in paying their rent."⁴¹

Since the onset of the pandemic many populations, including youth and young adults, have faced increased housing instability. To create a safety net, there has been a large increase in funds to bolster the support system for youth experiencing homelessness and housing instability. According to the Massachusetts Commission on Unaccompanied Youth, these resources enabled the creation of additional emergency shelter and housing resources specifically for young adults 18-24 in every region of Massachusetts, including designated spaces for LGBTQ and non-binary young adults.⁴² Additionally, the Commission on Unaccompanied Homeless Youth reported serving 2,470 youth in FY2020, as compared to 1,778 in FY2019, with the increase due to increased outreach and increased prevention funds for youth to retain their housing. While various stakeholders, including this Commission, have provided funds for youth, there are continuing structural issues that continue to push and keep LGBTQ youth into poverty. The Commission on Unaccompanied Homeless Youth plans to collect more data for FY2021, with an emphasis on expanding survey efforts to capture LGBTQ youth experiencing homeless and housing instability. This data will importantly provide a better picture into the impact of COVID on LGBTQ access to housing around the state.

In sum, LGBTQ youth continue to experience homelessness and housing instability during the pandemic and may not have access to proper protections to prevent displacement and spread of COVID.

b. Unsupportive Home Environments

At the onset of the pandemic, stay-at-home orders forced many housed LGBTQ youth to shelter-in-place with family members. Even as the stay-at-home orders and other restrictions have lifted, LGBTQ youth spend more time in the home with their families, as many educational institutions have adopted virtual or hybrid models, requiring students to conduct schoolwork from their homes.

For many LGBTQ youth, their home environment is unsafe and unsupportive. In a study conducted by the Trevor Project in August 2020, 16% of LGBTQ youth, including 29% of transgender and nonbinary youth, reported feeling unsafe in their home since the start of the pandemic. This stands in contrast to 10% of cisgender/heterosexual youth.⁴³ Spending more time in the home exacerbates LGBTQ youth's experiences of abuse and victimization. Their identity also often meets criticism and violence at home. In their August 2020 study, the Trevor Project reports that 41% of LGBTQ youth, including 56% of transgender and nonbinary youth, believe that COVID-19 impacted their ability to express their identity. To mitigate these critical responses, LGBTQ youth may hide or downplay their identities while in the home; however, this form of codeswitching may increase anxiety, depression, internalized homophobia and transphobia, and other stress experiences.⁴⁴ In general, youth who experience family rejection of their LGBTQ identity are six times more likely to experience depression and eight times more likely to attempt suicide than LGBTQ youth who experience low levels of family rejection.⁴⁵ The COVID-19 pandemic has ultimately heightened rejection and victimization of LGBTQ by requiring many youths to spend prolonged time in the home.

Additionally, some LGBTQ may be housed with family members who do not take COVID seriously. According to the Trevor Project, over one in three LGBTQ youth, as opposed to one in five heterosexual/cisgender youth, distrusted their family in providing health information on COVID-19.⁴⁶ Therefore, housing may feel unsupportive and unsafe when family members are not taking proper precautions to preventing the virus spread.

2. Economic Conditions

a. Economic Instability

LGBTQ youth are generally at a greater risk of poverty and economic instability than their heterosexual/cisgender peers. The Williams Institute found that in Massachusetts, the poverty rate for LGBTQ people was 12.8%, while only 9.4% for non-LGBTQ people.⁴⁷ Physical health is inextricably linked to the social context and socioeconomic status. For instance, a large share of LGBTQ youth of color in Massachusetts currently live with economic, housing, and food insecurity, which places them at a greater risk of COVID.⁴⁸ Data from the Boston Indicators demonstrates strong correlations between socioeconomic status and the prevalence of COVID. A study from August 2020 found that Massachusetts cities with more crowded homes, with larger communities of color, and more frontline workers had higher rates of COVID.

In Massachusetts, the pandemic has exacerbated economic instability faced by many in the LGBTQ community. According to the Williams Institute and the Human Rights Commission, LGBTQ individuals, particularly LGBTQ individuals of color and transgender individuals, are far more likely than the general population to live in poverty and lack access to necessities during the pandemic.⁴⁹

The top-five industries that employ 40% of LGBTQ individuals (as compared to 20% of non-LGBTQ individuals)—hospitals, food service, K-12 education, higher education, and retail—shut down at the beginning of the pandemic, forcing LGBTQ people out of work. While many of these workplaces are now open in at least a reduced capacity, workers in these professions may not have the option to work from home, which has placed them at higher risk of contracting the virus.

Even as many employers have begun re-hiring and as state and federal governments have bolstered unemployment funds, the economic impact of COVID will likely have long-lasting implications for LGBTQ youth. For instance, regarding high school and college graduates, entering the workforce during a recession has both short-term and long-term impacts on economic well-being. Not only has it been difficult to find a position over the past year, but research suggests that it puts young people at future risk for poverty, low self-esteem, stress, and adverse outcomes.⁵⁰

Thus, LGBTQ youth, particularly LGBTQ youth of color and with low socioeconomic status, are not only experiencing higher rates of economic instability, but that economic instability places them and their communities at higher risk of contracting COVID.

b. LGBTQ- and Minority-Owned Businesses

There have been some state initiatives to bolster economic recovery for LGBTQ and minority-owned businesses. In October 2020, the Baker-Polito Administration announced a \$774 million comprehensive plan to support the Massachusetts economy. The plan included issuing grants to small businesses, prioritizing those businesses owned by LGBTQ, people of color, and other underrepresented groups.⁵¹ In 2020, the Administration announced approximately \$50 million in grants to support small business owners. With 10,000 applicants, 1,158 small businesses were designated for an award.⁵² 100% of the grantees are LGBTQ-, minority-, individuals with disabilities-, or veteran-owned businesses. 96% of grantees are minority-owned businesses, and 76% of grantees are women-owned businesses.

January 22, 2021, the Massachusetts Office of Business Development began accepting proposals for the Regional Project Grant Program for the Fiscal Year 2021.⁵³ One of the successful recipients was the Massachusetts LGBTQ Chamber of Commerce, awarded \$200,000.⁵⁴ The community developed organization sought to create one-on-one business assistance models for LGBTQ small businesses in the towns of Northampton, Easthampton, and Holyoke. The Chamber aimed to support trainings, consulting, mentorship, funding opportunities, and marketing initiatives.

Ultimately, data is needed to identify the success of these grant programs. The vitality of LGBTQ- and minority-owned businesses is important for creating safe spaces for LGBTQ youth, and for LGBTQ youth to see themselves represented in the community through small businesses.

3. Support Services

The pandemic has limited LGBTQ youth's access to essential support services, including health and school-based services. Many services are now offered completely in an online, hybrid, or limited in-person models. As more states are relaxing COVID-related restrictions, previous services relied on by LGBTQ youth may be reinstated or return to pre-pandemic capacities. However, LGBTQ youth, particularly LGBTQ youth with low socio-economic status, have more difficulty getting their needs met. Moreover, prolonged disconnect between adequate social and coping mechanisms, and health treatments, threatens the health and livelihood of LGBTQ youth.

a. School Services

LGBTQ youth, particularly LGBTQ youth of color, may experience limited access to the educational, social and emotional services that they need, and lack important connections that help with their identity development, learning, and growth. The pandemic brought closures of secondary and higher education institutions.

Schools have gradually begun to reopen in at least a limited capacity. According to surveys conducted by MCH Strategic Data, as of April 2021, 43% of surveyed K-12 districts offered in person learning, 45% offered hybrid learning, while only 2% offered fully remote learning.⁵⁵ At the university level, 44% of institutions were primarily online, 21% were hybrid, and 27% were fully or primarily in person for the Fall 2020. More institutions expanded their in-person instruction and housing for the Spring 2021 with increased testing, contract tracing, and wastewater surveillance to help track campus outbreaks.⁵⁶ In Massachusetts, according to a survey conducted in August 2020, 65% of school districts reported they would reopen their high schools with a hybrid model, while 35% of districts reported that they would reopen their high schools with a fully remote model.⁵⁷ In another survey sent out in February 2021, 74% of school district's high schools used a hybrid model and 26% used remote models. Three school districts adopted an in-person model for the high schools.⁵⁸ It is likely that more schools will have transitioned their model to in-person or hybrid later in the spring, with an increase in vaccination access.

As for higher education, most Massachusetts colleges and universities adopted a remote model for the 2020-2021 school year. Some institutions permitted limited access to dormitories, dining services, and clinical courses that require in-person work or research.⁵⁹ The State offered a phased plan for reopening higher education institutions, which has been periodically updated to comply with changing CDC guidelines and vaccination access.⁶⁰

While the in-person learning has been beneficial for some youth, the pandemic has highlighted the racial disparities that exist in the American public school system. Data has shown that Black,

Latinx, and Asian students in public schools are more likely to receive remote learning than their white peers. Low-income Black and Latinx communities have been the hardest hit by the pandemic, thus students from these communities are likely to experience great academic, social, and emotional learning losses.⁶¹ Low income Black and Latinx students are also more likely to have limited access to the Internet, which furthers their learning losses.⁶²

The closure of schools also meant the loss of extracurricular activities, resources, gender and sexuality alliances (GSA's), and for some, the one of the only spaces in which LGBTQ feel safe to express themselves. Research has shown that extracurricular groups may promote health development in young people. In a study by Poteat et al, engagement specifically in GSAs over the course of a school year "predicted increased perceived peer validation, self-efficacy to promote social justice, and hope." GSA members who had more meetings and mental health discussions reported fewer mental health concerns.⁶³ With fewer and/or virtual meetings due to COVID, students may have missed out on these benefits.

Many institutions have made efforts to adapt their current programming for LGBTQ youth to a virtual platform. At the college and university level, Boston University, for example, opened the "Rainbow Room," a virtual LGBTQI Affinity Space opened for bi-weekly community gatherings.⁶⁴ At the high school level, Massachusetts has the highest percentage (60.2%) of high schools with Genders and Sexualities Alliances (GSA); however, it is unclear how COVID has impacted students' access to these clubs and other safe spaces.⁶⁵

Maintaining student organizations for LGBTQ and underrepresented youth is important for the well-being of these youth, as these may be the only spaces where students can safely be themselves.⁶⁶ Inequity in accessing video conferencing and "Zoom fatigue" present barriers to student participation and leadership.⁶⁷ Students with low quality internet, which is often students with low socioeconomic status and students of color, may have difficulty fully participating in student programming.⁶⁸ Ultimately, the impact of Zoom fatigue needs to be studied further to understand how it may be impacting LGBTQ youth in Massachusetts education institutions.

b. Online Services and Social Media

Online text-based platforms and social media facilitate parasocial relationships and social support networks for LGBTQ youth during the pandemic.⁶⁹ Many LGBTQ youth capitalize on services such as Q Chat Space and TrevorSpace to maintain connections and build community while physical distancing. Q Chat Space and TrevorSpace have both seen growth in their number of users since the onset of the pandemic, which is perhaps predictable considering how maintaining in-person relations has been more difficult. Since the start of the pandemic, Q Chat Space facilitators implemented responsive program adaptations such as increased flexibility of session topics and encouraging longer term thinking beyond current circumstances of the pandemic.⁷⁰

Similarly, digital media offers opportunities for youth to develop parasocial, or one-way, relationships with LGBTQ media personalities and users. Parasocial relationships can play a unique, important social psychological role for LGBTQ youth.⁷¹ Consuming LGBTQ-specific content from blogs, YouTube, TikTok, Instagram, Discord, and other means allows youth to seek out LGBTQ-specific education, information, and entertainment, while exploring their own identities.

While there are important benefits of online supports in the time of COVID, ample studies show the negative impacts of social media on LGBTQ youth, including its potential to increase anxiety, depression, and stress, and lower self-esteem.⁷² As service providers continue to return to in-person, it will be important to supplement online support with that of in-person, for those youth who benefit from these types of services.

4. Health Challenges and Access Issues

a. Physical Health

The pandemic has exacerbated issues of healthcare access for LGBTQ youth. Before the pandemic, LGBTQ youth often experienced inadequate care and stigma within health institutions.⁷³ Many providers fail to provide identity-affirming care or are not properly trained to meet the needs of LGBTQ youth. While COVID-19 vaccinations and testing are free, LGBTQ youth may be deterred from seeking the help they need for COVID and non-COVID related health concerns. Some may not have access to health insurance or proper coverage in the event of complications with COVID or pre-existing conditions.⁷⁴

The CDC recognizes that LGBTQ youth are already at increased risk for negative health and life outcomes. In a study from 2019, the CDC found that LGB youth are more likely to have used illicit drugs than their heterosexual peers.⁷⁵ LGBTQ people in general are more likely to suffer from chronic conditions, substance abuse disorders, breast cancer, certain sexually transmitted diseases, and certain cancers.⁷⁶ Many of these underlying conditions are associated with high risk for severe COVID-19, which could further lead to hospitalization, intensive care, ventilation, or death.⁷⁷ While more data is needed, it is likely that COVID has exacerbated pre-existing health disparities, identity-based discrimination, and inequitable access to care.

b. Mental Health

In addition to the new data from DPH presented above, many studies demonstrate that population-level increases in mental health outcomes are directly linked to large-scale disasters in the U.S.⁷⁸ The COVID-19 pandemic is no exception. As stated by Salerno et al., “[t]he indirect psychological harms of the COVID-19 pandemic for those who belong to [marginalized] communities are complicated, exacerbated, and compounded by experiences and stressors specific to their marginalized social identities.”⁷⁹

Generally, LGBTQ youth are four times more likely to seriously consider suicide than straight/cisgender youth.⁸⁰ While data is still developing regarding suicide risk during the pandemic, the Trevor Project found in a recent poll (published August 2020) that 35% of LGBTQ youth felt lonelier and 28% felt more anxious since the start of the pandemic. The top three emotions experienced by these youth since the start of the pandemic was stress (68%), tired (61%), and nervous (54%).⁸¹

In Massachusetts, many of the challenges discussed above intersect and exacerbate mental health in LGBTQ youth. In September 2020, the Judge Baker Children's Center released an issue brief focused on the impact of COVID-19 on children, youth, and families in Massachusetts. The study points out that before the pandemic even started, a significant number of children and youth experienced mental health challenges.⁸² The pandemic, compounded with identity-based stressors, has made LGBTQ youth and youth of color particularly vulnerable to mental health issues.

The Children's Center study identifies three levels of factors that may impact youth mental health in Massachusetts: micro-level factors, meso-level factors, and macro-level factors. The micro-level encompasses family and home life, capturing the lasting negative effects of quarantine, social isolation, child abuse and neglect, family losses and separations, homelessness and more. The meso-level factors refer to systems and structures, namely, school closures and access to mental health care. Finally, the macro-level factors involve policy and the environment. The Center identifies general anxiety, xenophobia and racism, and stigma against those testing positive as macro-level factors. For example, Black, Latinx, and Native American children are disproportionately hospitalized for COVID. In addition, these children and youth are experiencing more COVID-19 deaths in their communities, collective trauma due to police brutality, and deep-rooted structural racism.

c. Zoom Fatigue

Researchers are just beginning to examine the impact of Zoom fatigue on educational experiences and wellness. In early 2021, Stanford University released a study capturing the impact of Zoom fatigue on people's work and personal lives. Stanford found that women, younger individuals, and people of color each experienced higher levels of Zoom fatigue.⁸³ The study found four major reasons why Zoom fatigues people: (1) excessive amounts of close up eye contact is intense; (2) seeing yourself constantly in real-time on video chats is fatiguing; (3) video chats reduce individual's typical mobility; and (4) cognitive load is much higher in video chats because individuals need to work harder to send and receive communication signals.⁸⁴

5. Incarceration

Across the nation, carceral institutions have proved to be ripe for virus spread, considering the difficulty of social distancing and the devaluation of life of incarcerated youth. According to data collected by the Sentencing Project in September 2020, 1,800 youth in the juvenile justice system were infected by COVID. Some states and localities attempted to mitigate the spread of COVID in carceral institutions by releasing youth, reducing admissions, reducing visitations, and isolating youth.⁸⁵

It is likely that youth of color and LGBTQ youth experience disproportionately the negative impacts of COVID in carceral institutions, considering their overrepresentation. One study reported that 42% and 35% of incarcerated persons under 18 are Black.⁸⁶ Another study reported that 20% of all youth in juvenile justice facilities are LGB. Of all LGBTQ and gender non-conforming persons in juvenile justice facilities, 85% are youth of color.⁸⁷ These studies are pre-pandemic, thus more data is needed to understand the impact of COVID on these rates.

Before the pandemic, LGBTQ and youth of color experience little oversight, inappropriate placement, abuse by other youth, inadequate health care, lack of support services, challenges with family visitation, and inappropriate community supervision.⁸⁸ It is likely that these disparate impacts have continued or have been exacerbated during COVID.

The pandemic has brought some additional challenges. For instance, some states shut down in-person visitations and transitioned to video visitation. However, inadequate internet access presents a significant barrier to both youth and their families. Ending visitations and inadequate virtual visitations harms youth's connections with their families and support systems outside of the institutional walls.

Many institutions have also reduced or disrupted programming. In juvenile institutions, programming seeks to rehabilitate juveniles, and without this programming, these institutions begin to look more like to adult institutions, which are primarily built around punishment. Generally, youth can learn, sleep, recreate, and interact with other incarcerated youth. However, youth suspected of infection often need to isolate pending diagnosis or test results. Medical confinement mirrors solitary confinement, which is a cruel, inhumane, and degrading form of treatment and violates international human rights standards.⁸⁹

The pandemic led to understaffing in carceral facilities. According to the Sentencing Project, 2,500 staff contracted the virus.⁹⁰ Inadequate staffing threatens youth's safety – facilities are often sites of sexual abuse and during the pandemic, youth may be incapable of preventing it or less likely to report it.⁹¹

In Massachusetts, in April 2020, the Massachusetts Juvenile Court issued a standing order recommending the release of youth awaiting trial or in probation violation hearings for nonviolent and less serious offenses. Within a month of the standing order, MA youth detention reduced by more than 20%.⁹²

While reducing the number of young people incarcerated is important, Massachusetts has one of the worst racial disparities for youth incarceration in the country. Additionally, LGBTQ youth, particularly girls and LGBTQ youth of color, are overrepresented in the juvenile justice system.⁹³ Carceral institutions have proved to be hot spots for virus spread and have negatively impacted incarcerated persons in a myriad of ways, as already described above.

Unlike many other states, Massachusetts importantly included incarcerated persons and staff in Phase 1 of the vaccination roll out, considering the inherent risks of living in close quarters.⁹⁴ The Department of Corrections also increased vaccination education and campaign efforts to encourage more incarcerated persons to get vaccinated. However, data released in early 2021 showed that half of Massachusetts's Department of Correction workers (approximately 3,000) refused vaccination.⁹⁵ At the time of the survey, there were approximately 350 active cases in carceral institutions statewide and 22 people had died in state prison or county jails. Prisoner advocates suggest that DOC worker's refusal to get vaccinated illuminates the weakness of the state's carceral system. LGBTQ youth in Massachusetts prisons, despite potential vaccinations, continue to be at risk of "breakthrough" cases and inadequate services because of the pandemic.

E. Conclusion

This report summarizes the current data on the impact of the COVID-19 pandemic on LGBTQ nationally and within the Commonwealth of Massachusetts. Some of this impact is unique to LGBTQ youth, while other aspects are unique to all youth or the LGBTQ community in general. LGBTQ youth of color are particularly negatively impacted by the COVID pandemic, as the pandemic has proved to exacerbate racial and social inequities at both the national and state level.

Despite the growing number of vaccinated persons, it is important to remember that the pandemic is not over. LGBTQ youth continue to experience hardships, and they are likely to feel the negative effects of the pandemic long after United States reaches herd immunity to the virus. The recommendations presented in this report are important measures to remedy the inequities faced by LGBTQ youth over the past year and provide structural safeguards that last beyond the pandemic.

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RECENT DATA ON TRANSGENDER YOUTH IN MASSACHUSETTS

A. Introduction

Every two years, the Commonwealth conducts the Massachusetts Youth Risk Behavior Survey (MYRBS) by using a representative sample of high school students. The biannual survey includes questions on gender identity and sexual orientation, as well as a variety of other demographic indicators. As of this writing, the Centers for Disease Control and Prevention (CDC) have made data from the national 2019 Youth Risk Behavior Survey available on their website. While the national survey includes questions about sexual orientation, it does not ask students about transgender identity, while the Massachusetts survey does. The public dataset that includes questions about transgender identity will likely be available in the fall of 2021 and analysis will be included in the Commission's FY23 report next year.

Last year, the Commission used its annual report to present an analysis of specific disparities facing transgender youth in the Commonwealth, using data from the 2015 and 2017 iterations of the survey, which we have included again below for this year's report.

In the combined 2015-2017 MYRBS data, 3.1% identified themselves as transgender or questioning their gender identity while 12.8% identified themselves as gay, lesbian, bisexual, or questioning their sexual orientation. These categories overlapped, with 62.3% of transgender/questioning youth also self-identifying as LGBTQ. Altogether, 13.9% of Massachusetts high school students identified as LGBTQ.

As of 2017, 2.9% of students identified as transgender, representing approximately one in 34 high school students across the Commonwealth. As some students who are gender-nonconforming identify as transgender and others do not, it is likely that the full population of youth who are transgender and/or gender-nonconforming or gender-expansive surpasses the figure of 2.9%. There is presently no question to specifically assess the number of students who have gender-expansive identities (e.g. nonbinary, genderfluid, or agender).

In the analyses that follow, MYRBS data from 2015 and 2017 were pooled to create a larger sample of transgender students and thus more reliable comparative data analyses.

B. Inclusion, Bullying, and Support

Transgender students face staggering disparities with respect to school-based inclusion and safety. Nearly three in ten (28.5%) of transgender youth had skipped school within the past month because they felt unsafe, which was more than three times the rate of non-transgender LGBTQ youth and more than eight times the rate of non-LGBTQ youth. It is easy to understand this fear when examining other factors such as the increased chance of being bullied (26.2% of

transgender students compared to 13% of heterosexual, cisgender students), being threatened or injured with a weapon at school (22.6% of transgender students compared to 3.9% of heterosexual, cisgender students), or being involved in a physical fight (24.4% of transgender students compared to 11.7% of heterosexual, cisgender students). Transgender students were also almost four times as likely as heterosexual, cisgender students to face sexual contact against their will, with a staggering 20.4% reporting such abuse, which may also contribute to their fear of going to school.

Transgender students were also less likely to have the support of parents and educators to help mitigate the mistreatment they faced from peers. Only 45.9% of transgender students said they could talk to both a parent and school professional about things that were important to them, compared to 55.5% of other LGBTQ students and 65.9% of non-LGBTQ students. LGBTQ students were twice as likely as non-LGBTQ students to say that they had neither a parent nor an educator to whom they could turn to talk about important things happening in their lives. Transgender youth were also twice as likely to rely on an educator for support, without being able to turn to a parent, compared with non-LGBTQ students. This highlights the importance of training and assisting educators in how to support their transgender students.

The impact of the lack of inclusion facing transgender students is apparent not just in their health and wellbeing outcomes, as discussed below, but also in their academic performance: only 60.9% of transgender youth reported receiving mostly As and Bs in school, compared to 67.7% of other LGBTQ peers, and 72.8% of their non-LGBTQ peers. Transgender youth were also more likely to self-report having both learning and physical disabilities, elevating their need for academic and social supports, and furthering their risk for social isolation within their school's community.

Table 1. Experiences Relating to School Inclusion and Safety among Massachusetts High School Students, by Sexual and Gender Identity, 2015-2017

	Transgender Students	Other LGBTQ Students	Non-LGBTQ Students
Bullied at school in the past year***	26.2	24.8	13.0
Skipped school in past month because felt unsafe***	28.5	9.1	3.5
Been in a physical fight at school in the past year***	24.4	13.4	11.7
Threatened or injured with weapon at school***	22.6	6.6	3.9
Bullied electronically in the past year***	23.2	20.6	11.6
Made mostly As and Bs in school***	60.9	67.7	72.8
Long-term learning disabilities***	19.1	16.7	11.5
Physical disabilities***	24.5	16.8	11.1

* p<.05; **p<.01; *** p<.001

Table 2. Percent of Massachusetts Students Who Could Speak to an Adult at Home or At School, by Sexual and Gender Identity, 2015-2017

	Transgender Students	Other LGBTQ Students	Non-LGBTQ Students
Neither school nor parent	18.5	13.3	9.1
Parent only	17.8	16.2	16.5
School only	17.8	15.0	8.5
Parent and school	45.9	55.5	65.9

p<.001

C. Sexual and Behavioral Health

Sadly, the lack of support and inclusion – and sometimes active violence – faced by transgender youth clearly affects their mental health. A staggering four in ten transgender students (38.2%) reported seriously considering suicide within the past year, more than three times the rate of non-LGBTQ students (10.7%) and also higher than other LGBTQ peers (34.2%). Perhaps even more troublingly, the disparities that transgender students face when compared to other LGBTQ peers and non-LGBTQ peers grow when looking at actual suicide *attempts* or self-harm. For example, transgender students are 1.6 times more likely to attempt suicide when compared to other LGBTQ youth and 5.8 times more likely compared to non-LGBTQ youth. This suggests that non-transgender youth have more support or skills than transgender youth to de-escalate mental health crises at the point between suicidal contemplation and attempt.

Transgender youth were also more likely to use dangerous substances, most likely as a means of coping with the challenges they face. Transgender youth were a staggering 15 times more likely to use heroin than were non-LGBTQ youth, highlighting that it will be impossible to fully address the opioid crisis without accounting for the needs of transgender youth. Transgender youth were also more likely to be currently using electronic cigarette or “e-cig” products when compared to their peers, with 29.4% reporting current use. While they were less likely than LGB and non-LGBTQ students to have reported ever consuming alcohol, they were *more* likely to report trying alcohol before the age of 13, putting them at risk for injury and addiction.

Finally, with respect to behavioral health, transgender youth were significantly less likely to report getting regular exercise than were their non-transgender peers and were more likely to perceive themselves as being either overweight or underweight compared to non-LGBTQ youth. These factors seem to put transgender youth at an increased risk for developing eating disorders and body image issues, which could interact troublingly with gender dysphoria.

In terms of sexual health, while transgender youth were less likely to have had sexual intercourse overall, they were more likely to have had sexual intercourse before age 13 when compared to all peers, and more likely to have four or more sexual partners when compared to non-LGBTQ

peers. They were also almost four times as likely as non-LGBTQ peers to have ever experienced sexual violence by someone they were dating. These data indicate the urgent need to have LGBTQ- and specifically transgender-inclusive health education as a means to educate both transgender students *and* their peers who engage in romantic relationships and/or sexual relations with transgender individuals about healthy, consensual sexual and dating behaviors.

Finally, while transgender youth reported higher rates of having ever been tested for sexually transmitted infections (STIs) than did their non-LGBTQ peers, this accounted for only about half of transgender youth who had been sexually active. Given the sexual health risk factors facing transgender youth – such as the aforementioned rates of sexual assault – the rate of 18.1% having ever been tested for STIs is concerning. Similarly, transgender youth were no more likely to have learned how to use a condom and were actually less likely to report having learned about HIV in school, despite presumably having been offered the same health education courses – suggesting students were skipping these classes or perhaps tuning out lessons that they felt excluded them.

	Transgender Students	Other LGBTQ Students	Non-LGBTQ Students
Ever had sexual intercourse***	35.2	39.5	36.9
Had sexual intercourse before 13 years***	8.9	5.6	2.8
Had sexual intercourse with four or more persons*	9.8	10.0	7.1
Currently sexually active	23.0	26.2	27.2
Ever forced to have sexual intercourse***	20.4	13.3	5.3
Physical dating violence***	19.4	11.0	5.2
Sexual dating violence***	21.6	16.2	4.8
Used a condom***	33.3	43.0	61.4
Used birth control***	25.9	14.3	30.6
Ever tested for STIs***	18.1	17.6	11.5
Ever taught about AIDS/HIV at school*	71.1	75.4	78.8
Feel okay asking adult at school for help w/ sexual health	30.4	30.9	33.0

* p<.05; **p<.01; *** p<.001

Table 4. Experiences Relating to Behavioral Health, Exercise, and Body Image Among Massachusetts High School Students, by Sexual and Gender Identity, 2015-2017

	Transgender Students	Other LGBTQ Students	Non-LGBTQ Students
Hurt self on purpose in the past year***	44.6	37.3	12.8
Seriously considered suicide in the past year***	38.2	34.2	10.7
Made a suicide attempt in the past year***	27.2	16.6	4.7
Current cigarette use***	14.5	9.1	6.3
Any lifetime heroin use***	15.3	3.4	1.0
Ever electronic vapor product use	40.6	44.6	42.6
Current electronic vapor product use*	30.5	21.8	20.1
Ever alcohol use***	51.8	66.5	58.3
Drank alcohol before age 13***	30.7	22.8	11.8
Current alcohol use	27.3	33.8	31.4
Exercised 5+ days in past week***	26.4	26.6	44.7
Perceived weight***			
-Very underweight	9.9	2.6	3.1
-Slightly underweight	15.2	12.6	13.2
-About the right weight	37.4	42.9	55.0
-Slightly overweight	27.5	31.0	24.9
-Very overweight	9.9	10.8	3.8
What trying to do about weight***			
-Lose weight	48.1	56.5	43.8
-Gain weight	20.2	10.8	19.5
-Stay the same weight	9.8	12.2	18.1
-Not trying to do anything	21.9	20.5	18.6

* p<.05; **p<.01; *** p<.001

D. Risk Factors for Homelessness and Justice Involvement

More than one in 22 transgender students (4.6%) have experienced homelessness, which was nearly three times the rate of other LGBTQ students and more than seven times the rate of non-LGBTQ students. The data also show that transgender youth were more likely than their non-LGBTQ peers to have ever been kicked out of their home, to have run away from home, or to have been abandoned, compared with non-LGBTQ youth; this means the homelessness disparity facing transgender students is likely not explainable by higher instances of their *family* experiencing homelessness. The fact that more transgender students reported having been kicked out or run away (6.7%) than reported being homeless (4.6%) suggests that the number at risk for homelessness, or who might be considered homeless under a more liberal definition, is even higher than the initial number suggests.

The homelessness disparity facing transgender students is unfortunately not surprising given the other disparities with respect to low engagement at school, lacking adult support, and facing behavioral health challenges – all of which can increase youth's chances of experiencing homelessness. Of course, experiencing homelessness can also cause and exacerbate these same problems, leading to a cycle of trauma and isolation for some transgender youth.

With respect to juvenile justice involvement, while this is not directly monitored for by the MYRBS, it is clear that transgender youth face far higher rates for many of the risk factors for justice system involvement, including homelessness, behavioral health issues, truancy, and safety issues at school, which sometimes result in punishment of all students involved. Therefore, the data clearly indicate an increased likelihood of justice system involvement for transgender youth and highlight the need for restorative practices rather than incarceration whenever possible.

Table 5. Percent of Massachusetts Students Who Faced Homelessness and Related Experiences, by Sexual and Gender Identity, 2015-2017			
	Transgender Students	Other LGBTQ Students	Non-LGBTQ Students
Ever experienced homelessness***	4.6	1.6	0.6
Ever been kicked out, ran away, or abandoned**	6.7	6.8	3.9

* p<.05; **p<.01; *** p<.001

E. Conclusion

In this original analysis of data on transgender high school students in Massachusetts, the Commission finds strong evidence of wide-ranging disparities facing this growing population. While the number of youth who have come out as transgender or questioning their identity speaks to the growing representation of transgender people in our society, there is a clear need to better support this population given the overwhelming disparities they face in terms of social inclusion, sexual and behavioral health, homelessness, and more. The Commission's

recommendations in the pages that follow indicate the best and most promising practices to address these disparities, including making schools more inclusive of transgender students with anti-bullying efforts and inclusive curricula, improving the competence of the state workforce to serve transgender people, increasing healthcare access for gender-affirming care, and addressing the causes of homelessness and juvenile justice involvement.

SAFE SCHOOLS PROGRAM FOR LGBTQ STUDENTS ANNUAL REPORT

A. Introduction

The Safe Schools Program for Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ) Students is a joint initiative between the Massachusetts Department of Elementary and Secondary Education (DESE) and the Massachusetts Commission on LGBTQ Youth. Founded in 1993 in response to concerns about LGBTQ youth suicides and other risk factors, the program now offers a range of services designed to help schools implement state laws impacting LGBTQ students, including the state's anti-bullying law, gender identity law, and student anti-discrimination law.

The goals of the Safe Schools Program for LGBTQ Students are to:

- Increase the capacity of DESE and its units to better support LGBTQ students and inform policies impacting LGBTQ students;
- Increase knowledge, develop empathy and build skills of school personnel, student leaders, Gender and Sexuality Alliances (GSAs), and community members;
- Support the social and emotional well-being of LGBTQ students;
- Create and sustain safe and supportive school environments for LGBTQ students;
- Support parents, guardians, families and community members;
- Provide leadership development and networking opportunities for students; and
- Reduce health disparities for LGBTQ students

Our range of services include:

1. Hosting and organizing the [Massachusetts Gender and Sexuality Alliance \(GSA\) Student Leadership Council](#);
2. Providing [training, professional development, and technical assistance](#) to school administrators, staff, and families;
3. Influencing [state and local policy](#) affecting LGBTQ students;
4. Building the capacity of [DESE](#) to support LGBTQ students; and
5. Leading LGBTQ-inclusive [curriculum](#) development.

To learn more about our program, visit <https://www.doe.mass.edu/sfs/lgbtq/>.

B. GSA STUDENT LEADERSHIP COUNCIL

The [Massachusetts GSA Student Leadership Council](#) creates and informs policy, promotes inclusive learning environments for all students, supports the development of leadership skills,

and fosters statewide collaboration among LGBTQ students and allies. Members of the GSA Student Leadership Council develop and implement projects designed to make change in local schools, districts, and regions. The GSA Student Leadership Council consists of a state council and five region-based councils (Northeast, Southeast, Greater Boston, Central, and Western). In August 2020, the Council met for its 10th annual Summit virtually. A press release describing Summit [can be found here](#). Our [2021 Summit](#) will take place in-person at UMass Amherst from August 13 - 16.

1. Regional & Statewide Meetings

During the 2020–2021 school year, all state and regional council meetings took place bimonthly and virtually over Zoom, from 10 AM to 1 PM. We welcomed local guests at our Statewide meeting to model activities and share resources, which influenced the content creation for regional meetings. Regional meeting topics spanned intersectionality, health, curriculum, coalition & community building, and arts activism. All of our regional meetings are facilitated by GSA Student Leadership Council students. Each topic centers racial equity throughout its content and linked resources, and by uplifting intersectionality in all discussions. We begin our meetings with a land acknowledgment (paired with resources supporting indigenous communities), followed by community agreements co-created by students.

Land Acknowledgment

In so-called Malden, we acknowledge the Pawtucket and Massachusetts First Nations people. We also acknowledge African ancestors' forced migration to this land and their presence in the building of this nation.



Community Agreements

- Respect
- Ouch,Oops,Sorry
- What is Said Here Stays Here. What is Learned Here Leaves Here.
- Right to Pass
- Assume best intent
- My Pet Rock (Maintain confidentiality when telling stories)
- Don't Yuck my Yum
- Hush your hun (try not to use pet names)
- Power of Egress (PM a regional volunteer)
- One Mic One Diva
- Take Space Make Space
- Digital Etiquette (Mute when eating)
- Brave space not safe space
- Examine your fragility (it's not personal)
- Mind the gap
- Lived first speak first (lived experiences)
- Eating anytime is okay!!!
- Okay to take care of yourself (be in bed, hydrating)
- School Rules Apply
- Open Document (anyone can add anything & rules can be revisited)

Then, each meeting features one or two core activities focused on the topic. Often, these activities are collaborative, brainstorming opportunities to create models for advocacy within students' own communities (see examples below).

<u>Months</u>	<u>Content Focus</u>
August	GSA Leadership Summit
September & October	Intersectionality (understanding identity and oppression) & Digital Advocacy
November & December	Health Advocacy

January & February	Intersectional LGBTQ Curriculum
March & April	Coalition & Community Building
May & June	Arts Activism

These meetings support both community engagement and advocacy work. Our facilitators create a welcoming environment that provides space for students to connect and work together towards creating safe and inclusive schools for all.

Hear directly from current State Council student leaders below:

“The GSA Leadership Council makes me feel heard, important, and like my life is valued.” -- Zayda (she/they), Central Region, 18

“Being on the Council is an experience like no other. It prepares you for the world around you while allowing you to envision and build your dreams with like-minded peers. It really is magic.” -- Esmée (she/her), Southeast Region, 18

“The Council centers youth voices and shows them the power in that. That’s vital to the well-being of our intentional community.” -- Sawyer (they/them), Northeast Region, 18

“I have met so many amazing people who make me feel like I fit right in even with joining in January. It’s been a crazy year overall, but when we work together, it’s the good kind of crazy, and I love you all.” -- Alia (they/them), Southeast Region, 15

“The GSA Leadership Council taught me so much and gave me more opportunities than I ever thought imaginable. Even though I joined 34 minutes before a regional meeting it still was one of the best things I’ve ever done.” -- Isaac (he/him), Southeast Region, 18

2. Sample Work from Regional Meetings

The Central Region created a history lesson plan about [Alan Turing](#):

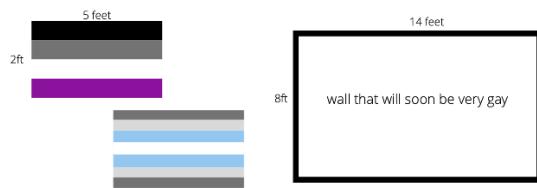


The Central Region created another lesson plan about [Using They/Them As a Singular Pronoun](#):

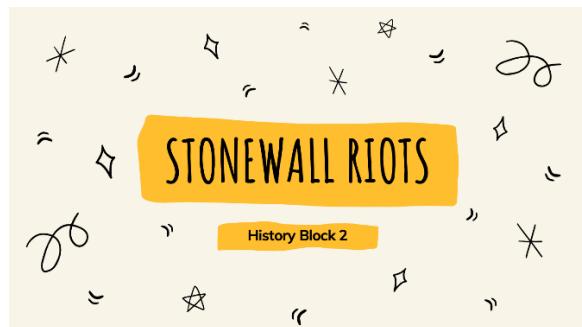


The Greater Boston Region created a math problem using pride flags:

Johnny wants to cover one entire wall of his room with pride flags. Each pride flag is 2ft by 5 ft. His wall is 14ft wide and 8 ft tall. What's the least amount of flags Johnny can buy to fully cover his wall?



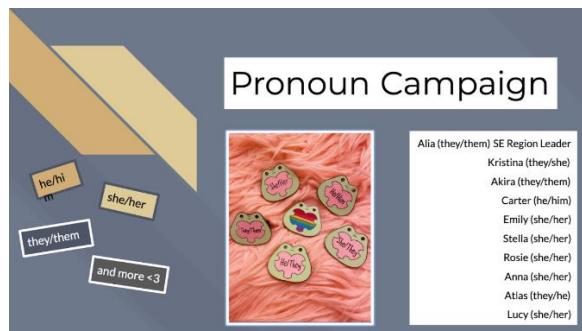
The Northeast Region created a history lesson plan about the [Stonewall Riots](#):



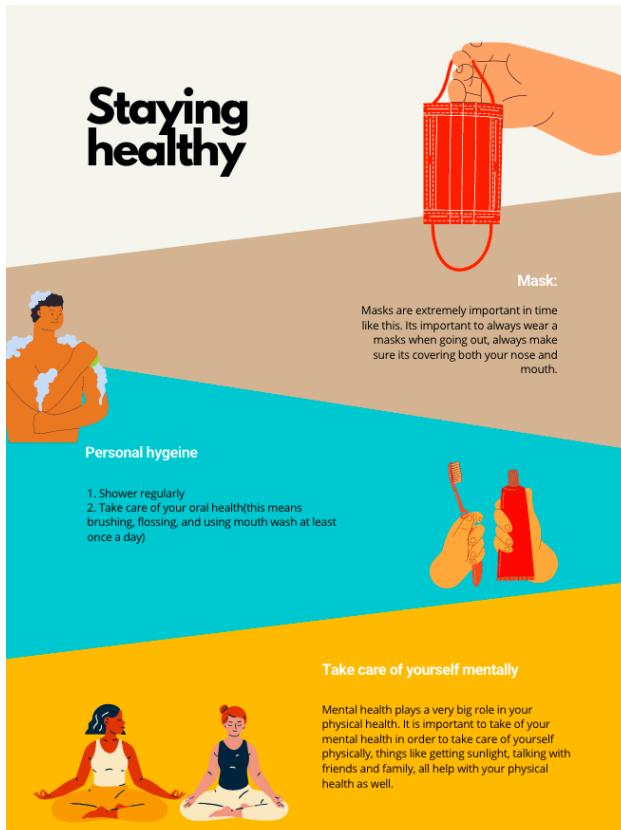
The Western Region created an English lesson plan about [The Umbrellas of Identity: An introduction to LGBTQ terms](#):



The Southeast Region created this fantastic [Pronoun Campaign](#) to be presented in schools:



The Northeast Region created this [Canva graphic](#) about physical health:



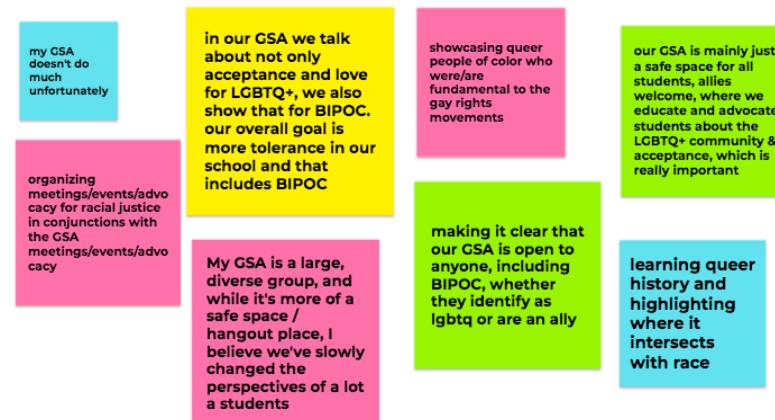
Virtual closing circle from the Central Regional Meeting on 12/15 using Among Us:



Sample Jamboards from discussions about racial justice, virtual advocacy, and health:



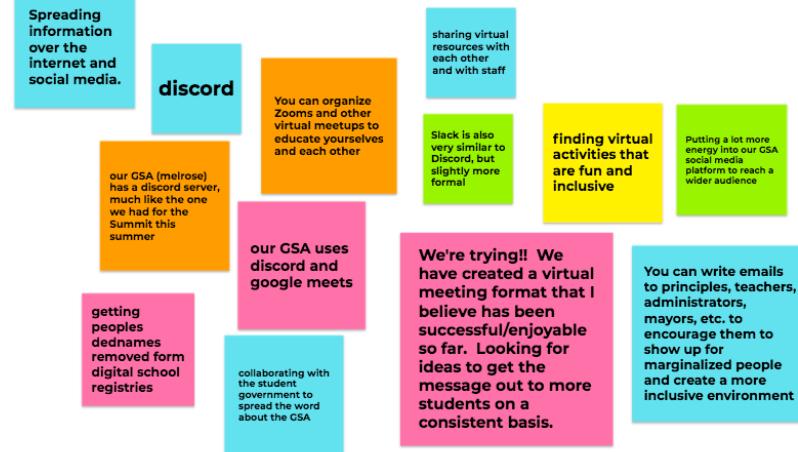
What does racial justice and anti-oppression look like in your GSA?



What does genuine solidarity or allyship look like?



What does virtual advocacy look like this year?



3. Our Reach

Through the GSA Student Leadership Council regional meetings, we reached 68 schools across Massachusetts. 315 students and 86 GSA Advisors attended regional meetings in the 2020-2021 school year. See below for more information about attendance and schools reached. In the spring of 2021, we hired three consultants to create a full map of GSAs across the state so we can increase our outreach in the 2021-2022 school year.

Total Attendance at Regional Meetings 2020-2021			
	Regional Students Reached	GSA Advisors Reached	Total Attendance
Southeast	143	28	171
Greater Boston	40	16	56

Northeast	77	18	95
Central	55	21	76
Western	52	15	67

73 Total Schools Reached 2020-2021

Agawam High School	Greater Lawrence Technical School	Pollard Middle School
Apponequet Regional High School	Holbrook High School	Reading Memorial High School
Argosy Collegiate Charter School	Hopedale Junior Senior High School	Rockland High School
Arlington High School	Ipswich High School	Saugus High School
Ashburnham Westminster Regional School	Jeremiah E. Burke High School	Scituate High School
Assabet Valley Regional Technical High School	King Philip Regional High School	Shawsheen Valley Technical High School
Attleboro High School	Lowell High School	Shepherd Hill Regional High School
B.M.C. Durfee High School	Marblehead High School	Southeastern Regional Vocational Technical High School
Blackstone Valley Regional Technical School	Marie Philip School for the Deaf	Southwick Regional High School
Boston Day and Evening Academy	Masconomet Regional High School	Sturgis Charter School
Brockton High School	School	Susan B. Anthony Middle School
Burncoat High School	Middleboro High School	TEC Connections Academy
Canton High School	Millis High School	The Gifford School
Dedham High School	Minuteman High School	Victor School
Dennis-Yarmouth School District	Monomoy Regional High School	Walpole High School
Diman Regional Vocational Technical High School	Nashoba Regional High School	Ware Junior/Senior High School
Dover Sherborn Regional Middle School	Natick High School	Wareham High School
Easthampton High School	Norfolk County Agricultural High School	Wellesley High School
Everett High School	North Attleborough High School	Westfield High School
Fairhaven High School	Oakmont Regional High School	Westport Junior Senior High School
Falmouth High School	Old Rochester Regional High School	Westwood High School
Franklin County Technical School	Oliver Ames High School	Whittier Regional Vocational Technical High School
Frontier Regional School	Pathfinder Technical Regional Vocational High School	Woburn Memorial High School
Galvin Middle School	Pembroke High School	Worcester High School
Grafton High School	Pentucket Regional High School	

C. Partnerships & Events

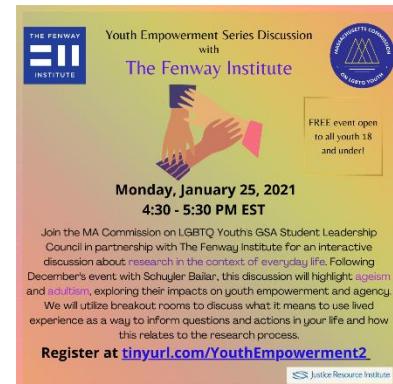
Throughout the year, we partnered with community organizations, schools, and LGBTQ activists for programming, events, and outreach. We extend a special thank you to these groups that we collaborated closely with this year: Boston Public Schools, Boston GLASS, Fenway Health, The Fenway Institute, Getting to Zero Activist Academy, the AGLY Network, OUT MetroWest, GLSEN, Boston Women's Fund, Greater Boston PFLAG, History UnErased, Harvard Graduate School of Education, and the MA Asian American Commission.

Below are a few highlights of partnership events and initiatives.

FY22 SAFE SCHOOLS PROGRAM FOR LGBTQ STUDENTS

Youth Empowerment Series

This year, the Safe Schools Program for LGBTQ Students began the *Youth Empowerment Series* to bring in speakers, build partnerships with youth-serving organizations, and highlight the voices and experiences of queer young people. These events are open to all youth 25 and under in the state and the GSA Student Leadership Council.



Boston Women's Fund

Bella Perez (Greater Boston GSA Student Leadership Council leader) and Kimm Topping (Safe Schools Program Manager) spoke at the "Amplifying the Voices of Grassroots Youth Leaders" panel on December 17, 2020 with Chica Project and I Have A Future. Topics included racial equity in the United States, youth mental health, advocating for the Healthy Youth Act, and responding to COVID-19.

D. TRAINING, PROFESSIONAL DEVELOPMENT & TECHNICAL ASSISTANCE

In the 2020-2021 school year, we provided 86 trainings to schools, districts, and educational organizations across MA (as of May 2021). Training sessions were facilitated by our cadre of experienced facilitators including Jeff Perrotti, Elijah Oyenuga, Landon Callahan, René Rives, James Shultis, Minh Nguyen, Kimm Topping, and Polly Williams.

List of Schools, Districts & Educational Organizations Reached (Fall 2021 - Spring 2022)

Agawam Public Schools	District Training for School	Marion E. Zeh School
Amvet Boulevard Elementary School	Nurses	Memorial Elementary School
Andover Public Schools	Duxbury Middle School	MIAA
Angier Elementary School	Easton Public Schools	MIAA DEI Symposium
Argosy Collegiate Charter School	EPIC-Melrose	Miller Elementary School
Arlington Public Schools	Fall River Deaconess Home School	Millis Middle School
Ashland Public School District	Fall River School adjustment counselors	Nashoba Regional School District
Avery Elementary School	Foxborough Public Schools	Natick Public Schools
Bedford High School 6-12	Foxborough Transportation Dept.	New Bedford High School
Ben Franklin Classical Charter Boston CASA	Framingham Public Schools	Northborough Public Schools
Boston Medical Center	Frank M. Silvia Elementary School	Peabody District Guidance staff
Boston Public Schools	Granby Public Schools	Peirce Elementary School
Bowen Elementary School	Green Meadow School	Prospect Hill Academy Charter School
Boys & Girls Club of Greater Lowell	Greenlodge Elementary	Quest Program
Bridge Boston Charter School	Hansen Elementary, JFK Elementary	Salem State University
Broadmeadow Elementary	Haverhill High School	Seekonk Public Schools
Burncoat High School	Holyoke High School Dean Campus	South Shore Charter public schools
Chelsea High School	Holyoke Public Schools: Opportunity Academy	Southborough Public Schools
Claremont Academy	Hopkinton	Special Education Surrogate Parent Program
Collaborative for Educational Services in Northampton	Jordan/Jackson Elementary	Special Needs Advocacy Network
Collaborative for Educational Services/Special Education in Institutional Settings	JRI Anchor Academy	Sullivan Middle School
Concord-Carlisle High School	Kennedy Elementary School	Tewksbury Public Schools
CT Douglas Elementary School	LABBB collaborative	Tufts Medical Center Psychiatric Residents
Dedham Public Schools	Lexington Public Schools	William H. Lincoln School
DeMello Elementary School	Lt. Elmer J. McMahon	Wilson Elementary School
DESE; Harvard University	Luce School	Woodland Elementary

Jeff Perrotti, Senior Consultant, also provided technical assistance to educators, administrators, families, and agencies. Technical assistance consisted of communicating state regulations and guidance; family engagement; data collection and analysis; name and gender marker changes; creating local policy; assisting schools in developing gender support plans; LGBTQ-inclusive curriculum; comprehensive health and sex education; and fostering student leadership.

We anticipate that training requests will increase in the 2021-2022 school year with the return to in-person learning. We also anticipate having a Training and Technical Assistance Coordinator position to support the training cadre, standardize our training curriculum, build relationships with DESE, and organize a curriculum conference for educators and students.

With the increase to our budget this year, we were also able to hire consultants to update our training curriculum in areas where we frequently receive requests for technical assistance and further training: family engagement, GSA groups, athletics, mental health, nursing, and special

education. We will introduce these new curricula to our full training cadre to prepare them for facilitating more specialized trainings in the coming year. All of the training curriculum will have a racial justice lens; and two projects in particular will provide schools and families with culturally-responsive support for family engagement and GSA leadership in multiple languages. We are planning for a curriculum conference in the 2021-2022 school year to launch the curriculum with educators and students. We plan to include workshops around training curricula as well as school subject curricula in the conference.

1. 2021 Training Curriculum Contracts

Consultant	Area of Focus
Noelani Gabriel	Culturally-Responsive Family Engagement and GSA Support Plans
Col Williams	LGBTQ Inclusion for Coaches and Physical Education Teachers
James Shultz	Specialized Training for School Mental Health Providers and Nurses
Dylan Kapit	Specialized Training for Special Education Teachers

2. DESE COLLABORATION & POLICY

Our range of services are ultimately designed to help schools implement state laws impacting LGBTQ students, including the state's anti-bullying law, gender identity law, and student anti-discrimination law. Through our relationship with DESE and statewide coalitions, we also inform and influence future policies. As a pioneering program in the country sponsored by an education department, we serve as a model for other states to institutionalize LGBTQ support at statewide levels. As an example, Jeff Perrotti provided direct support to the Michigan Department of Education in the development of policy and programs in their state.

3. Collaboration with Department of Elementary & Secondary Education

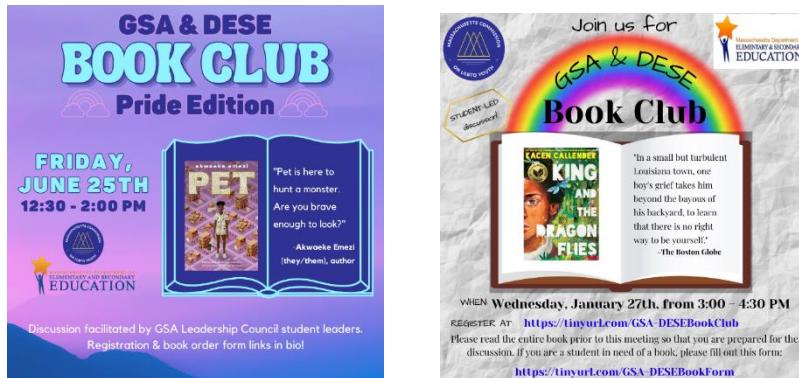
Our strong relationships with DESE allowed us to build new programming this year and provide feedback on policies impacting LGBTQ Students. Commissioner Riley [issued a letter](#) to district and school leaders about our services in December of 2020. Rachelle Engler Bennett, Associate Commissioner, worked closely with us to organize the first Book Club collaboration, to highlight our initiatives in the Commissioner's weekly newsletter, and plan for a safe Summit in August of 2021.

Safe Schools Program for LGBTQ Students staff continued our participation in monthly Safe and Supportive Schools Commission meetings. GSA Student Leadership Council students attended the November meeting to provide feedback on the implementation of the Safe and Supportive Schools Framework.

The State Student Advisory Council invited us to give a presentation about LGBTQ inclusive curriculum at their January meeting. Jeff Perrotti and former commission member Arthur Lipkin reviewed the DESE Model Curriculum Units and inclusive curriculum resources, followed by a discussion with students about their goals for inclusive curriculum.

In January of 2020, we co-created the first ever collaborative GSA Leadership Council Book Club in partnership with the DESE Book Club. Jodie Zalk highlighted the Club's goals of creating a positive, cross-generational sharing experience for the students with DESE staff. As Zalk aptly put it, "we all want to hear more from students!"

DESE staff attended the November 2020 GSA Student Leadership Council Statewide Meeting to discuss potential collaboration with the State Council. We read *King and the Dragonflies* by Kacen Callender, which addresses important themes of racial justice, intersectionality, identity, and self-acceptance. We then came together in January for a student-led discussion with a study guide created by Arthur Lipkin. Leading up to the discussion, Safe Schools Program for LGBTQ Students staff hosted an orientation for DESE staff to support them in engaging with student leaders; topics included adultism, pronouns, micro-aggressions, and micro-affirmations. The Book Club was featured in the [Commissioner's Weekly Update](#) on February 22nd. Our second Book Club, "Pride Edition", is planned for Friday, June 25th, where we'll discuss *Pet* by Akwaeke Emezi – a Stonewall Honor Book & National Book Award Finalist.



4. Statewide Coalitions

We participated in and led statewide coalitions advocating for policy change. The MA All-Inclusive Curriculum Task Force began in the summer of 2020 led by Kimm Topping (Safe Schools Program Manager) and Tim McCarthy (Harvard Kennedy School & Harvard Graduate School of Education). The Task Force came together – across many LGBTQ and education-based organizations – to advance LGBTQ inclusive curriculum in schools at a statewide level. We wanted to build on the success of including sexual orientation and gender identity in the Massachusetts Student Rights Law by emphasizing the importance of curriculum specifically. Representative Natalie Higgins and Representative Jack Lewis introduced "An Act Relative to LGBTQ inclusive curriculum" at the House level ([HD.2089](#)), and Senator Julian Cyr introduced the bill at the Senate level ([SD.1396](#)). In April, we met with [Educators for Excellence](#), "...a teacher-led organization that ensures

teachers have a leading voice in the policies that impact their students and profession," which will provide support to the Task Force as we move toward outreach and preparing for a hearing.

The MA Commission on LGBTQ Youth, among many legislative priorities that it addresses each year, advocated for the Healthy Youth Act this year through testimony at the public hearing and supporting a virtual lobby training. At our GSA Student Leadership Council regional meetings, we discussed health advocacy and provided the Healthy Youth Act as one example of policy work at the state level impacting LGBTQ students.

As we look ahead to next year with LGBTQ youth safety and well-being as priorities, we will be engaging even more in work around all-gender bathrooms, athletics, family engagement, LGBTQ+ inclusive and anti-racist curriculum, and data collection and analysis.

E. CURRICULUM

The Regulations for the Massachusetts Student Rights Law (MGL Ch. 76, Sec. 5) state that "*all 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.*"

Through our trainings and the GSA Student Leadership Council, we introduced more students and educators to the [Model Curriculum Units and other curriculum resources](#). We focused our January and February GSA Student Leadership Council meetings on inclusive curriculum, where students developed their own LGBTQ inclusive curriculum that they'd like to see at their schools. We also discussed ways that students and educators can advocate for these Model Curriculum Units in their schools and districts. In the spring, we hired consultants Arthur Lipkin and Jenny Jun-lei Kravitz to develop new units focused on LGBTQ topics in Science, Technology, Engineering and Math (STEM).

F. Resources

Below are resources we frequently referenced this year.

[The Trevor Project](#)

[Massachusetts Transgender Political Coalition](#)

[Educator Resources from MA Commission on LGBTQ Youth](#)

[Resources for Massachusetts LGBTQIA+ Youth During COVID-19](#)

[Massachusetts LGBTQ Resource Map](#)

[Addressing Inequities in Education: Considerations for LGBTQ Children & Youth in the Era of COVID-19](#)

[Building Developmental Relationships During COVID-19 Crisis](#)

[GLSEN, Back to School in a Pandemic: LGBTQ Student Safety](#)

[LGBTQ Resources Curated by Boston University's Queer Activist Collective](#)

G. APPENDIX

1. FULL ATTENDANCE RECORDS FOR GSA STUDENT LEADERSHIP COUNCIL 2020-2021

Attendance at Meetings: September & October 2020			
	Regional Students	GSA Advisors	State Council Members
September Statewide Meeting (9/15)	-	-	25
Southeast Regional (10/13)	10	1	2
Greater Boston Regional (10/22)	3	3	2
Northeast Regional (10/20)	2	2	5
Central Regional (10/27)	6	5	6
Western Regional (10/29)	14	3	4

Schools Reached: 12

Southeast: 2

Norfolk County Agricultural High School, North Attleborough High School

Greater Boston: 2

Susan B. Anthony Middle School (Revere), Arlington High School

Northeast: 2

Whittier Regional Vocational Technical High School, Shawsheen Valley Technical High School

Central: 3

Grafton High School, Assabet Valley Regional Technical High School, Shepherd Hill Regional High School (DCRSD)

Western: 3

Easthampton High School, Agawam High School, Franklin County Technical School

Attendance at Meetings: November & December 2020			
	Regional Students	GSA Advisors	State Council Members
November Statewide Meeting	-	-	7
Southeast Regional (12/1)	15	3	3
Greater Boston Regional (12/10)	6	3	2
Northeast Regional (12/8)	14	3	2
Central Regional (12/15)	11	7	3
Western Regional (12/17)	2	1	6

Schools Reached: 23

Southeast: 6

Wareham, North Attleborough High School, King Philip Regional High School, Norfolk County Agricultural High School, Old Rochester Regional High School, Holbrook High School

Northeast: 6

Whittier Regional Vocational Technical High School, Pentucket Regional High School, Ipswich High School, Greater Lawrence Technical School, Shawtech, The Victor School

Greater Boston: 4

Susan B. Anthony Middle School (Revere), Jeremiah E. Burke (Boston), Minuteman, Apponequet Regional High School

Central: 5

Grafton High School, Assabet Valley Regional Technical High School, Oakmont Regional High School, Hopedale Junior Senior High School, Wareham High School

Western: 2

Agawam High School, Westfield High School

Attendance at Meetings: January & February 2021			
	Regional Students	GSA Advisors	State Council Members
January Statewide Meeting	-	-	17
Southeast Regional (2/2/2021)	55	11	5
Greater Boston Regional (2/11/2021)	18	8	1
Northeast Regional (2/9/2021)	26	7	4
Central Regional (2/23/2021)	7	5	4
Western Regional (2/4/2021)	4	4	5

Schools Reached: 59**Southeast: 25**

Attleboro High School, BMC Durfee High School, Canton High School, Dedham High School, Diman Regional Vocational Technical High School, Dover Sherborn Regional Middle School, Holbrook Middle School, Millis High School, Natick High School, Old Rochester Regional High School, Oliver Ames High School, Pathfinder Technical Regional Vocational High School, Pembroke High School, Pollard Middle School, Rockland High School, Scituate High School, South Dennis, Southeastern Regional Vocational Technical High School, Susan B. Anthony Middle School, The Learning Center for the Deaf (Marie Philip School), Wareham High School, Wellesley High School, Westport Junior Senior High School, Westwood High School, Worcester High School

Northeast: 20

Greater Lawrence Technical School, Ipswich High School, Lowell High School, Masconomet High School, Pathfinder Technical Regional Vocational High School, Pembroke High School, Pentucket Regional High School, Pollard Middle School, Reading Memorial High School, Rockland High School, Scituate High School, South Dennis, Southeastern Regional, Susan B. Anthony Middle School, Wareham High School, Wellesley High School, Westport Junior Senior High School, Westwood High School, Whittier Regional Vocational Technical High School, Worcester High School

Greater Boston: 4

Boston Day and Evening Academy, Everett High School, Susan B. Anthony Middle School, Woburn Memorial High School

Central: 6

Oakmont Regional High School, Assabet Valley High School, Nashoba Regional High School, Grafton High School, Shepherd Hill Regional High School, Ware Junior Senior High School

Western: 4

Easthampton High School, Westfield High School, Frontier Regional School, Southwick Regional School

MARCH & APRIL MEETINGS

Attendance at Meetings: March & April 2021			
	Regional Students	GSA Advisors	State Council Members
March Statewide Meeting	-	-	15
Southeast Regional (4/6/2021)	25	8	4
Greater Boston Regional (4/29/2021)	1	2	1
Northeast Regional (4/13/2021)	8	2	3
Central Regional (4/27/2021)	14	4	4
Western Regional (4/1/2021)	3	4	5

Schools Reached: 36

Southeast: 17

Argosy Collegiate Charter School, Canton High School, Dedham High School, Dover Sherborn Middle School, Fairhaven High School, Falmouth High School, King Philip High School, The Learning Center for the Deaf (Marie Philip School), Middleboro High School, Millis Middle School, Monomoy Regional High School, Norfolk County Agricultural High School, Old Rochester Regional Junior High School, Oliver Ames High School, Pollard Middle School, Reading Memorial High School, Walpole High School

Northeast: 7

Pollard Middle School, Pentucket Regional High School, Greater Lawrence Regional Technical School, Masconomet Regional High School, Whittier Regional Technical High School, Marblehead High School, The Victor School

Greater Boston: 2

Everett High School, The Gifford School

Central: 5

Ashburnham Westminster Regional School, Assabet Valley, Burncoat High School,
Grafton High School, Blackstone Valley Regional Technical School

Western: 5

Franklin County Technical School, Westfield High School, Frontier Regional School,
Agawam High School, Southwick Regional School

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INCREASING INCLUSION

A. Introduction

LGBTQ youth need to be included in all aspects of society, starting with their own homes – where they frequently face familial rejection – and continuing onto community, government, and school settings. Much of the Commission’s work in this field has focused on schools, where its Safe Schools Program for LGBTQ Students provides services both for educators and for students themselves. The Commission has also made progress on including LGBTQ youth in government services, though mandatory, statewide training on LGBTQ inclusion for state employees and contractors would be a major step forward; that goal is reflected in the recommendations below and is one on which the Commission has made significant progress through the development of a curriculum with an EOHHS working group. Inclusion in the community is another goal that could be furthered through state action by requiring the same or similar training for community-based providers that receive state funds.

Family-based acceptance has been a more elusive goal for the Commission, given that there are fewer opportunities to interact with families (particularly those who do not support LGBTQ inclusion) than there are with educators and government personnel, who can be mandated or encouraged by their employers. Additionally, the traditional barrier between the family and the state – which has also been a historical issue in intervening against intimate partner violence and child abuse, for example – is another facet of increasing family acceptance of LGBTQ youth. However, this year, the Commission has made significant progress in assessing the needs of LGBTQ youth and their families to create more accepting homes. That goal is also reflected in the below recommendations and is explored in detail in a separate Special Report on Family Acceptance, which has been published in the Commission’s FY21 report and will be published independently in FY22.

B. Recommendations to the Governor and Legislature on Inclusion

1. Provide basic LGBTQ competency training to all state employees and contractors.

The Commission recommends that all state employees and contractors receive basic training on how to deliver competent and equitable services to LGBTQ clients and residents and how to work professionally and respectfully with LGBTQ colleagues in carrying out the multi-faceted work of state government. The Commission further notes the importance of LGBTQ competency among mental health providers, considering that LGBTQ youth still face disparate rates of self-harm, suicide contemplation, and suicide attempt.

The Commission has developed a statewide training curriculum in coordination with the Executive Office of Health and Human Services (EOHHS) and the agencies that comprise it, as

well as with several other partners. The Commission recommends that this or a comparable training be made available to all state employees and contractors, both in-person and online via PACE, the Commonwealth's employee training system; that agencies work on implementing this or their own in-person training on LGBTQ inclusion; and that the Legislature and Administration explore how to make this or comparable training available to and utilized by all state employees and contractors. As is true with the Commission's training curriculum, training should include concepts of intersectionality and issues particular to LGBTQ communities of color. The Commission recognizes that the process of getting a training program online for all state employees will take time. Throughout FY21, the Commission has met with the 18 executive branch agencies to which it issues recommendations, held several such trainings, and scheduled many more for FY22.

2. Support the interagency collaboration to address family rejection of LGBTQ youth.

The level of acceptance or rejection that LGBTQ youth face at home has huge implications for their wellbeing, across the subject areas of health, homelessness, and juvenile justice in which the Commission works. In FY 2019, the Commission invited representatives from various government agencies and nonprofits to convene and discuss how to better understand and address the issue of familial rejection of LGBTQ youth in Massachusetts. Those who responded formed the Family Acceptance Task Force in December 2018. In FY 2020, the Commission conducted listening sessions with youth and their families across the state to determine what was needed to assist families in their paths towards acceptance. The findings and recommendations that followed are discussed in detail in the Special Report on Family Acceptance below. The Commission looks forward to working with the Governor, Legislature, and relevant agencies to begin implementing these recommendations in FY 2022.

3. Strengthen protections against bullying of LGBTQ youth and enact policies strengthen inclusion in schools.

Implementation of the state's anti-bullying plan has been a key part of the Commission's work and the cornerstone of its programming for many years. New data on anti-LGBTQ bullying demonstrate the continued need to address this bias in schools as a way of protecting vulnerable students, preventing the negative health consequences of bullying, and improving educational outcomes. The Commission believes that the Commonwealth's anti-bullying laws need to be strengthened. School districts need more funding and clearly defined mandatory requirements for how to counter bullying and proactively build more inclusive communities; these requirements should explicitly address LGBTQ students and mandate that districts make LGBTQ trainings available to all staff on a regular basis.

Given the intersection between anti-LGBTQ bias and racial and ethnic biases, and the disproportionate needs facing LGBTQ youth of color, the Commission recommends that anti-racism components be included in this training. Beyond staff training, students also need more education to prepare them to prevent and respond to bullying, bias, and mistreatment; this goal could be advanced with bills such as An Act Relative to Mental Health Education (S. 292),

which would add mental health as a required subject in K-12 schools, and An Act to Promote Social-Emotional Learning (H. 543 / S. 301), which could increase the use of social-emotional learning in classrooms. The Commonwealth should also strengthen existing requirements that schools provide age-appropriate instruction on bullying prevention, to ensure that the state is monitoring for evidence-based instruction at every level.

The Commission further recommends that the state require public schools to adopt policies on student suicide prevention, intervention, and postvention, which should specifically address high-risk groups, including LGBTQ youth, as proposed in An Act Relative to Establishing a Model School Policy on Suicide Prevention (S. 1303).

Finally, the Commission recommends that the state amend its building code to make it easier for schools and other public facilities to install gender neutral bathrooms, as proposed in An Act Establishing Gender Neutral Bathrooms (H. 3124 / S. 2026).

4. Adopt policies that recognize gender identity diversity in state workplaces.

The Commission issued policy guidance in 2017 entitled “Workplace Practices to Recognize Gender Identity Diversity.”¹ The Commission recommends that state agencies review this guidance and share it with employees, either encouraging them to voluntarily share their gender pronouns or, at a minimum, making all employees aware of why some of their colleagues and clients may share their gender pronouns.

5. Implement LGBTQ-inclusive curriculum in public schools.

California, Illinois, New Jersey, Oregon, and Colorado have recently enacted legislation to require public schools to incorporate LGBTQ history into their curriculum. The Illinois law, for example, requires that history classes in public schools include a study of the roles and contributions of LGBTQ people in the United States and in the state. The Commission greatly appreciates the Department of Elementary and Secondary Education’s willingness to include inclusive curricular resources on the Department’s website, but further urges the state legislature to pass legislation to require public schools to incorporate LGBTQ history into their curriculum, as proposed in An Act Relative to LGBTQ-Inclusive Curriculum (H. 618 / S. 310). Lastly, the Commission strongly urges the state to enact legislation to ensure anti-racism in curriculum in public schools, as proposed in An Act Relative to Anti-Racism, Equity, and Justice in Education (H. 584 / S. 365).

C. Research on Inclusion in Schools

1. School-based Inclusion and Bullying in Massachusetts

The Commission on LGBTQ Youth, along with the Department of Elementary and Secondary Education, co-sponsor the Safe Schools Program for LGBTQ Students. In addition to providing

students across the state with leadership development opportunities, the program also offers extensive training and technical assistance to public schools, conducting approximately 200 interventions per year. In 2020, as the COVID-19 pandemic closed schools statewide, the Safe Schools Program's trainings were brought primarily online for the first time. 98% of participants in the Safe Schools Program for LGBTQ Students trainings rated the training positively,² and Massachusetts was one of nine states out of 38 surveyed that increased LGBTQ inclusion professional development for educators between 2008 and 2014.³

The most recent MA Youth Risk Behavior Survey data (Tables 1-4) shows that LGBTQ youth in Massachusetts are more likely to rely on adults at school for support because they are less likely to have support from a parent, when compared to non-LGBTQ youth. Building inclusive school environments is therefore critical for supporting the wellbeing of LGBTQ youth. While progress has been made on many fronts, LGBTQ youth today are still about 70% more likely to experience bullying than are their non-LGBTQ peers, as detailed in the Commission's 2020 annual report;⁴ this trend is also seen nationally.⁵ Research has shown that school-based victimization against LGBTQ youth is linked to their mental health, and can cause higher levels of depression as well as suicidal ideation.⁶ Therefore, the disparate rate of bullying faced by LGBTQ youth is also tied to the community's higher suicide risk.

LGBTQ youth are also about 70% more likely to experience cyberbullying.⁷ Little research has been done on the effect of cyberbullying on the mental health of LGBTQ youth, but studies have found that LGBTQ youth who are cyberbullied are significantly less likely to report talking to a parent or guardian about the abuse than heterosexual youth.⁸ Research suggests that the relationship between experiencing cyberbullying and suicidal ideation is even stronger than that between traditional bullying and thoughts of suicide,⁹ which is of particular concern for LGBTQ youth who are already at higher risk of experiencing both cyberbullying and suicidal ideation.

With LGBTQ students reporting higher rates of facing threats or injuries with weapons at school, as well as a higher likelihood of being in fights, it is not surprising that they are also more than three times as likely to skip school because they feel unsafe. These factors all likely contribute to poorer academic achievement among LGBTQ students, with LGBTQ students less likely than their non-LGBTQ peers (66.2% versus 72.8%) to report earning mostly A's and B's in school.¹⁰

Table 1. Percent of Massachusetts Students Who Reported Risk Behaviors and Experiences by LGBTQ Identity, 2019

	LGBTQ (N=375)	Non-LGBTQ (N=1817)
Bullied at school in the past year***	29.8	14.1
Skipped school in past month because felt unsafe***	15.4	4.5

Been in a physical fight at school in the past year***	11.9	5.6
Threatened or injured with weapon at school***	11.8	3.3
Bullied electronically in the past year***	23.8	11.5
Hurt self on purpose in the past year (e.g., by cutting, burning self)***	37.3	12.4
Seriously considered suicide in the past year***	39.0	12.9
Made a suicide attempt in the past year**	19.9	4.5
Can talk to parents about “things that are important to you”***	69.3	82.9
Any lifetime heroin use***	4.6	1.1
Had experienced sexual contact against their will***	18.8	7.3
Homeless***	7.0	2.0

* p < .05; ** p < .01; *** p < .001

Table 2. Percent of Massachusetts Students Who Reported Risk Behaviors and Experiences by LGBQ Identity,* Massachusetts and National YRBSS Data, 2019		
	MA (N=375)	National (Weighted; N=1817)
Bullied at school in the past year	29.6	30.5
Skipped school in past month because felt unsafe	14.7	14.1
Been in a physical fight at school in the past year	10.4	8.6
Threatened or injured with weapon at school	10.7	12.2
Bullied electronically in the past year	23.3	24.5
Seriously considered suicide in the past year	39.3	42.2
Made a suicide attempt in the past year	18.9	21.5
Any lifetime heroin use	4.0	4.5
Had experienced sexual contact against their will	18.6	17.6
Homeless	6.7	11.9

* The national YRBSS does not ask students about trans identity.

e 3. Percent of Massachusetts Students Who Reported Risk Behaviors and Experiences by Gender and LGBTQ Identity, 2017-2019				
	LGBTQ		Non-LGBTQ	
	Female (N=571)	Male (N=278)	Female (N=2147)	Male (N=2402)
Bullied at school in the past year***	25.0	25.1	15.5	11.3
Skipped school in past month because felt unsafe***	11.9	13.6	4.8	2.8
Been in a physical fight at school in the past year***	7.5	16.0	3.4	7.1
Threatened or injured with weapon at school***	7.9	13.0	2.6	5.1
Bullied electronically in the past year***	22.7	19.2	15.3	8.5
Hurt self on purpose in the past year (e.g., by cutting, burning self)***	37.8	31.1	14.5	9.2
Seriously considered suicide in the past year***	36.9	27.9	13.0	9.4
Made a suicide attempt in the past year**	17.2	17.0	4.9	3.7
Can talk to parents about “things that are important to you”	72.3	69.9	82.2	81.7
Any lifetime heroin use***	1.1	10.8	0.4	1.5
Had experienced sexual contact against their will***	17.4	15.7	8.3	5.0
Homeless	2.6	6.2	1.5	1.0

*p < .05; ** p < .01; *** p < .001

Table 4. Percent of Massachusetts LGBTQ Students Who Reported Risk Behaviors, by Race/Ethnicity, 2015-2017

	Asian (N=48)	Black or African American (N=94)	White (N=396)	Hispanic/ Latinx (N=75)	Multiracial, Hispanic/ Latinx (N=174)	Multiracial, Non-Hispanic/ Latinx (N=52)
Bullied at school in the past year*	14.3	20.8	30.1	10.3	24.0	28.6
Skipped school in past month because felt unsafe**	10.5	12.6	9.0	14.0	21.9	10.7
Been in a physical fight at school in the past year*	7.1	15.8	6.9	12.3	16.6	7.5
Threatened or injured with weapon at school***	5.3	11.4	5.8	6.9	15.9	8.9
Bullied electronically in the past year**	7.1	15.8	24.5	7.1	27.5	25.9
Hurt self on purpose in the past year (e.g., by cutting, burning self)	31.6	28.2	38.7	25.0	37.3	30.9
Seriously considered suicide in the past year	32.7	28.7	34.7	26.3	36.4	48.2
Made a suicide attempt in the past year	19.2	16.0	13.1	16.0	21.8	22.9
Can talk to parents about "things that are important to you"	66.7	68.4	74.9	77.8	69.7	70.5
Any lifetime heroin use**	3.6	7.7	1.9	3.6	8.4	1.8
Had experienced sexual contact against their will*	10.9	20.8	13.8	10.5	24.3	25.0
Homeless	a	a	a	a	a	a

Note: Native American/Alaskan Native youth (N=5) and Native Hawaiian and other Pacific Islander youth (N=3) are not included here due to the very small sample sizes.

* p < .05; ** p < .01; *** p < .001

^a Cell sizes too small for subgroup analysis

Key differences in school safety and inclusion exist along racial and ethnic lines. While white LGBTQ students were more likely to report experiences of bullying in the last year than were most other racial and ethnic groups—with the exception of multiracial, non-Latinx youth, who faced the highest bullying rate—LGBTQ students of color reported higher disparities on many other safety indicators.¹¹ Black, Latinx, and multiracial LGBTQ students were all more likely to report skipping school because they felt unsafe. Black, Latinx, and multiracial Latinx LGBTQ students were more likely to report being in a physical fight at school than were white LGBTQ students, and Asian, Black, and multiracial students of all ethnicities were more likely to have been threatened or injured by a weapon at school. Therefore, a narrow focus on LGBTQ anti-bullying that does not also include a consideration of other school safety concerns is likely to offer limited support to LGBTQ students of color. “Bullying” as such—especially if narrowly defined—is unlikely to be as significant a safety concern for students if they are also dealing with threats, injuries, and other dangers that are forcing them to leave school.

While statewide data does not include non-binary gender identities, the data do show that LGBTQ girls and boys face different types of risk factors for safety and inclusion at school.¹² While GBTQ males were more likely than LBTQ females to have been in a physical fight, been threatened or injured by a weapon, or skipped school because they felt unsafe, LBTQ females were more likely than their male GBTQ counterparts to have been bullied in school or electronically. They were also more likely than their male GBTQ counterparts to hurt themselves on purpose, have seriously considered suicide, or have made a suicide attempt. LBTQ girls were also more likely than GBTQ boys - and far more likely than heterosexual, cisgender girls - to have experienced sexual contact against their will. On the other hand, GBTQ boys were much more likely than LBTQ girls, or non-LGBTQ boys or girls, to engage in heroin use.

Youth who are questioning their sexuality are rarely given much attention by LGBTQ organizations and research, but evidence suggests that questioning students do need additional support. Research has found that questioning students are at higher risk of negative outcomes than both heterosexual students and students with confirmed LGB identities. Questioning students reported experiencing more homophobic bullying and higher rates of depression and suicidal feelings than heterosexual or LGB students. Questioning students who experienced homophobic bullying were more likely to use alcohol or drugs than their heterosexual and LGB peers. Some research suggests that LGB students, while marginalized, are able to draw support from other LGB peers, but questioning students do not have the same sense of support. This suggests that more work needs to be done to support students who are questioning their sexuality, and that research data specific to questioning students would be highly beneficial.¹³

2. Educator Trainings to Increase School Inclusion

Training school staff is an important strategy for supporting LGBTQ youth.^{14,15,16} Often, this training occurs through professional development programs, where staff (e.g., teachers, counselors, and school administrators) learn about the experiences of LGBTQ students and the issues they face.¹⁷ Training topics can include sexual orientation, gender identity, and gender expression (SOGIE); appropriate LGBTQ terminology; and stigma and bullying towards LGBTQ and

gender-nonconforming students.^{18,19,20,21,22} Research shows that schools with LGBTQ-focused professional development programs, such as those offered by the Safe Schools Program for LGBTQ Students, are safer and more welcoming.^{23,24} Further, the presence of adults at school who are supportive of LGBTQ youth is linked to less hostile school climates — as well as greater academic and health outcomes for LGBTQ students.^{25,26}

Overall, the effects of school-based LGBTQ trainings can be categorized as: (1) increased school staff knowledge, awareness, and beliefs, (2) increased staff self-efficacy, (3) behavior change by staff (e.g., increased intervention in anti-LGBTQ remarks), and (4) a more positive school climate. These effects align with the theory of change models and ally development models described throughout the literature. First, teachers and school personnel must develop knowledge and awareness around LGBTQ experiences. With this foundation, they can build skills to support LGBTQ youth and intervene in anti-LGBTQ behavior. Feeling competent in these skills, they are then more likely to take action and become advocates for LGBTQ youth. In turn, this can help create a safer, more inclusive school environment.^{27,28,29,30,31,32}

a. Increased Knowledge, Awareness, and Beliefs

Research has found that increasing staff knowledge of LGBTQ students can help ensure safer schools. According to a national survey analysis, knowing LGBTQ students is a significant predictor of how often teachers intervene in homophobic remarks.³³ Many other studies use pre- and post-surveys to measure knowledge gained. The results show that after LGBTQ trainings, school staff report increased knowledge across a variety of topics, including:

- Transgender youth identities³⁴
- LGBTQ-related terminology and where to find LGBTQ-related resources³⁵
- Demographics and development of LGBTQ youth³⁶
- Common challenges and risk factors facing LGBTQ students^{37,38}
- Best practices in counseling LGBTQ students (reported by school counselors)^{39,40}

The survey evaluations collected by the Safe Schools Program for LGBTQ Students show that 96% of participants learn to better understand the experiences of LGBTQ students and families. Further, most participants learn more about DESE (Department of Elementary and Secondary Education) policy guidelines and about resources for creating safe and supportive learning environments for LGBTQ students.⁴¹

Researchers have also noted increases in school staff awareness, although the definition of “awareness” greatly varies.^{42,43,44,45} For instance, in a survey evaluation of “Step In, Step Up!” — an online simulation to practice engaging with LGBTQ youth — researchers show a significant increase in teachers’ awareness to use gender-neutral language in class.⁴⁶ In a study on the Safe Schools Program for LGBTQ Students, two-thirds of teachers and administrators who completed the training were more aware of LGBTQ community resources.⁴⁷ In another study with school counselors, those who completed an LGBTQ training rated higher awareness of working with LGBTQ students on the Sexual Orientation Counselor Competency Scale (SOCCS). Notably, school

counselors who reported higher awareness levels of sexism and heterosexism also had greater LGBTQ competency.⁴⁸

A few studies found mixed results or no significant increase in awareness. After a two-hour professional development training, researchers learned that only school administrators, not teachers or mental health professionals, reported increased awareness of LGBTQ-based bullying and harassment. This suggests that different types of school personnel have varying awareness levels — and may need different content during trainings.⁴⁹ However, building awareness is a crucial aspect for all staff. Understanding of anti-LGBTQ bullying and harassment in schools strongly predicts how often teachers intervene in homophobic remarks.⁵⁰

In a study of a two-day LGBTQ training in New York City, school staff commonly expressed greater awareness of LGBTQ experiences and biases during focus groups. Yet in the post-surveys, staff reported diminishing awareness of how their actions affected LGBTQ students.⁵¹ This supports the idea that one-time LGBTQ trainings in schools may not contribute to long-term changes — and that ongoing interventions may be beneficial.

Finally, LGBTQ trainings can positively affect school staff's beliefs. Teachers who receive high levels of training have more positive attitudes towards LGBTQ youth compared to those with limited professional development.⁵² Other post-survey evaluations indicate that school staff rate the importance of intervening in homophobic comments more highly after training.^{53,54} They also have more positive perceptions about the role of school staff in supporting LGBTQ students by creating a safer, more affirming environment.⁵⁵ However, similar to the diminishing effects of self-awareness, the same study witnessed school staff's empathy for LGBTQ students diminish over time, hinting again that a one-time training may not be enough.⁵⁶

While a handful of researchers recommend professional development trainings that discuss beliefs beyond LGBTQ bullying and risk factors — such as understanding social justice, recognizing heteronormativity, and challenging systems of oppression in schools — these are not commonly measured in the literature. Authors suggest that current trainings, especially short ones, may not be equipped to cover these deeper topics, but that they're key to changing foundational beliefs around gender and sexual minorities and shifting school climates to focus not just on inclusivity but on equity.^{57,58,59,60}

b. Increased Self-efficacy

Most of the data on the effects of LGBTQ trainings indicate an increase in participant self-efficacy. Even a brief two-hour training can improve school staff's self-efficacy in addressing anti-LGBTQ behaviors and creating inclusive school environments.⁶¹ Specifically, school staff report a significant increase in their comfort in intervening in homophobic comments, their competence in addressing anti-LGBTQ bullying and harassment, and their confidence in promoting an inclusive environment.⁶² Other studies also highlight a significant improvement in confidence in both addressing anti-LGBTQ language and discussing concerns about being teased, harassed, or bullied with students.^{63,64,65,66} Similar to the findings about knowledge and awareness, self-

efficacy is also a significant predictor of how frequently teachers intervene in anti-LGBTQ remarks.⁶⁷

One study noticed that self-efficacy decreased after training. The authors theorize that teachers may realize they're less equipped to support LGBTQ youth after discussing real-life situations during the trainings.^{68,69} Nonetheless, there is strong evidence that self-efficacy is necessary for school personnel to take action. The more comfortable teachers feel intervening in bullying and harassment towards LGBTQ students, the more often they report actually intervening.⁷⁰ Numerous studies illustrate ways to build self-efficacy during trainings, such as using case studies, role play, interactive exercises, and open group discussions.^{71,72,73,74,75,76,77} These activities can help school personnel practice skills and feel more confident intervening when anti-LGBTQ behavior actually occurs.

c. Behavior Change

Two common behavior changes associated with LGBTQ professional development programs are increased school staff intervention in anti-LGBTQ behavior and increased communication with students and teachers about LGBTQ topics. For instance, school personnel report more communication with students and other staff about LGBTQ issues following their training.⁷⁸ Results from the "Step In, Speak Up!" online simulation found that afterwards most teachers reported an increase in connecting LGBTQ youth to support services (51%), speaking with students after class to see if they were okay (54%), and having conversations with other adults at school about LGBTQ harassment and bullying (58%), discriminatory language in classrooms (64%), and how to better support LGBTQ students (78%).⁷⁹

In the same study, over 50% of school staff reported an increase in the number of times they intervened when students were being teased, harassed, or bullied by students labeling them as LGBTQ.⁸⁰ After receiving training from the Safe Schools Program for LGBTQ Students, 88% of participants say they develop either "some" or "a lot" of skills to respond to bias-based bullying — and 89% say they will change their practice/policies based on what they heard or talked about during the training.⁸¹ In a case study of the Welcoming Schools program, which offers similar training to the Safe Schools Program for LGBTQ Students, schools that completed the training experienced a 50% reduction in bullying behavior within two years.⁸²

While the Welcoming School study is one of the few that looked at the long-term effects of professional development training, the researchers do not explain how they measured bullying reduction. In most studies, the data is collected through self-reporting. This is a limitation since there can be a discrepancy between what school staff say they did (or will do) and what they actually do — especially when it comes to advocating for LGBTQ youth or intervening in anti-LGBTQ bullying and harassment.⁸³ Some experts claim that it's more realistic to change knowledge and awareness through a professional development training than actual behaviors.⁸⁴ For example, results from the Commission's Safe School evaluations indicate that participants had the least understanding of developing bullying intervention skills.⁸⁵ More ongoing trainings

and practice are called for to build skills that affect behavior change for supporting LGBTQ youth.^{86,87,88,89,90,91}

d. School Climate

There is evidence that LGBTQ-focused professional development trainings can positively impact school climate, especially compared to schools without this training.⁹² School staff who experience trainings say they engage more in activities to create safer schools for LGBTQ students, such as supporting GSAs and including LGBTQ content in the curriculum.^{93,94,95} Twenty years ago, researcher Laura A. Szalacha conducted a mixed methods study on the Safe Schools Program for LGBTQ Students.⁹⁶ The results state that schools that receive training from the Safe Schools Program for LGBTQ Students have more positive “sexual diversity climates,” meaning greater tolerance and lower sexual prejudice. Importantly, students at these schools report feeling more supported by teachers and counselors and believe their school is safer with a less sexually prejudiced environment. This is the only study reviewed that measures the effectiveness of professional development trainings from the perspective of students.

e. Lessons Learned

Overall, the literature emphasizes positive results of professional development trainings in schools around LGBTQ topics. However, researchers offer lessons learned and recommendations to improve LGBTQ trainings and the methods used to collect data on their effectiveness. These include:

- **More observational data and self-reported data from students are needed.** The existing studies mostly rely on self-reported, quantitative survey data from school staff participants.
- **More longitudinal studies are needed to measure the long-term, sustained effects of LGBTQ trainings in schools.**⁹⁷ Most of the studies collect data before the training at baseline and soon after the training.
- **Trainings are too short and infrequent.** Throughout the literature, school staff claim that they need more training, knowledge, and skills (especially to address anti-LGBTQ bullying and harassment).^{98,99,100,101,102} Some of the training outcomes — increased empathy and awareness — diminished during the follow-up evaluations.^{103,104}
- **Trainings should have a broader focus than bullying and health risks.** Framing LGBTQ issues as “risk” issues not “equity” issues can mark students as “victims” or “problems” instead of valued members of their school culture.^{105,106,107,108} It’s important to portray positive aspects of LGBTQ identities as well.^{109,110}
- **More trainings are needed to build skills and elicit behavior change.** Longer, more frequent trainings may be needed to build skills that affect behavior change.¹¹¹ One study

correlates this to “the problem of enactment” where “teachers learn and espouse one idea, but continue enacting a different idea, out of habit.”¹¹²

- **LGBTQ trainings should help school staff self-reflect.** A handful of researchers urge trainings to focus on participants own views of gender and sexuality — as well as their role in upholding systems of inequity towards LGBTQ and gender-nonconforming groups.^{113,114,115,116,117} More self-awareness of inclusivity by school personnel is strongly related to efforts to create a safer school.¹¹⁸
- **Research highlights successful components of LGBTQ trainings.** These include videos or discussions with local students or staff who identify as LGBTQ, small group interactions and reflection, and experimental learning (e.g., using case studies, scenarios, or role play to practice responding to anti-LGBTQ behavior).^{119,120,121,122,123}
- **Customize trainings for specific audiences.** In order to have an impact on school environments, LGBTQ trainings must be accessible to all staff, including nurses, safety officers, and administrators. However, since these audiences have different roles and experiences, they should receive tailored trainings that acknowledge this.^{124,125}
- **Consider different types of training models.** A few authors illustrate the success of peer-to-peer models and online programs to help train school staff around LGBTQ topics and issues.^{126,127}

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ENDING HOMELESSNESS

A. Introduction

LGBTQ youth, particularly LGBTQ youth of color and transgender and gender-expansive youth, are disproportionately represented among youth experiencing homelessness. Solutions to end homelessness need to incorporate intervention and prevention measures across individuals, families, communities, and institutions that understand the intersecting identities of race, ethnicity, sexual orientation, gender identity, and gender expression. LGBTQ youth experience multiple risk factors that contribute to higher rates of homelessness, such as family rejection, abandonment, and conflict, poverty, mental health difficulties, discrimination, and racism. The Commission has increased its focus on and commitment to ending youth homelessness over the last several years.

In addition to working directly with executive agencies that work in this space, such as the Department of Housing and Community Development and the Executive Office of Health and Human Services, the Commission has worked in coalition with numerous advocacy groups to further policies and legislation around ending youth experiencing homelessness. In recent years, the Commission has partnered with the Massachusetts Coalition for the Homeless to help carry out the Massachusetts Youth Count. Additionally, the Commission joined numerous governmental and non-governmental entities on the steering committee for the Massachusetts State Plan to End Youth Homelessness released by the MA Special Commission on Unaccompanied Homeless Youth in 2018.

B. Recommendations to the Governor and Legislature on Homelessness

1. Improve access to state IDs for youth experiencing homelessness and gender expansive youth.

Proper identification is needed for youth to access services, housing, and employment. LGBTQ youth in general are more likely to face housing instability and discrimination in accessing services, and access to proper ID is especially important for transgender and non-binary youth, youth experiencing homelessness, and undocumented youth. A national survey of transgender individuals found that 68% did not have any identifying documents that had their preferred name or gender marker. The Commission commends the RMV for making it possible to change gender markers on an ID without need of documentation to validate such a change, and for the launch of a non-binary “X” gender marker option on all state license and ID cards. The Commission was also glad to see the State Senate pass An Act Relative to Gender Identity on Massachusetts Identification (S. 2213) in the previous legislative session, which would expand non-binary gender markers to birth certificates, allow individuals to change their gender

marker without a doctor's note, and empower the Attorney General to expand non-binary markers in other state records systems. The Commission urges the legislature to pass An Act Relative to Gender Identity on Massachusetts Identification (H. 3521 / S. 2282) in the current legislative session.

Furthermore, barriers remain for LGBTQ youth - especially those experiencing homelessness - to get an ID at all, due to prohibitive costs and documentation requirements that are hard to meet for youth facing familial rejection. Policies such as that proposed in An Act to Provide Identification to Youth and Adults Experiencing Homelessness (H. 3515 / S. 2276), which seeks to make access to IDs less costly and onerous for youth experiencing homelessness, would improve access to IDs in general and thus for the LGBTQ youth who are most likely to need such documentation to avoid discrimination and access services. Lastly, the Commission recommends that the legislature pass An Act Relative to Work and Family Mobility During and Subsequent to the COVID-19 Emergency (H. 3456 / S. 2289), which would allow undocumented immigrants to acquire driver's licenses and state IDs.

2. Increase services for youth at risk for or experiencing homelessness.

Funding is imperative to address homelessness among youth and young adults, specifically the state budget line items for unaccompanied homeless youth services and other homelessness assistance and prevention services. The Commission's recommendations for these FY22 budget line items include:

- Housing and Services for Unaccompanied Youth and Young Adults Experiencing Homelessness (4000-0007): At least \$8 million to provide housing and wraparound services for youth and young adults experiencing homelessness and housing instability.
- Residential Assistance for Families in Transition (7004-9316): At least \$55 million to address the COVID-19 pandemic and related ongoing needs.
- Home and Healthy for Good Program (7004-0104): At least \$4 million to reduce the instance of chronic and long-term homelessness. In FY21, the state budget allocated at least \$250,000 to LGBTQ young adults experiencing homelessness. Considering the disproportionate impact that COVID-19 has had on LGBTQ youth, the Commission urges the state to at least double this dedicated funding under the line item.

The Commission also notes that many of these budget initiatives, including others such as Emergency Aid to the Elderly, Disabled, and Children Program (EAEDC) are only in the state budget, and not enacted by legislation. This leaves such programs highly discretionary and not subjected to the same levels of oversight as programs enacted by legislation. The Commission urges the legislature to formalize any such programs through legislation to ensure their continued funding and legislative oversight.

3. Create a bill of rights for people experiencing homelessness.

LGBTQ youth are already more likely than others to face discrimination in their daily lives, and are more likely to experience homelessness, a status that greatly increases the risk of facing bias and discrimination. The Commission recommends the creation of an explicit bill of rights for people experiencing homelessness that reflects common concerns raised by this population. It should include the rights to move freely while in public spaces, to be treated equitably by government agencies, to receive care in emergencies, and others such as those proposed in An Act Providing a Bill of Rights for People Experiencing Homelessness (H. 264 / S. 142).

4. Increase LGBTQ participation as youth ambassadors and respondents to the Youth Count.

The Youth Count is a critical source of data on LGBTQ and other youth who are experiencing homelessness or who are at risk for becoming homeless. This valuable collaboration between state and nonprofit entities, and the data it generates, can be strengthened through additional funding and participation. The Commission recommends that more slots for LGBTQ ambassadors are set aside within the youth ambassador program and that local administrators of the survey are given guidance on conducting outreach that is inclusive of LGBTQ youth and youth of color. The Commission itself has funded more LGBTQ youth of color to serve as ambassadors with the intention of increasing the diversity of survey respondents and encouraging an expansion of such efforts. Equally important to supporting the execution of the survey is to ensure that analysis is conducted, published, and utilized, and that such analysis examines intersectional identities.

5. Promote best and promising practices for serving LGBTQ youth with providers of services for youth at risk for or experiencing homelessness.

The Commonwealth provides or funds many services for youth who are at risk for or are currently experiencing homelessness. Too often, the Commission hears that some of these services are not LGBTQ-affirming, or that providers are simply not knowledgeable enough about issues facing LGBTQ youth. For example, youth frequently complain that providers focus on family reunification, which is not always possible, and is rarely easy, for youth facing rejection relating to their LGBTQ identity. The Commission recommends that the Commonwealth use a variety of means (such as trainings, e-learning opportunities, contractual requirements, legislation, etc.) to increase the utilization of best and promising practices for serving LGBTQ youth among providers who serve those experiencing or at risk for homelessness. The Commission's recommendations for providers, that immediately follow herein, could serve as a useful starting point in advancing this work.

6. Implement policies to ensure greater transparency of the foster care review process.

LGBTQ Youth aging out of the foster care system are at high risk of homelessness and involvement in the adult legal systems. Children in the care of the Department of Children and Families (DCF) deserve foster homes that are safe and affirming for all youth, including LGBTQ youth. However, anecdotal experiences of many LGBTQ youth in foster care, as reported to Commission members and stakeholders, is cause for concern and warrants further dialogue between the Commission and DCF management. The Commission urges the state to establish an independent agency to handle the foster care review process and remove that responsibility from DCF, as proposed in An Act Establishing the Massachusetts Foster Care Review Office (H. 211 / S. 88).

7. Implement policies to prevent families and individuals from experiencing homelessness.

The Commission supports initiatives on issues that, while not explicitly related to LGBTQ youth, nevertheless disproportionately affect LGBTQ youth at risk of or actually experiencing homelessness. Such initiatives being considered in the current legislative session include:

1. Ease access to the Emergency Assistance (EA) for families and children seeking to access or retain EA shelter and HomeBASE rehousing benefits, as proposed in An Act Improving Emergency Housing Assistance for Children and Families Experiencing Homelessness (H. 202 / S. 111).
2. Prevent evictions and foreclosures during the COVID-19 state of emergency and recovery, as proposed in An Act to Prevent COVID-19 Evictions and Foreclosures and Promote an Equitable Housing Recovery (H. 1434 / S. 891).
3. Ensure a right to counsel for eviction proceedings, as proposed in An Act Enacting the Universal Right to Counsel in Eviction Cases (H. 1911).
4. Permanently establish and improve the Residential Assistance for Families in Transition (RAFT) homelessness prevention program, as proposed in An Act Providing Upstream Homelessness Prevention Assistance to Families, Youth, and Adults (H. 1385).
5. Establish the HomeBASE short-term transitional housing program in state statute and provide renewals, as proposed in An Act Promoting Housing Stability for Families by Strengthening the HomeBASE Program (H. 1372).
6. Protect tenants from the stigma of permanent eviction records but making it easier to seal eviction records, as proposed in An Act Promoting Housing Opportunity and Mobility through Eviction Sealing (H. 1808 / S. 921).
7. Remove the prohibition on rent control and protect tenants from unjust no fault evictions, as proposed in An Act Enabling Local Options for Tenant Protections (H. 1378 / S. 886).

8. Address gentrification, an issue which disproportionately impacts people of color and which makes it difficult for LGBTQ youth to obtain and maintain stable housing.

C. Understanding Youth Homelessness

In 2018 in the United States, 4.2 million youth and young adults (YYA) experienced homelessness, and LGBTQ youths are 120% more likely to experience homelessness than their non-LGBTQ counterparts.¹ Nationally, 33% of YYA who experienced homelessness identify as LGBTQ.² In its most recent report in 2017, the MYRBS found that LGBTQ students in Massachusetts were 2.8 times more likely to experience homelessness than were their non-LGBTQ peers. This is consistent with other youth-based studies,³ including the 2019 Massachusetts Youth Count, which surveyed 1,975 youth or young adults who were unstably housed, or experiencing homelessness and found that 24.7% of respondents identified as LGBTQ.⁴ According to a 2020 Special Report to the MA Unaccompanied Homeless Youth Commission, preliminary 2020 data reported a 38% increase in YYA accessing housing support services, including homelessness prevention.⁵ In Boston, researchers reported that in 2018 25-29% of YYA experiencing homelessness identified as LGBTQ.⁶ According to the 2019 Massachusetts Youth Count, LGBTQ were in the top two groups to most likely sleep in an unsheltered location.⁷

LGBTQ YYA experience daily stigma and discrimination due to living in heterosexist, racist, and homophobic society.⁸ Further, those who hold multiple marginalized and oppressed identities, such as Black, Indigenous, and Other People of Color (BIPOC) individuals or transgender/gender-expansive youth, contend with added racism, sexism, and transphobia that further result in detrimental psychological, physical, emotional effects.⁹

Homelessness is particularly damaging to LGBTQ youth of color, with one study finding that among LGBTQ youth experiencing homelessness, 31% were Black, 14% were Latinx, 1% were Native American, and 1% were Asian or Pacific Islander.¹⁰ Further, LGBTQ YYA of Color have a more challenging time exiting homelessness than their White counterparts.¹¹ One in four Black and African Americans who identify as male and LGBTQ reported experiencing homelessness in the last 12 months.¹² Given these stark disparities, the Commission has been grateful to partner with the Unaccompanied Homeless Youth Commission to support the implementation of the a Massachusetts State Plan to End Youth Homelessness.¹³ The plan envisions a system “in which every community in the Commonwealth has coordinated, developmentally appropriate, and trauma-informed resources that are effective, regionally accessible, and reliably funded.”¹⁴

1. Factors Resulting in Housing Instability

Homelessness is a complex and multi-layered issue in the United States, correlated with poverty, racism, substance use, and mental health that intersects with individuals who have experienced foster care, sexual abuse, discrimination/stigma, and unsupportive families.¹⁵ LGBTQ YYA often

find themselves at the intersection of discrimination, poverty, and racism that results in an increased risk of housing instability and homelessness. According to one (non-Massachusetts based) study, the top reasons LGBTQ YYA cite for becoming homeless are familial rejection, abandonment, or abuse, mistreatment at school, and aging out of foster care.¹⁶ In Massachusetts, according to the 2019 Massachusetts Youth Count, the top reasons for all unaccompanied homeless youth (LGBTQ and non-LGBTQ) not living with their parent or guardian were: (a) fighting with their parent or guardian (33%); (b) being told to leave by their parent or guardian (30%); (c) choosing to leave on their own (26%); and (d) being abused or neglected by their parent or guardian (17%).¹⁷ Unaccompanied homeless youth who identified as LGBTQ were more likely than other non-LGBTQ respondents to report abuse and neglect, parental substance use, engagement in the foster care system, and their drug use as reasons for not living with their parent or guardian.¹⁸ It is essential to acknowledge the resilience and courage shown by the 26% of youth who choose to leave their homes. Research indicates that many LGBTQ YYA choose to leave their homes and become homeless for their well-being, as remaining in their home or placement may have had an even worse impact on their physical or mental health.¹⁹

Research consistently shows that the leading cause of homelessness among LGBTQ YYA is familial rejection or abandonment. A literature review indicates that between 8% and 33% of LGBTQ YYA left home due to parental disapproval of their sexuality.²⁰ Other researchers report that about one-third of LGBTQ YYA that “come out” to their family are rejected.²¹ While familial rejection is often referred to as the top reason for leaving home or being expelled from home, this is of particular impact on transgender and gender-expansive youth than on LGB youth.²² Approximately 90% of transgender youth experiencing homelessness report being rejected by their family, and 62% of homeless LGB YYA report being bullied and rejected at home compared to 30% non-LGB youth.²³ Of these, 43% report being forced out of home by their family despite wanting to remain.²⁴ Further, potentially about 10% of transgender youth are leaving home before the age of 15.²⁵ Many LGBTQ YYA who experience homelessness do not “come out” until after they have left home, indicating that running away might be one way of coping with the stress of processing their sexual and gender identities.²⁶ At a developmental age in which young people need parental and peer support, fear of rejection and abuse may play a contributing role in an LGBTQ YYA person’s decision to run away from home.

Many of the reasons LGBTQ YYA face this rejection relate to moral values that stigmatize their identities as deviant and immoral. Families may also fear that identifying as LGBTQ might cause their children undue hardship throughout their lives or may feel that they are “losing” the child they knew before their coming out. Some families may hope that rejection could somehow sway their LGBTQ children to reconsider their “choice.”²⁷ Unfortunately, while conflict with family is a primary reason for homelessness among LGBTQ YYA, family issues are only addressed by 60% of agencies in the United States that provide services for homeless LGBTQ youth.²⁸ Substance use is often cited as a reason for LGBTQ YYA leaving home. However, LGBTQ YYA may initiate alcohol and drug use at an earlier age than their non-LGB peers, and most do not start using until after becoming homeless.²⁹ Substance use may be a way of coping with the stress of homelessness in adolescence rather than a reason that LGBTQ YYA are kicked out of their homes.³⁰

Instability and rejection at home cause a disproportionate number of LGBTQ YYA to end up in foster care. An LA County study found that nearly 20% of youth in foster care were LGBTQ, with the youth of color overrepresented among them.³¹ LGBTQ YYA are more likely to report worse outcomes than their cisgender and heterosexual peers.³² These worse outcomes included discrimination, inadequate treatment, and a higher number of placements.³³ Many LGBTQ youth face adverse experiences leading to homelessness while in foster care. Another leading cause of homelessness among LGBTQ YYA is exiting or aging out of foster care. Research suggests that between 11% to 37% of youth who enter the foster care system will end up homeless as YYA.³⁴ After aging out of child welfare, between 12% and 36% of LGBTQ youth have reported experiencing at least one episode of homelessness.³⁵

LGBTQ YYA experiencing homelessness are more likely to have been physically, emotionally, or sexually abused than their non-LGBTQ peers.³⁶ Among homeless LGBTQ YYA, 32% have been physically, emotionally, or sexually abused at home prior to experiencing homelessness, and more than half identify a family member as the abuser.³⁷ As a result, nearly half of homeless LGBTQ YYA report running away from harmful home environments as their primary reason for homelessness.³⁸ Compared to non-LGBTQ homeless youth, homeless LGBTQ YYA are twice as likely to have been sexually abused by the age of 12 and twice as likely to report sexual abuse as their reason for leaving home.³⁹ LGBTQ YYA who have been previously abused within their family system are more likely to enter the foster care system with mental health issues from the abuse, which are all predictors of homelessness or experiences that may lead to running away.⁴⁰

LGBTQ YYA experience a myriad of psychosocial stressors and discrimination that include dating violence, hate crimes, LGBTQ bullying, school bullying, and cyberbullying that often result in low self-esteem, depression, substance use, anxiety, high rates of bipolar disorder, self-harm, and suicidal ideation,⁴¹ all of which are factors that contribute to homelessness. In 2021, a meta-analysis reviewed articles to understand the mental health implications in LGBTQ YYA. LGBTQ YYA are about three times more likely to report mental health difficulties than their cisgender, heterosexual counterparts.⁴²

A majority of LGBTQ YYA report bullying and harassment at school as reasons for skipping school, another pathway to homelessness. 86% of LGBTQ YYA have been verbally harassed at school, and 60% do not feel safe in school, leading LGBTQ youth to be twice as likely to drop out of school as their non-LGBTQ peers.⁴³ Youth who do not complete high school have a 346% higher risk of homelessness regardless of sexual orientation or gender identity.⁴⁴ Thus a discriminatory school environment may contribute to increased homelessness among LGBTQ YYA.⁴⁵

In addition to experiencing rejection and abuse at home and school, LGBTQ young adults may face discrimination in housing and rent, such as being denied a mortgage or being charged higher rental rates.⁴⁶ LGBTQ youth are also susceptible to other common causes of homelessness, which often begin in the context of family homelessness or after the death of a parent.⁴⁷ Involvement in the criminal justice system and personal or parental substance use are also common causes of homelessness⁴⁸ and are factors that disproportionately impact LGBTQ youth.

2. Experiences While Homeless

LGBTQ homeless YYA in Massachusetts experience significant discrimination and trauma both on the streets and in the structures meant to keep them safe. The 2019 Massachusetts Youth Count found that LGBTQ-identified youth were more likely to have slept in a car or outside the night before, and those who did not identify as LGBTQ were much more likely to have stayed in a shelter.⁴⁹ LGBTQ YYA frequently cited not feeling safe as a barrier to receiving services than non-LGBTQ identifying youth.^{50,51} A major national study recently found that LGBTQ YYA experiencing homelessness faced over twice the rate of early death compared to other homeless youth and that they also faced higher rates of trauma and overall adversity.⁵² An understanding of these experiences is essential in developing systems that do not further traumatize LGBTQ youth.

Unfortunately, mental health outcomes contribute to homelessness for LGBTQ YYA, but once LGBTQ YYA experience homelessness, there continues to be a decrease in overall mental health.⁵³ These mental health outcomes include PTSD, depression, anxiety, increase substance use, binge drinking, and suicide.⁵⁴ LGBTQ YYA experiencing homelessness are twice as likely to have attempted suicide (62% vs. 29%), and 155% are more likely to have abused drugs (42% vs. 27%) than their non-LGBTQ peers.⁵⁵ 29% of homeless LGBTQ youth report having a substance use disorder.⁵⁶ LGBTQ homeless youth also use cocaine, methamphetamines, and crack at higher rates than their non-LGBTQ peers.⁵⁷

Researchers have reported that of LGBTQ YYA who experience homelessness, 95% of them reported at least one incident of trauma.⁵⁸ While trauma is prevalent for all individuals who experience homelessness, LGBTQ youth who are experiencing homelessness face, on average, 7.4 more acts of sexual violence than their non-LGBTQ peers.⁵⁹ While sexual minority women and transgender women experiencing homelessness more frequently face intimate partner abuse, sexual minority men and transgender men are more likely to report violence committed by a stranger, underscoring that the experiences and needs of these youth vary and require a range of interventions.⁶⁰

A shared experience of LGBTQ youth who are homeless is higher rates of engaging in survival sex (in which sex is traded for money, food, or shelter) than their non-LGBTQ peers.⁶¹ Another study showed that LGB youth experiencing homelessness are 70% more likely than their non-LGB peers to engage in survival sex.⁶² In Massachusetts specifically, the Youth Count found that 34.5% of LGBTQ youth reported engaging in survival sex, and LGBTQ youth were four times more likely to engage in survival sex than homeless youth who did not identify as LGBTQ.⁶³ LGBTQ YYA who engage in survival sex experience increased discrimination due to the criminalized nature of sex work. This results in increased contact with law enforcement, disqualification from public housing, potential expulsion from education institutions, and denial of financial aid if charged with a prostitution-related crime.⁶⁴

LGBTQ YYA experiencing homelessness are shown to have worse academic outcomes as they are less likely to return to school upon becoming homeless.⁶⁵ In a recent research study, almost one out of five students (19%) experienced homelessness identified as LGB.⁶⁶ LGBTQ YYA who are not engaging, intermittently attending, or cannot devote their full attention to schooling and learning

have low academic achievement and poor developmental outcomes.⁶⁷ A study in Massachusetts found that about 25% of all lesbian/gay high school students and 15% of bisexual students reported current or recent homelessness, compared to 3% of exclusively heterosexual students.⁶⁸

Physical health is a significant concern for all YYA who are homeless, and these include exposure to harsh weather, injuries, and physical assault that are exaggerated by barriers such as cost of care, transportation limitations, and fear of discrimination by providers.⁶⁹ LGBTQ youth experiencing homelessness are at higher risk for experiencing physical assault than heterosexual youths experiencing homelessness.⁷⁰ Further, LGBTQ youth experiencing homelessness are also more likely to be living with HIV or an STI.⁷¹ LGBTQ homeless youth experience three times the rate of HIV compared to non-LGBTQ homeless peers.⁷² Several factors may increase their risk, for example, on average, sexual minority and transgender young men experiencing homelessness have their first sexual encounter one year earlier, a greater number of lifetime sexual partners, a higher likelihood of sexual assault, and a higher rate of unprotected sex with female partners than their non-homeless peers.⁷³ Another study showed that LGBTQ youth experiencing homelessness were more likely than their non-LGBTQ peers to engage in sexual behaviors that heightened their risk of HIV infection or viral hepatitis, such as having sex with strangers who used IV drugs, having unprotected sex with strangers, having anal sex with strangers, and having sex with strangers after using drugs themselves.⁷⁴ Among LGBTQ youth, homelessness is a consistent independent risk factor for drug use and sexual behavior that increases the likelihood of transmitting sexually transmitted infections (STIs).⁷⁵

Further, LGBTQ YYA, especially those who identify as BIPOC, have higher rates of police interaction and incarceration.⁷⁶ LGBTQ YYA experiencing homelessness are likely to interact with the police due to engaging in survival crimes, such as sleeping in public places, engaging in survival sex, loitering, and substance use.⁷⁷ LGB individuals are three times more likely to be incarcerated, while one in six transgender individuals have experienced incarceration.⁷⁸ Research indicates that lesbians, individuals assigned female at birth, and transwomen are more likely to engage in survival crimes and receive discriminatory sanctions for police and legal systems.⁷⁹ While the exact number of LGBTQ YYA that have been arrested is not documented, research has found that between 70% and 78% of homeless youth 18 to 24 have been arrested, and 60% have gone to jail.⁸⁰ LGBTQ YYA make up about 13% of the youth in the criminal justice system.⁸¹ This over-policing and contact with the criminal justice system results in continued discrimination through binary sex-segregated jails, assumptions of LGBTQ YYA as sexual predators, sexual advancement by staff, and increased exposure to solitary confinement.⁸²

National studies also indicate that nearly half of LGBTQ clients of service agencies for homeless youth lack valid identification cards, which poses a significant barrier to this population.⁸³ LGBTQ youth may face disproportionate barriers to access as many are separated from their families over conflicts related to their LGBTQ identities. Without proper government-issued IDs, LGBTQ youth experiencing homelessness cannot open bank accounts, enroll in school, access housing, or become employed.⁸⁴ The cost of identification cards, cosign, and proof of address requirements, and other recent modifications to make Massachusetts ID policy compliant with

the federal REAL ID Act may make it difficult for low-income LGBTQ youth who are experiencing homelessness to get the ID cards they need to access opportunities.⁸⁵ A national survey of transgender individuals found that 68% did not have any identifying documents that had their gender marker, 40% did not have an ID that was consistent with their name, 11% of transgender youth reported being denied services when gender expression did not align with gender ID marker, and 3% reported being physically assaulted upon presentation of an ID marker that did not align with gender expression.⁸⁶

Finally, transgender youth experiencing homelessness have faced even more severe discrimination and trauma than LGBQ youth experiencing homelessness.⁸⁷ For transgender and gender-expansive individuals, homelessness likely exacerbates the significant discrimination and lack of understanding that transgender people already face in schools, workplaces, housing, and healthcare facilities.⁸⁸ Many transgender YYA are denied or do not have the proper access to medical care and experience complications from unmonitored use of transition hormones obtained without a prescription.⁸⁹

3. Services for Those Experiencing Homelessness

Importantly, we need to acknowledge the heteronormative and cisgender system that often delegitimizes and discriminates against LGBTQ YYA. The context in which LGBTQ YYA are operating creates additional barriers for service engagement. LGBTQ YYA are often forced to choose between their physical safety and their psychological safety.⁹⁰ For example, the only option to avoid the environmental and interpersonal dangers of the streets may be to enter a shelter or engage with housing services where they experience discrimination based on sexual orientation, gender expression, and gender identity. The choice should not be between exposure to potential violence and the elements or exposure to discrimination, homophobia, and transphobia. The needs reported by LGBTQ youth experiencing homelessness represent both general needs shared by all youth and some specific needs that are intertwined with their LGBTQ identities and discrimination. According to one study, LGBQ youth report housing, employment, education, and acceptance of their LGBQ status as primary needs, while transgender YYA express the need for housing, employment, education, and transition support.⁹¹ Another study indicated that the needs for LGB YYA and transgender YYA are different as LGB YYA reported that their greatest need was acceptance and emotional support, while transgender YYA reported transition support.⁹²

Shelters are important and invaluable resources for those experiencing homelessness. However, LGBTQ homeless youth report that adult shelters are often a place of danger.⁹³ One of the unique challenges faced by LGBTQ YYA is the increased risk for harassment and victimization relative to cisgender and heterosexual peers, and when reported, it is often met with inaction by staff.⁹⁴ Further, LGBTQ YYA who enter the adult shelter system often report being bullied, harassed, and even assaulted by others.⁹⁵ LGBTQ YYA nationally also report that shelter staff harassed and discriminated against them, refused to work with them, and refused to acknowledge their gender identity or gender expression.⁹⁶ Another national study reported that 70% of transgender YYA who stayed in a shelter in the past 12 months reported mistreatment, being assaulted, and being

kicked out.⁹⁷ These experiences of discrimination and harassment accumulate and deter LGBTQ YYA from entering the shelter system.

While the experiences of LBGQT YYA in the adult shelter system are often negative, there have been some individual programs that have elevated the needs of LGBTQ YYA here in Massachusetts. Y2Y Harvard Square, an overnight emergency shelter for young adults, intentionally included a gender-affirming design process when building the shelter. The space itself is non-gendered, with the bunk beds for sleeping in a non-gendered communal and supervised area. All of the bathrooms are non-gendered and all individuals are asked about their preferred pronouns upon intake.

Nationally, LGBTQ YYA need culturally responsive services that meet the needs of those seeking services, such as private showers, culturally responsive training for providers, and services that are inclusive of the needs of young LGBTQ folks. Specifically, transgender and gender-expansive individuals experience being turned away from shelters due to their gender identity or the absence of instituted shelter policies inclusive of all genders, such as binary segregated accommodations and programming.⁹⁸ Further, the lack of LGBTQ inclusive policies, whether intentional or due to lack of awareness, implies that these services are not for LGBTQ youth. This implicit exclusion of LGBTQ YYA by shelters becomes a contributing factor in an LGBTQ youth's need to turn to survival sex work to meet their need for housing.⁹⁹ Finally, LGBTQ YYA may fear accessing shelters because staff will turn them over to police or social services for family reunification.¹⁰⁰

LGBTQ drop-in centers can help provide basic needs for LGBTQ YYA who choose to remain unsheltered due to discrimination, such as food, water, laundry, and showers.¹⁰¹ Research has shown LGBTQ YYA drop-in centers are better at connecting YYA to services than shelter systems.¹⁰² Drop-in center staff often connect LGBTQ YYA to higher-level needs such as mental health treatment, substance use treatment, HIV/STI-related programs, job training, academic support, and school drop-out prevention.¹⁰³ Researchers contend that drop-in centers can be utilized more to target LGBTQ YYA, who are often invisible in the research and policy. Specifically, by creating drop-in centers that include mentorship and peer support, extended clinic hours, programming that includes art, cultural, and recreational activities that are intersectional and anti-racist, and programming that targets LGBTQ YYA who have recently immigrated.¹⁰⁴

Nationally about 7-10% of LGBTQ YYA who experience homelessness are transgender and gender-expansive, and approximately 2% have identified as transgender in MA.^{105, 106} According to the 2019 MA Youth Count data LGBTQ YYA were more likely to report that their basic needs were not being met.¹⁰⁷ A theme from research on transgender and gender-expansive YYA experiencing homelessness is the need for affirming services and access to resources for transitioning.¹⁰⁸ Transgender YYA experiencing homelessness lack access to medical resources for transitioning from difficulty obtaining insurance to access to prescription hormones to access to other gender-affirming care.¹⁰⁹ Of note, the transgender and gender-expansive community need to be recognized for its resilience, courage, social justice, and ability to create a community in the absence of systemic and institutional support.¹¹⁰

For the services that do exist, there are some signs that competency to serve LGBTQ youth may have improved in recent years. A 2015 nationally representative survey showed that more than 90% of service providers for homeless youth self-reported feeling “somewhat” or “very confident” in caring for LGBTQ youth.¹¹¹ Many agencies associated their perceived success at working with LGBTQ youth with having completed training and having LGBTQ-identified staff and board members. In total, 85% of facilities reported adequate LGBTQ competency training, 90% had LGBQ staff member(s), 47% had transgender staff member(s), 61% had LGBQ board member(s), and 22% had transgender board member(s).¹¹² However, a separate national survey of service providers demonstrated that 25% of respondents experienced inadequate training as a barrier to serving LGBTQ youth.¹¹³ Nationally, Many LGBTQ youth experiencing homelessness report being turned away from shelters and other housing due to their LGBTQ identity, and those who receive placement often report adverse experiences while there.¹¹⁴

D. Progress in Massachusetts Towards Ending Homelessness

Over the last few years, the Baker Administration and several municipalities have developed plans and initiatives to end youth homelessness. In 2018, the Baker Administration released the *Massachusetts State Plan to End Youth Homelessness*.¹¹⁵ The state plan draws on the *Federal Framework to End Youth Homelessness* and insights and recommendations from the local, state, and federal levels.¹¹⁶ The state plan includes six primary recommendations, including (1) implement a coordinated statewide response to youth homelessness; (2) expand the spectrum of housing models and services; (3) expand early identification and outreach to connect youth with existing resources; (4) improve education and employment to support youth people’s access to long-term employment; (5) establish systemic outcome measurement systems and data-sharing; and (6) create a structure to support youth and young adult involvement.¹¹⁷ The plan further acknowledges the disparities that LGBTQ YYA face concerning housing instability and homelessness and includes several best practices to address these disparities.¹¹⁸ These include culturally responsive programming, housing placement based on gender identity rather than biological sex, education on the difference between sexual orientation, biological sex, gender identity, gender expression, and several others.¹¹⁹

In 2020 The MA Special Commission on Unaccompanied Homeless Youth provided a “special report” that reported an increase of 38% (2,470) in YYA served.¹²⁰ While this increase may represent more YYA being provided stable housing by preventing homelessness, it is unclear if the role of the pandemic played a role in the increase of YYA served. Of the 2,470 YYA served, 12% of YYA identified as LGBTQ. However, previous reports suggest that about 24% of all YYA identify as LGBTQ, indicating a possible gap in services for LGBTQ YYA in 2020.¹²¹ Fortunately, the MA Special Commission on Unaccompanied Homeless Youth reported continued efforts to outreach to LGBTQ communities and reports this as a particular focus of 2021 including increased partnerships with LGBTQ organizations.¹²²

Further, Massachusetts has continued to pilot two LGBTQ supportive housing programs (AIDS Action Committee and DIAL/SELF Youth and Community Services) since 2014 through the Home

and Healthy for Good initiative. Unfortunately, Governor Baker recommended a \$1 million cut to the Home and Healthy for Good Initiative (7004-0104) and a 3 million cut to the Homeless Individual Assistance fund (7004-0102) for FY 22 budget.¹²³

Boston's plan, *Rising to the Challenge*, was officially unveiled in November 2019 following a \$5 million grant from the U.S. Department of Housing and Urban Development (HUD) in 2018. The city reported that in 2019 on a given night, approximately 360 unaccompanied YYA under age 24 are experiencing homelessness in Boston.¹²⁴ In 2021, the City of Boston plans to add 130 new housing opportunities for YYA, including rental assistance and case management.¹²⁵ In January 2021, the City of Boston pledged to invest \$335,000 to support 40 young people aged 18-24 whom recently exited homelessness.¹²⁶ Unfortunately, the *Rising to the Challenge* plan does not appear to have any LGBTQ-specific programming to target LGBTQ YYA experiencing homelessness. However, there is recognition that LGBTQ YYA of Color are disproportionately experiencing homelessness in Boston.

Notably, the Boston plan acknowledges the disparities that LGBTQ youth and youth of color face concerning housing instability, noting that 50% of YYA experiencing homelessness in Boston are Black, and 25-29% of YYA experiencing homelessness in Boston are LGBTQ.¹²⁷ Recognizing the importance of good data, the Boston plan specifically calls to improve data collection for YYA at risk of and experiencing homelessness and create a dashboard to track progress and monitor disparities.¹²⁸ Boston's plan also acknowledges that family rejection is a leading cause of homelessness for LGBTQ youth and aims to create a set of acceptance strategies to support LGBTQ YYA staying with families to ensure they remain in their homes if desired.¹²⁹

In addition to Boston, the city of Springfield and Community Action Pioneer Valley in Western Massachusetts also received a grant from HUD in 2019 for more than \$4.3 million to end youth homelessness.¹³⁰ Community Action Pioneer Valley released an executive summary of coordinated care to end YYA in Franklin County. The executive plan includes: (a) implementing a coordinated system to identify YYA; (b) implement collaborative preventative and diversion strategies; (c) implement a coordinated access entry system; (d) connect YYA to low-barrier housing services; and (e) develop sustainable partnerships for planning and resources.¹³¹ Of note, the executive plans clearly outline creating culturally competent services for LGBTQ and Black, Indigenous, and Latinx YYA seeking homelessness services.¹³² Further, the executive plan outlines LGBTQ YYA as a specific population to target identification and expanded outreach services.¹³³

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ADVANCING JUSTICE

A. Introduction

LGBTQ youth are twice as likely to enter the juvenile system as their non-LGBTQ peers.¹ LGBTQ youth of color face even starker disparities and comprise a staggering estimated 85% of LGBTQ youth in the justice system.² Transgender individuals are nearly twice as likely to have been incarcerated as other LGBQ people, with transgender people of color reporting a rate of past incarceration four times higher than other LGBQ people.³ The Commission also knows, from its own data analysis as presented in the data report above, that LGBTQ youth (particularly transgender youth and youth of color) are especially likely to face risk factors such as truancy out of fear of attending school, being involved in bullying and fights, and experiencing homelessness, all of which are drivers of justice systems involvement.

To combat these disparities, the Commission has worked closely with many state agencies and entities in Massachusetts to establish more equitable state policies within the juvenile justice system. The Commission has also worked in coalition with community organizations such as Citizens for Juvenile Justice to advance legislation to further reform the juvenile justice system and improve the lives and conditions of LGBTQ individuals involved in the juvenile and adult criminal justice system.

B. Recommendations to the Governor and Legislature on Juvenile Justice

1. Increase collection of data on sexual orientation and gender identity to identify and reduce disparities throughout the juvenile and criminal justice systems.

Data can provide insight into the disparities experienced and the needs faced by LGBTQ youth who are in the juvenile and criminal justice systems. The newly-created Juvenile Justice Policy and Data (JJPAD) Board has been tasked with collecting data to identify disparities and make recommendations on how best to improve the juvenile justice system. The Childhood Trauma Task Force (CTTF), a subcommittee of the JJPAD Board, is charged with studying and making recommendations on gender responsive and trauma-informed approaches to treatment services for youth currently involved, or at risk of becoming involved, in the juvenile justice system. The Commission was pleased to work with JJPAD Board in 2020 to advise them on best practices for collecting and reporting data on sexual orientation and gender identity and expression (SOGIE). These recommendations were subsequently adopted in JJPAD Board's 2020 annual report to the legislature. The state should further increase its collection of SOGIE data wherever possible in the criminal and juvenile justice systems, as proposed by An Act to Promote Rehabilitation Including Guaranteed Health, Treatment, and Safety for Incarcerated LGBTQI+ People (RIGHTS Act) (H. 2484 / S. 1566), which would collect data on LGBTQI prisoners held in restrictive housing, as well as An Act Improving Juvenile Justice Data Collection (H. 1795

/ S. 1558), which would include sexual orientation and gender identity in the collection and reporting of juvenile justice data, with the goal of identifying and evaluating policies to reduce racial disparities in the juvenile justice system.

2. Limit the use of force by law enforcement and correctional officers and remove police from schools.

The Commission was glad to see several police reforms signed into law in 2020 following the murders of George Floyd and Breonna Taylor at the hands of police and countless other instances of police brutality. The Commission notes, however, that the 2020 reform fell short on several fronts, including failing to (1) restrict the government's use of dangerous, racially-biased facial surveillance technology; (2) abolish or meaningfully roll back qualified immunity for police officers, which shields police from liability for violating the rights of an individual; (3) establish clear definitions of police use of force, the failure of which leaves the appropriate standard for police use of physical force open to subjective interpretation; and (4) require local elected government bodies, like city councils, to approve any transfers to military equipment to their local police department. The Commission urges the state to pass and enact An Act to Regulate Face Surveillance (H. 135 / S. 47), which would strengthen regulations on facial surveillance technology.

The Commission further urges the state to enact laws to remove police officers from schools and establish alternatives to police for responses to emergency events. An Act Relative to the Location of School Resource Officers (H. 694) would require school resource officers to be located at police stations instead of on school grounds, while An Act to Create Alternatives for Community Emergency Services (H. 2519 / S. 1551) would create a pilot program to establish non-law-enforcement, unarmed community-based response options for calls to 911.

3. Decriminalize consensual sexual relations among parties close in age and issue guidance on reporting consensual sexual relations between minors.

Criminalization of consensual sexual relationships between minors discourages use of critical health services and contributes to the school-to-prison pipeline. It also presents the opportunity for LGBTQ youth to be targeted with discriminatory use of these laws as a means of punishing stigmatized relationships between LGBTQ young people. These relationships should be decriminalized with a policy such as that proposed in An Act Clarifying Consent Laws for Adolescents (H. 1726), which would remove criminal penalties for consensual relations among youth close in age. Relatedly, the Commission recommends the decriminalization of minors engaging in consensual peer-to-peer dissemination of explicit visual material and stresses the need for education in this area instead of criminal punishment. Furthermore, given the harmful effects of the criminalization of consensual sexual relationships between minors as noted above, state entities can play a role in clarifying when such reporting should occur and in helping make clear to youth when they are able to seek services without fear of punishment. The Commission has heard from actors in fields such as education, health, and congregate care that the current lack of clarity and fairness in the law presents a major problem for delivering services, and the state can easily remedy this challenging situation.

4. Adapt the Sexual Orientation and Gender Identity or Expression Guiding Principles developed by the Juvenile Detention Alternative Initiative (JDAI)’s Special Populations Work Group.

The Commonwealth’s JDAI program has helped implement interventions at every level to reduce the number of youth who are detained in the juvenile justice system. The Special Populations Work Group has developed guiding principles that provide instruction to all those who work in or impact the juvenile justice system with respect to sexual orientation and gender identity. These principles include recognizing the self-determination of one’s gender regardless of legal sex; a commitment to improving data collection and analysis; and “encouraging self-determination and positive identity through respect and fairness in all justice system structures and interactions.” The Commission commends JDAI for this important work and encourages all applicable state actors, including law enforcement, courts, and others, to adopt these principles.

5. Decriminalize sex work.

Many human rights and public health groups have found that the criminalization of sex work has made sex workers more vulnerable to violence, less likely to receive help from police, and leads to poorer public health outcomes. Decriminalizing sex work would greatly increase sex workers’ legal protection and ability to exercise other key rights, include justice and health care. LGBTQ individuals are also overrepresented among sex workers, including LGBTQ youth experiencing homelessness, who engage in survival sex at significantly higher rates than their non-LGBTQ peers, leading to higher rates of criminalization. The Commission recommends that the state legislature pass An Act to Promote the Health and Safety of People in the Sex Trade (H. 1867).

6. Improve prison conditions for incarcerated LGBTQ and intersex individuals.

LGBTQ and intersex individuals are overrepresented among prison inmates and face higher rates of abuse and physical and sexual assault than their non-LGBTQ peers. While little research exists on current prison conditions for incarcerated intersex individuals, studies have shown this group to be particularly vulnerable to sexual abuse.^[iv] As noted above, the Commission strongly urges the state to pass and enact An Act to Promote Rehabilitation Including Guaranteed Health, Treatment, and Safety for Incarcerated LGBTQI+ People (RIGHTS Act) (H. 2484 / S. 1566).

7. Protect undocumented LGBTQ youth.

At a time when the federal government is targeting undocumented communities it is imperative that Massachusetts take steps to ensure that local police do not work hand in hand with the federal government to carry out the work of Immigration and Customs Enforcement (ICE). It is well documented that LGBTQ youth—particularly LGBTQ youth of color—are

overrepresented in the justice system. Undocumented LGBTQ youth face additional vulnerabilities due to documentation status. Massachusetts should take steps to protect undocumented immigrants, such as passing An Act to Protect the Civil Rights and Safety of All Massachusetts Residents (H. 2418 / S. 1579), also known as the Safe Communities Act, which would ensure that local police do not share information with ICE.

8. Raise the age of the juvenile justice system to include 18-to 20-year-olds.

Raising the age of the juvenile justice system to gradually include 18- to 20-year-olds will improve public safety and improve outcomes for the oldest teens and is proposed in An Act to Promote Public Safety and Better Outcomes for Young Adults (H. 1826 / S. 920) in the current legislative session. This is especially important for LGBTQ Youth for two reasons: (1) the juvenile justice system, thanks to reforms made by the Department of Youth Services, has made strides on supporting and affirming LGBTQ youth that the adult system has not, and (2) these formative years are particularly important for the development of LGBTQ youth, who often struggle with mental health issues as they come to understand their identities and often face bias, and the juvenile system is much better equipped to support healthy development during this time.

9. Support legislative initiatives to improve the juvenile justice system.

The Commission supports juvenile justice initiatives that, while not explicitly related to LGBTQ youth, address areas that disproportionately impact LGBTQ youth. Such initiatives include:

1. Expand access to record sealing and automatically seal all eligible juvenile and adult records after 90 days that the record becomes eligible for sealing, as proposed in An Act Providing Easier and Greater Access to Record Sealing (H. 1763 / S. 1037).
2. Expand access to judicial diversion for low level offenses to divert youth away from the juvenile legal system, as proposed in An Act Relative to Judicial Supervision to Promote Child Well-Being (H. 1569).
3. End life without parole and eliminate parole conditions that perpetuate systemic racism, as proposed in An Act to Promote Equitable Access to Parole (H. 2503 / S. 1560) and An Act to Reform Parole Supervision in the Interest of Justice (H. 1798 / S. 1600).
4. Pursue legislation and policies to actively decarcerate prisons and jails and prioritize decarceration as a means of responding to and preventing the continued spread of COVID-19 among incarcerated individuals, as proposed in An Act Regarding Decarceration and COVID-19 (H. 1868).

C. Research on Juvenile Justice

LGBTQ youth are disproportionately represented in the juvenile justice system and are twice as likely to enter the juvenile system as their non-LGBTQ peers.⁴ Researchers estimate that 20% of

youth in the juvenile justice system are LGBTQ, even though they make up only 7% of the total U.S. youth population.⁵ Transgender and gender-nonconforming individuals are nearly twice as likely to have been incarcerated as other LGBTQ people, with transgender people of color reporting a rate of past incarceration four times higher than other LGBTQ people.⁶ As high as 40% of persons assigned female at birth in the juvenile justice system identify as lesbian, bisexual, queer, and/or gender-nonconforming.⁷ Another report shows that 5% of LGBTQ youth report that they have been incarcerated, and 73% had personal interactions with law enforcement in the previous five years.⁸ In general, police are more likely to use force against LGBTQ people, as well as people of color, people with disabilities, people with mental health concerns, and people with low incomes.⁹

Research has long shown that the juvenile and criminal systems disproportionately affect youth and people of color. One national study found that as compared to White youth, Black youth are four times more likely to be incarcerated, Native American youth nearly three times as likely, and Latinx youth 1.5 times as likely.¹⁰ It is therefore deeply troubling, but not surprising, that it has been estimated that 85–90% of LGBTQ youth in the justice system are youth of color.¹¹ During the pandemic, these racial disparities have worsened. White youths were released from juvenile detention centers at a much higher rate than their Black peers at the onset of the pandemic, while youth of color have been detained for longer than they were before the pandemic.¹²

LGBTQ youth face unique risk factors that may push them into the juvenile justice system. Over two-thirds of justice-involved youth have histories of adversity related to interpersonal trauma, and most are disproportionately burdened by discrimination based on including race, ethnicity, gender identity, sexual orientation, and disability status.¹³ Homelessness, overrepresentation in the foster care system, labor and housing market exclusion, criminalization of sex work, and structural bias also impacts their risk of incarceration.¹⁴

Ultimately, more research needs to be done on the impact of sexual orientation, gender identity, race, and other social identities on incarceration. More information on the impact of COVID on incarcerated LGBTQ youth can be found in the special report on the Impact of COVID-19 on LGBTQ youth.

1. Pathways to Involvement in the Juvenile and Criminal Justice Systems

Various forces contribute to the overrepresentation of LGBTQ young people in the juvenile and criminal justice systems. One perspective is that discrimination and stigma increase the number of incidents of harassment and violence against LGBTQ youth. LGBTQ youth may cope with these traumatic experiences by engaging in criminalized compensatory behaviors and the survival economies. Discrimination and stigma may also result in policies and policing strategies that disproportionately target LGBTQ youth, especially those of color. Traumatic experiences such as interactions with the criminal justice system can have lifelong repercussions, particularly when they occur during adolescence, a critical period of brain development.¹⁵

a. Poverty, Foster Care, Homelessness, and Drugs

LGBTQ youth may enter the juvenile and criminal justice systems due to poverty, foster care, homelessness, and/or compensatory behaviors such as drug use (which often stems from abuse and rejection in their home and social environments).

Multiple studies indicate that LGBTQ people experience higher rates of poverty than the general population. Approximately 22% of LGBTQ people experience poverty, compared to 16% of non-LGBTQ people. Transgender people experience even higher rates of poverty (29%).¹⁶ In response to experiences of poverty and joblessness, many LGBTQ people turn to criminalized economies like sex work or drug sales as a means of subsistence, which often leads to incarceration or involvement with the criminal justice system.¹⁷

LGBTQ youth in the foster care system are funneled into the criminal justice system through what researchers call the foster care-to-prison pipeline. Researchers found that the “foster care-to-prison pipeline particularly affects youth of color, LGBTQ-identified youth, and young people with mental illnesses – all of whom are already more likely to be in foster care and thus even more likely to be pushed into the justice systems.”¹⁸ As the foster care system fails to meet the needs of LGBTQ youth and perpetuates their experiences of bias and discrimination, LGBTQ youth may choose instead to be homeless or engage in survival sex rather than subject themselves to individual and systematic abuse in the foster care system. These survival strategies often lead to entry into the juvenile justice system.¹⁹

Youth who are unhoused or under-housed are similarly pushed into the juvenile justice system. Homelessness and the criminal justice system are inextricably linked. Being forced to live outside may lead to citations and other interactions with the police, as well as arrests for offenses such as loitering or sleeping in public spaces.²⁰

Finally, the War on Drugs also disproportionately affects LGBTQ youth. Approximately 12% of all juvenile arrests in the United States in 2019 were related to drug abuse.²¹ As noted above, LGBTQ youth are known to use drugs and illicit substances at higher rates than non-LGBTQ peers possibly due to the disproportionate trauma and rejection they experience.²² While research is lacking on the number of drug-related detentions and incarcerations among LGBTQ youth, higher substance use in this group is likely associated with higher criminalization.

b. The School-to-Prison Pipeline

More than a third (40%) of LGBTQ high school students in Massachusetts experienced discrimination of some form in their school.²³ In 2019, LGBTQ high school students reported discrimination based on expressing public displays of affection in school (16%), using the locker room that aligns with their gender (16%), using the bathroom that aligns with their gender (15%), using their chosen name or gender pronouns (13%), and discussing LGBTQ issues in assignments (10%).²⁴ LGBTQ youth are also more likely to experience bullying, be involved in fights, skip school due to feeling unsafe, or be threatened or injured with a weapon.²⁵

Unfortunately, although 99% of students could identify at least one supportive staff member at their school, most LGBTQ students who experienced harassment in Massachusetts high schools did not report the incident to school staff (56%).²⁶ Most feared additional repercussions or doubted that they would receive the support they needed. Experience often substantiated these suspicions as only 32% of reports resulted in effective intervention.²⁷ Furthermore, LGBTQ youth who were bullied often reported being disciplined more harshly than their non-LGBTQ peers.²⁸

Given the high rates of abuse and harassment experienced by LGBTQ students, it is no surprise that LGBTQ students in Massachusetts, when compared to their non-LGBTQ peers, were twice as likely to engage in fights at school in the past year (9.4% vs. 5.1%), three times as likely to carry a weapon to school in the past year (6.1% vs. 2.8%), and six times as likely to have used heroin in their lifetime (6.7% vs. 1.0%).²⁹ At the national level, LGBTQ students are disproportionately suspended and expelled in comparison to their heterosexual and cisgender peers.³⁰ This disparity is particularly true for LGBTQ youth of color, where 79% of youth had faced police involvement in middle and high school compared to 63% of White LGBTQ youth.³¹ Furthermore, Black LGBTQ students were suspended at higher rates than non-black LGBTQ youth (31% vs. 20%).³²

All of the behaviors detailed above can lead to interactions with police or school resource officers (SROs), arrest, and incarceration. At the national level, schools with SROs are more likely to refer LGBTQ youth to the juvenile justice system. For LGBTQ youth “disciplinary infractions at school are the beginnings of a criminal record that can follow them throughout their life.”³³ Overall, interactions with the police and SROs push students out of schools and into the school-to-prison pipeline.

c. Criminalization of Consensual Sexual Relationships

Laws that police sex — particularly between people of the same sex — have existed since the beginning of Massachusetts’s colonial history. As early as 1636, the Plymouth colony -in what is now Massachusetts- established America’s first anti-sodomy laws, which made sexual relationships between members of the same sex a crime punishable by death.³⁴

Many laws, in one form or another, police sexual relationships, and when these laws allow for discretion, they may be discriminatorily applied to LGBTQ youth. This can result in youth being unfairly branded as sex offenders, making it difficult for LGBTQ youth to find jobs and access education, thus perpetuating the cycle of poverty, instability and criminalization.³⁵ Experts in Massachusetts have found that the current law does not reflect the reality that many adolescents do engage in consensual sexual relations and does not reflect sound public policy.³⁶ Furthermore, while no data is available on how many LGBTQ youth are impacted, data shows that youth of color are disproportionately prosecuted for these crimes, and anecdotal evidence exists that LGBTQ youth are targeted for being LGBTQ.³⁷ For this reason, the Commission has recommended decriminalizing consensual sexual relations among parties close in age and issuing guidance as to when consensual sexual relations need to be reported.

In Massachusetts, individuals living with HIV can face increased criminal penalties for sexual-related criminal activity, including consensual sexual relations involving a young person under 16 with a close-in-age peer. This is based on a statute that leaves a great deal open to the interpretation, discretion, and potential abuse of the courts when it is applied.³⁸ As HIV is more prevalent among LGBTQ youth and youth of color than others, this code could impact them disproportionately.

d. Discriminatory Law Enforcement Strategies

Evidence suggests that bias and discrimination influence how law enforcement personnel exercise their discretion to disproportionately target LGBTQ youth, especially LGBTQ girls and youth of color.³⁹ A national report found that 31% of LGBTQ survivors of hate-based violence faced hostile treatment by the police officer to whom they reported the incident, while 35% said the police showed indifference to their being victimized.⁴⁰ Transgender survivors of hate crimes were significantly more likely than others to experience violence by the police, and Black LGBTQ survivors experienced force by police 2.8 times more often than other survivors.⁴¹

2. Experiences of LGBTQ Youth in the Justice Systems

LGBTQ youth consistently report negative treatment during the pre-trial, trial, and incarceration phases in the juvenile and criminal justice systems. According to the Williams Institute, “LGBTQ youth of color stay longer in the juvenile justice system and appear “to be at elevated risk of discrimination and violence once system-involved compared to other groups of youth.”⁴²

While incarcerated, LGBTQ youth experience higher rates of abuse and harassment. Although the Prison Rape Elimination Act (PREA) of 2003 and the federal Juvenile Justice and Delinquency Prevention Act established basic standards on how to treat LGBTQ youth in prison, implementation has been inconsistent and sometimes backfires to adversely affect LGBTQ youth.⁴³ In light of this, the Commission has worked with the Department of Youth Services (DYS) to improve the treatment of LGBTQ youth in juvenile justice facilities across the Commonwealth. The Commission has recommended DYS for its prioritization of improved training, data collection, and inclusive policies to ensure the safety of LGBTQ youth. Massachusetts also protects youth from being confined in adult facilities⁴⁴ and requires that youth younger than 18 years of age be treated as children and not adults.⁴⁵ However, data exploring the specific experiences of LGBTQ youth in juvenile facilities since the implementation of these reforms is limited.

Although PREA standards limit the use of “protective isolation” for LGBTQ and intersex youth and the Criminal Justice Reform Act of 2018 places restrictions on the use of segregation within the Commonwealth, isolation has historically been a serious problem for LGBTQ youth. In general, LGBTQ youth and youth of color are at a heightened risk of being placed in solitary confinement.⁴⁶ LGBTQ youth are even sometimes placed in solitary confinement allegedly for their own protection against sexual violence and other forms of abuse.⁴⁷ However, according to the Children’s Defense Fund, solitary confinement deprives youth of social interaction, mental

stimulation, and key services during a critical time of adolescent brain development.⁴⁸ When isolation is used, there is a correlated increase in the risk of suicide and abuse by staff.⁴⁹ Solitary confinement is inhumane and should never be used on any youth due to its deleterious effects on mental health, welfare, and development.

In addition to the inhumane use of solitary confinement, many LGBTQ youth who are incarcerated face abuse and mistreatment by staff and other inmates. They experience prejudice regularly due to their sexual orientation and gender identity. The Bureau of Justice Statistics has reported that gay and bisexual men and transgender women are approximately 10 times more likely to be sexually victimized than heterosexual persons who are incarcerated.⁵⁰

Unfortunately, the sexual and reproductive health care needs of LGBTQ youth often go unmet. As a result, the rate of sexually transmitted infections and HIV transmission is significantly higher among those who have been recently released from criminal justice facilities than in the general population.⁵¹ In addition, most juvenile justice facilities are ill equipped to meet the medical needs of transgender youth including the need for transition-related hormone or hormone blockers to delay puberty.⁵²

Confidentiality is another concern for LGBTQ inmates, many of whom report that they have been outed to their parents by facility staff during family visitation sessions.⁵³ This can compound the fact that many LGBTQ youth are already isolated from their families of origin and that others close to them such as friends or partners may lack the right or ability to visit them.

3. Progress in Massachusetts on Juvenile Justice

In April 2018, Massachusetts enacted a sweeping juvenile and criminal justice reform package.⁵⁴ Given the disparities described above facing LGBTQ youth in the justice systems, the reforms seem likely to have a positive impact on LGBTQ youth in Massachusetts. A key aspect of the reform is the decriminalization of non-violence school-based offenses, which is particularly relevant for LGBTQ students as they are more likely to experience harsh disciplinary action at school when compared to heterosexual and cisgender students. Decriminalizing non-violent offenses will hopefully help to disrupt the school-to-prison pipeline that is especially dangerous for LGBTQ youth of color.

Arresting and putting youth through formal court processing increases their risk of dropping out of high school and committing further offenses. LGBTQ youth are already at higher risk of not completing high school due to stigma, discrimination, and harassment. The reform package authorizes judges to divert cases out of the criminal justice system before arraignment, preventing formal processing in the court system and the creation of a juvenile record. Instead, youth can be diverted to rehabilitation, treatment, and other services that have been proven to reduce recidivism and prevent further harm for youth.

As LGBTQ youth are incarcerated and involved with the criminal justice system at higher rates than heterosexual and cisgender youth, criminal justice reform may benefit LGBTQ youth in many

other ways. First, LGBTQ youth are more likely to be placed in solitary confinement than their heterosexual peers, but the prohibition against the use of solitary confinement for LGBTQ individuals is now codified into law. Additionally, under the new law, non-serious offenses committed before the age of 21 can be expunged from an individual's record. Many LGBTQ individuals already face discrimination while seeking employment, housing, and social services, and having a criminal record often exacerbates that discrimination.

Under Chapter 69 Section 218, the reform law created a special commission to study the health and safety of incarcerated LGBTQ individuals and which will prepare a report of recommendations to improve outcomes for incarcerated LGBTQ individuals that should be available no later than 1 year after the effective date of the act. Additionally, Chapter 69 Section 89 created a Juvenile Justice Policy and Data Board to evaluate the juvenile justice system's current policies and procedures; examine feasibility of improved, cross-agency data collection; and provide recommendations while studying the implementation of statutory changes. The Commission has worked closely with the new JJPAD Board to further improve services for gender and sexual minority youth in the Commonwealth, as well as advise on best practices regarding the collection and reporting of data on sexual orientation and gender identity and expression.

The number of youth involved in the juvenile justice system has decreased over time, especially with the pandemic. However, as mentioned above, it is largely white persons who have been released during the pandemic, and youth of color, including LGBTQ youth of color, continue to be overrepresented in the system.

In terms of police reform, in December 2020, the legislature adopted An Act Relative to Justice, Equity and Accountability in Law Enforcement in the Commonwealth. The Act creates a new commission to certify police officers statewide, links qualified immunity with decertification, adopts stronger facial recognition rules, adds a task force to study body camera regulations, strengthens use of force policies, offers to investigate structural racism, and more.⁵⁵ However, this bill ultimately is a compromise. More work needs to be done to protect LGBTQ youth, particularly youth of color from police brutality and inequitable law enforcement.

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IMPROVING LGBTQ YOUTH HEALTH

A. Introduction

The history of the disproportionate effect of the HIV epidemic is evident when observing the health of LGBTQ+ populations. Much of the breadth of research has focused on the impact of HIV, creating an unbalanced amount of information regarding other inequities that could be contributing factors to the disproportionate rates of HIV. Attention has slowly been brought to the other health inequities and the systems and social circumstances that make them possible. In addition, improvements in data collection have brought to light more nuanced information that allows the disaggregation of this population's identities, their experience of oppression in society, and how different health issues mainly affect them.¹

This population's evolution has brought forth new terminology for identity and behavior. This section will use Gender and Sexual Minorities (GSM) and LGBTQ+ youth interchangeably to explore the health of LGBTQ youth. However, it will also use the terminology used by specific studies (even if outdated), language that may not yet be common usage, and language that specifically refers to a portion of the population that a particular research study is covering. When a term presents to be particularly problematic, this section will engage with it by explaining the problem with such names, but otherwise will try to adhere to the terms used by researchers to avoid misclassifying findings or making even more assumptions about the populations studied. While we respect people's rights to self-identify, we recognize that research standards have significant advances to make, and they may happen at a slower pace than social change.

Another complication of data collection for the health of LGBTQ youth is the impact of sociocultural factors on identity development, disclosure, race, ability, socioeconomic status, and social norms.^{2,3} Much research treats race, gender, sex, and other "*biological*" markers as axioms or self-stated truths when the reality is more complicated. The concept of race is a social construct, and its definition has changed over time according to political and economic forces.^{4,5} Some theorists have found parallels between the developments of oppressive forces, "the modern concept of race and the institutions and practices that developed and deployed that concept arose within the same networks of disciplinary normalization and biopower that gave us the modern concept of sex."⁶ The reader should not fall into the common fallacy that oppression based on sexuality, gender, or race is the same, but the forces that benefit from the policing of each category may have developed in similar styles. This nuanced difference will be significant to remember in the later discussion about intersectionality and the compound effects of oppression.

B. Recommendations to the Governor and Legislature on Health

1. Provide basic LGBTQ competency training to all state employees and contractors.

The Commission recommends that all state employees and contractors receive basic training on how to deliver competent and equitable services to LGBTQ clients and residents and how to work professionally and respectfully with LGBTQ colleagues in carrying out the multi-faceted work of state government. The Commission further notes the importance of LGBTQ competency among mental health providers, considering that LGBTQ youth still face disparate rates of self-harm, suicide contemplation, and suicide attempt.

The Commission has developed a statewide training curriculum in coordination with the Executive Office of Health and Human Services (EOHHS) and the agencies that comprise it, as well as with several other partners. The Commission recommends that this or a comparable training be made available to all state employees and contractors, both in-person and online via PACE, the Commonwealth's employee training system; that agencies work on implementing this or their own in-person training on LGBTQ inclusion; and that the Legislature and Administration explore how to make this or comparable training available to and utilized by all state employees and contractors. As is true with the Commission's training curriculum, training should include concepts of intersectionality and issues particular to LGBTQ communities of color. The Commission recognizes that the process of getting a training program online for all state employees will take time. Throughout FY21, the Commission has met with the 18 executive branch agencies to which it issues recommendations, held several such trainings, and scheduled many more for FY22.

2. Support the interagency collaboration to address family rejection of LGBTQ youth.

The level of acceptance or rejection that LGBTQ youth face at home has huge implications for their wellbeing, across the subject areas of health, homelessness, and juvenile justice in which the Commission works. In FY 2019, the Commission invited representatives from various government agencies and nonprofits to convene and discuss how to better understand and address the issue of familial rejection of LGBTQ youth in Massachusetts. Those who responded formed the Family Acceptance Task Force in December 2018. In FY 2020, the Commission conducted listening sessions with youth and their families across the state to determine what was needed to assist families in their paths towards acceptance. The findings and recommendations that followed are discussed in detail in the Special Report on Family Acceptance below. The Commission looks forward to working with the Governor, Legislature, and relevant agencies to begin implementing these recommendations in FY 2022.

3. Strengthen protections against bullying of LGBTQ youth and enact policies strengthen inclusion in schools.

Implementation of the state's anti-bullying plan has been a key part of the Commission's work and the cornerstone of its programming for many years. New data on anti-LGBTQ bullying, as reported for the first time below, demonstrate the continued need to address this bias in schools as a way of protecting vulnerable students, preventing the negative health consequences of bullying, and improving educational outcomes. The Commission believes that the Commonwealth's anti-bullying laws need to be strengthened. School districts need more

funding and clearly defined mandatory requirements for how to counter bullying and proactively build more inclusive communities; these requirements should explicitly address LGBTQ students and mandate that districts make LGBTQ trainings available to all staff on a regular basis.

Given the intersection between anti-LGBTQ bias and racial and ethnic biases, and the disproportionate needs facing LGBTQ youth of color, the Commission recommends that anti-racism components be included in this training. Beyond staff training, students also need more education to prepare them to deal with experiences of bullying, bias, and mistreatment; this goal could be advanced with bills such as An Act Relative to Mental Health Education (S. 292), which would add mental health as a required subject in K-12 schools, and An Act to Promote Social-Emotional Learning (H. 543 / S. 301), which could increase the use of social-emotional learning in classrooms. The Commonwealth should also strengthen existing requirements that schools provide age-appropriate instruction on bullying prevention, to ensure that the state is monitoring for evidence-based instruction at every level.

The Commission further recommends that the state require public schools to adopt policies on student suicide prevention, intervention, and postvention, which should specifically address high-risk groups, including LGBTQ youth, as proposed in An Act Relative to Establishing a Model School Policy on Suicide Prevention (S. 1303).

Finally, the Commission recommends that the state amend its building code to make it easier for schools and other public facilities to install gender neutral bathrooms, as proposed in An Act Establishing Gender Neutral Bathrooms (H. 3124 / S. 2026).

4. Adopt policies that recognize gender identity diversity in state workplaces.

The Commission issued policy guidance in 2017 entitled “Workplace Practices to Recognize Gender Identity Diversity.” The Commission recommends that state agencies review this guidance and share it with employees, either encouraging them to voluntarily share their gender pronouns or, at a minimum, making all employees aware of why some of their colleagues and clients may share their gender pronouns.

5. Implement LGBTQ-inclusive curriculum in public schools.

California, Illinois, New Jersey, and Colorado have recently enacted legislation to require public schools to incorporate LGBTQ history into their curriculum. The Illinois law, for example, requires that history classes in public schools include a study of the roles and contributions of LGBTQ people in the United States and in the state. The Commission greatly appreciates the Department of Elementary and Secondary Education’s willingness to include inclusive curricular resources on the Department’s website, but further urges the state legislature to pass legislation to require public schools to incorporate LGBTQ history into their curriculum, as proposed in An Act Relative to LGBTQ-Inclusive Curriculum (H. 618 / S. 310). Lastly, the Commission strongly urges the state to enact legislation to ensure anti-racism in curriculum in

public schools, as proposed in An Act Relative to Anti-Racism, Equity, and Justice in Education (H. 584 / S. 365).

C. Research on LGBTQ Health

1. Intersectionality, the Socio-Ecological Model, and Social Determinants of Health

Kimberlé Crenshaw coined the term “intersectionality” to describe the impact of multiple types of oppressions on a single person which result in uniquely adverse situations.⁷ Nancy Krieger, in her eco-social theory of embodiment, explains how the body “literally incorporates” its environment to theorize how “population distributions of deprivation and privilege” affect health.⁸ Therefore, racism and other forms of oppression involving GSM are determinants of health because of a person’s “embodiment of inequitable social systems.”⁹ Intersectionality goes beyond racism and sexism because systemic power structures can construct many identities as an “other”; thus, ableism, classicism, religious discrimination, xenophobia, and other forms of oppression can become nodes in an intricate and three-dimensional web of causation.¹⁰ It is vital to recognize inequitable social systems that create disease to break away from individual-behavior models of promoting health. Health-promoting institutions need to address social inequities that create conditions for the deterioration of health or impede entire groups of people from taking care of themselves, also known as Social Determinants of Health.^{11, 12, 13}

2. LGBTQ+ Youth and COVID-19

According to the Massachusetts Youth Health Survey of 2017, 9.6% of high school youth identify as lesbian, gay, or bisexual. According to the same survey, 1.7% stated being transgender; and 10.9% perceived their gender as equally feminine and masculine.¹⁴ Data from the 2019 YRBS for the city of Boston show that 15% of youth identified as lesbian, gay, or bisexual; an additional 5% were not sure about their sexuality, 1.4% identified as transgender, and 1.5% were unsure if they were transgender. The 2021 YRBS survey has been postponed until the fall of 2021 to alleviate the burden on schools because of COVID-19.¹⁵

It is essential to recognize that COVID-19 exposed the intensity of the health inequities affecting many subpopulations in the United States. Information from the National Institute of Health tells us that the mortality rate for Black Americans is 2.1 times higher than that of whites.¹⁶ Additionally, Hispanic patients have the highest odds of hospitalization, followed by Asian patients.¹⁷ Unfortunately, this data was not available until five months after the pandemic started, which delayed specific actions to ameliorate the impact in this community.¹⁸ Among some of the factors affecting the severity of COVID infections are race and ethnicity^{19, 20, 21} – even when controlling for neighborhood-level socioeconomic status, and non-English as a primary language.²² It will be important to consider these factors in future research to disaggregate race and ethnicity, in order to more accurately study the impact of COVID-19 in GSM populations.

LGBT centers play a significant role in the development of GSM youth by providing relief from isolation, basic necessities, and health services. During COVID, average weekly clients have

increased for small centers by 34%, but decreased by 24% for centers with budgets above \$150,000. Almost all centers of the Centerlink network of LGBTQ centers have pivoted their services to provide online programs. Many centers have expanded their basic needs services to offer cash, food, and rent assistance to community members. For example, before COVID, only 19% of the centers provided direct cash assistance, and by July 2020, 32% of centers were offering emergency cash assistance—a nearly 70% increase in the number of centers with such help. In the same report from Centerlink, 40% of centers say that their top priorities for 2020 changed because of the pandemic. Government support has been critical for LGBTQ centers, with 82% of participating centers applying for Paycheck Protection Program (PPP) loans totaling over \$14 million. Many centers noted that continued government support moving forward would remain imperative to protect centers' financial stability.²³

A mental health provider at an LGBTQ youth center in Boston commented that one of the hardest things is the lack of a physical space for youth congregate, especially for homeless youth who would eat at their center. Another provider, serving a younger population in the Metro-West area, commented on the severe impact of the pandemic on youth's mental health, especially concerning feelings of isolation that were an issue since before the onset of the pandemic. The comments from the youth provider in Metro-West are congruent with research that shows that the COVID-19 pandemic aggravated depressive symptoms in LGBTQ+ youth. Depressive symptoms are also directly correlated to fear and negative experiences of the pandemic.²⁴

Another concern during this pandemic is the acceptance of COVID-19 vaccines as a prevention method. One study found that medical mistrust was associated with decreased vaccine acceptance. When looking at race, Black participants (also more likely to distrust the health system due to its history of racism) were more likely to mistrust the vaccine, while Asian participants were significantly more likely to accept the vaccine.²⁵ However, blaming vaccine hesitancy as the sole – or even as the primary factor – for low vaccination rates in racial and ethnic disenfranchised populations would be to deny the effects of systemic racism on most other aspects of their health. At the time of this report, in May of 2021, 65% of MA residents have received at least one dose of a COVID-19 vaccine. The racial and ethnic breakdown of at least one vaccination per each DCD category is as follows: 25% of American Indian/Alaskan, about 38% for Black and Latinx residents, 54% of white residents, 61% of Asian, and 63% of Native Hawaiian/Pacific Islanders.²⁶ Only 7.73% of youth 19 and under have received the vaccine, but it was not until May 12, 2021 that some vaccines were approved for use in youth under the age of 15.²⁷

3. HIV and Sexually Transmitted Infections (STIs)

The percentage of Massachusetts high school students reporting ever having sexual intercourse has decreased from 42% in 2011 to 36.9% in 2019. Similarly, fewer students have reported having sexual intercourse with more than four partners during their lifetime and having sexual intercourse before the age of 13. However, there was a slight increase between 2017 and 2019 for the same categories.²⁸

The CDC states that youth aged between 13 and 24 make up 21% percent of new HIV infections in 2018 and that rates have been decreasing for this age group since 2014. Rates of HIV and other sexually transmitted infections disproportionately affect youth 13 to 24 who are engaged in behavior that has previously been mislabeled as MSM or Male-to-Male sexual contact (a mislabel since this data has been aggregated with transgender youth who may not identify as male) comprising 92% of new infections among this age group.²⁹ Of the newly diagnosed gender and sexual minority youth, a disproportionate amount of infections occurred in Black/African American and Hispanic/Latinx youth, with infection rates of 51% and 27% respectively. Between 2014 and 2018, infection rates decreased for all racial groups, except for American Indian/Alaskan Native youth which remained stable. HIV diagnoses among transgender youth decreased 21% between 2014 and 2018.³⁰ In MA, young adults assigned male at birth represented 82% of cases, and 63% of exposures classified under Men who have Sex with Men (MSM), in which, again, transgender and gender nonconforming youth are misclassified.³¹ The estimated average annual rate of HIV diagnosis from 2016 to 2018 among MSM (ages 18-64) was 32 times the rate of infection in men who do not report sex with men (8.9 per 100,000). Among transgender people, the highest rates of infections occur for black transgender folks and among transgender women of all races.³²

We need to disaggregate infection data even further to understand health inequities that affect GSM subpopulations. For example, smaller studies have found that Black men who have sex with men and women are more likely to be unaware of their HIV status, have never received HIV care, and report detectable viral loads compared to men who exclusively have sex with men or with women.³³ A study looking at the sexual health of transgender and gender nonconforming youth found that risks for STIs are more significant among non-binary youth, youth who were assigned male at birth, those who underwent medical gender affirmation, and those who engage in transactional sex. This study also concludes that clinical care can benefit from considering risk factors in general and those particular to trans and gender nonconforming youth.³⁴

In 2019, 59% of Chlamydia infections reported in MA were among youth 15-24; this percentage is slightly lower than the national rate of 62%. The rate for the same age group in MA was 32% for gonorrhea, which was 11% lower than the national average. About a third of positive cases for both infections presented among transgender youth (no further disaggregation presented in report).³⁵

In Massachusetts, syphilis rates in 2019 among MSM (ages 18-64) was 102 times the rate of infection in men who do not report sex with men. In 2019, 39% (N=344/882) of infectious syphilis cases among men reporting sex with men also self-reported coinfection with HIV. Middlesex and Worcester Counties reported the most significant incidences of syphilis among MSM. Syphilis infections among 15-29 year old accounted for 37.2% of infections, and ages 15-24 accounted for 18.5% of infections.³⁶

Hepatitis C (HCV) infection rates have shifted since 2002 towards a younger age in 2018, with a significant increase among young persons who inject drugs. Relatedly, coinfections of HIV/HCV

for MSM/Intravenous Drug Use (IDU) for ages 20-29 have jumped from 5% of all cases in 2013 (N=5) to 11% (N=13) in 2017. This increase is congruent with an overall rise in infections acquired through IDU, including Hepatitis B (HVB).³⁷ These coinfections are relevant because people with HIV are disproportionately affected by both the hepatitis B virus and HCV, and it causes difficulties with their HIV treatment. Coinfections with HCV and HVB put patients at greater risk for liver-related problems, including liver cancer and death.³⁸

Pre-Exposure Prophylaxis (PrEP) is an HIV prevention method that uses HIV medications, and it can be up to 99% effective for sexual exposure when taken as prescribed and 74% effective against drug injection exposure.³⁹ While HIV disproportionately affects young gay and bisexual men who have sex with other men, this population faces several barriers to accessing this treatment, including stigma, lack of access to informed providers, and exclusion from health services.⁴⁰

According to a study published in 2020, for young gay and bisexual Black men, friends and peer groups are the primary source of health information on PrEP, and individuals with friends who openly discuss PrEP were more likely to initiate treatment. The same study revealed that young black men with providers unaware of PrEP were most hesitant or distrustful to use it.⁴¹ Another study found that black college students at historically black colleges have a favorable view of PrEP to prevent HIV.⁴² However, studies have also highlighted that adolescents want information beyond the basics of PrEP to make informed decisions about their health, especially regarding side effects, drug interactions, and how to overcome barriers such as cost, talking to parents/guardians about PrEP, or hiding it from them.⁴³

The effects of COVID-19 on HIV+ youth are still being studied. Some of the information available so far indicates that for transgender and non-binary people, a younger age and job loss are associated with burdensome access to HIV medications.⁴⁴ In another study, Latinx participants express concern about the potential of becoming infected with COVID-19 when accessing HIV/STI testing.⁴⁵

4. Substance Use

In public health practice, substance abuse is a health condition, and it may involve the use of legal and criminalized mind-altering substances. Multiple factors have shown a predisposition to substance abuse in the general population, including biological, biochemical, psychological, social, and cultural factors.⁴⁶ Furthermore, a lack of awareness of community support for gay and lesbian youth is a predictor for substance abuse and criminal activities even in the presence of parental acceptance and/or a gay/lesbian social network.⁴⁷

Substance use is relatively common among high school students nationally, where 29.2% of respondents indicated current use of alcohol (13.7% for binge drinking) and 21.7% for marijuana use. Lifetime report of marijuana was reported by 36.8% of students, prescription opioids by 14.3%, synthetic marijuana by 7.3%, cocaine by 3.9%, methamphetamine by 2.1%, and heroin by 1.8%. Rates of use were higher among self-identified LGB young people, with 31% reporting

current marijuana use and 49.6% reporting lifetime use, 33.9% reporting current alcohol use (15.6% for binge drinking). LGB youth reported life use of prescription opioids by 23.9%, synthetic marijuana by 11.6%, cocaine by 7%, methamphetamine by 5%, and heroin by 3.8%.⁴⁸ LGB youth's higher rate of substance use and abuse is concerning and might be explained by the minority stress model.⁴⁹ For example, a study found that sexual and gender identity concealment predicted widespread alcohol use and was related to higher alcohol consumption. The same study found that the level of concealment of one's sexual and gender identity predicted drug use (accounting for 1.40% of the variance in score).⁵⁰

5. Sexual Health Education

Sexual health is a fundamental right that includes the right to sexual identity, expression, and activity.⁵¹ Frank discussions of sexual activity and health are mainly considered taboo and largely contested in sexual health education, especially in regards to Gender and Sexual Minorities. Five states in the US even prohibit the mention of LGBTQ sexuality and identities in a positive light in sexual health education contexts.⁵²

Sexual Health Education is a protective factor against STIs and risky sexual behavior. Students who have received sexual health education and have multiple partners are more likely to seek HIV testing than students who have not. They are also more likely to use condoms and less likely to engage in sexual activity under the influence of alcohol or drugs. Students who engage in risky behavior and receive HIV education are more likely to seek testing and treatment for STIs, decreasing their chances for complications and death.⁵³

In the US, only 28 states and D.C. mandate both sex education and HIV education, while 40 states and D.C. require school districts to involve parents in sex education, HIV education, or both.⁵⁴ Consequently, the content and quality of the curricula will vary extensively. A content analysis of sexual health education indicated that 74% recommended abstinence or abstinence-until-marriage sexual health education be stressed to students, a method that has widely been demonstrated to be ineffective at preventing unintended pregnancies and STIs. Over half of these states did not require education on contraceptive and barrier methods, and less than one-fourth required details about effectiveness, pros and cons, and instructions on their use to be taught. Only 42% included content related to healthy relationships, 54% required content about sexual violence, and 36% required content specifically about sexual consent. About 12% of states in the US have sexual health education policies that explicitly stigmatize homosexuality, while 10% require that sex education classes be separated based on biological sex which stigmatizes transgender students.⁵⁵

Nevertheless, 24% of sexual education curricula require content that includes diversity of sexual orientation, and 14% were found to be inclusive of different gender identities. Abstinence-based programs and sexual health education that are not inclusive of sexual orientation and gender identity leave youth ill-equipped to make informed choices about their sexual and romantic health, leading to deep health inequities. More worrisome is that research also shows that instances of sexual assault can be construed as normal by youth lacking the proper education.⁵⁶

While sexual health education is a good predictor of protective factors against STIs and pregnancy, the quality of sexual health education must also be taken into account to serve LGBTQ youth.

In Massachusetts, schools are not required to teach sex education comprehensively, and the curriculum must explain the benefits of abstinence; no information on sexual orientation or identity is required, nor information on sexual consent. Additionally, parents or guardians can exempt their children from sexual education through written notice to principals.⁵⁷

The CDC lists **20 critical sexual education topics for youth**. Below is listed a selection of sexual health related data from Massachusetts School Health Profiles as collected through surveys given to principals and teachers by the CDC between 2017 and 2018 with a 72% response rate from principals and a 75% response rate from teachers.⁵⁸

Reported teaching all 20 critical sexual health education topics:

- 27.6% of Massachusetts secondary schools taught students all 20 critical sexual health education topics in a required course in any of grades 6, 7, or 8.
- 61.6% of Massachusetts secondary schools taught students all 20 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about the benefits of being sexually abstinent:

- 72.1% of Massachusetts secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.
- 91.4 % of Massachusetts secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.

Reported teaching how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy:

- 66.7% of Massachusetts secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 6, 7, or 8.
- 90.5% of Massachusetts secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 9, 10, 11, or 12.

Reported teaching how to create and sustain healthy and respectful relationships:

- 76.4% of Massachusetts secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.
- 92.7% of Massachusetts secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about preventive care that is necessary to maintain reproductive and sexual health:

- 63.5% of Massachusetts secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 6, 7, or 8.
- 87.4% of Massachusetts secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 9, 10, 11, or 12.

Reported teaching how to correctly use a condom:

- 36.7% of Massachusetts secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.
- 79.3% of Massachusetts secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about methods of contraception other than condoms (LGBTQ youth are at higher risk for unintended pregnancies):

- 51.6% of Massachusetts secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 6, 7, or 8.
- 86.5% of Massachusetts secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about sexual orientation:

- 63% of Massachusetts secondary schools taught students about sexual orientation in a required course in any of grades 6, 7, or 8.
- 82.9% of Massachusetts secondary schools taught students about sexual orientation in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about gender roles, gender identity, or gender expression:

- 62.8% of Massachusetts secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 6, 7, or 8.
- 82.8% of Massachusetts secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 9, 10, 11, or 12.

Reported providing curricula or supplementary materials relevant to lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth:

- 68.3% of Massachusetts secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.

While barriers to comprehensive sex education are pervasive, it is more so when analyzing it from an intersectional lens. Sexual health education rarely includes the experiences of people with disabilities, much less people with disabilities who are Sexuality or Gender Minorities. A small study found that only 42% of adolescents with Intellectual and Developmental Disabilities (IDD) understood pregnancy and reproduction, 37.5% knew about contraception, and 45.3% knew about sexually transmitted infections.⁵⁹

6. Mental Health and Suicide Risk

Mental health is often confused with the mere absence of mental health disorders and adjacent to health instead of an integral part of human wellbeing. Good mental health cannot exist without addressing social determinants of health such as heterosexism, cissexism, poverty, racism, and other human rights violations.⁶⁰

Between 2008 and 2018, there was an increase in the percentage of schools across states in which the lead health education teacher received professional development on emotional and mental health (from 40.8% to 84.8%) and suicide prevention (34.5% to 83.9%). In addition, there was an increase in development education for teachers in supporting students with disabilities, diverse cultural backgrounds, and limited English proficiency. During 2018 in Massachusetts, 92.2% of secondary school teachers tried to increase student's knowledge on emotional and mental health, 82.3% of secondary lead health education teachers received professional development in emotional and mental health, and 77.9% of teachers tried to increase suicide prevention knowledge with their students.⁶¹

According to the YRBS 2019 Boston data, LGB youth were twice as likely to feel sad or hopeless 31% vs. 59%; twice as likely to have seriously considered suicide 34% vs. 12%; and twice as likely to have purposefully hurt themselves without wanting to die 33% vs. 12%.⁶²

Upwards of 70% LGBTQ+ youth have disclosed experiencing at least one instance of enacted stigma and discrimination, including physical and verbal violence. The experience of violence and discrimination will harm youth's mental health, leading to hypervigilance in the effort to predict dangerous situations.⁶³ Hypervigilance might then explain why LGB youth in Boston are almost twice as likely to carry a weapon, and more than twice as likely to have missed school because they felt unsafe at or on their way to and from school.⁶⁴

Suicide is the second leading cause of death for people ages 10-34, and it accounts for 6,769 per 100,000 deaths for ages 10-24.⁶⁵ LGBTQ+ youth are particularly vulnerable to suicide ideation and attempts^{66,67,68,69} – and completion^{70,71} – especially among transgender youth.⁷²

According to a systematic review of 44 studies on risk, resiliency, and mental health factors for transgender and gender non-conforming youth, common factors correlating to poor mental health include physical and verbal abuse, discrimination, stigma, isolation, poor peer relations, low self-esteem, weight dissatisfaction, and older age. Conversely, protective factors included family connections, feelings of belonging and safety at school, social supports, and respect for gender congruent names. Youth who were open about their gender identity were more likely to report mental health problems. However, youth who reported being able to use their chosen name across all social contexts (a name they have chosen for themselves rather than the one assigned by parents at birth as a signifier of gender acceptance in the community) presented the lowest rates of depression and suicidality. These findings indicate that youth who find supportive environments that respect their identities, protect them from harassment, provide them with affirming medical care, participate in sports as their whole selves, and support them in a discriminatory larger world will be able to thrive. Unfortunately, the review found that nearly one-fifth of the studies did not provide information regarding ethnicity, impeding a racially intersectional analysis of their results.⁷³

A study found that concealment of sexual and gender identity is associated with higher rates of depression, anxiety, social anxiety, and stress. This study compared their results between gender minority and cisgender participants. The extent of concealment was equally predictive of depression, anxiety, social anxiety, and stress for gender minorities and cisgender, and helps explain that higher concealment rates for gender minorities result in a higher rate of mental health problems.⁷⁴

The current pandemic has exacerbated feelings of loneliness and isolation among GSM youth.^{75,76} Gender diverse college students have been shown to report higher psychological distress due to the pandemic than their cisgender counterparts.⁷⁷

7. Eating Disorders and Body Dysmorphic Disorder

Gender and Sexual Minority Youth experience a higher prevalence of mental health challenges caused by stigma and prejudice than heterosexual and cisgender counterparts. Unique factors challenge lesbian, gay, bisexual, transgender, and gender nonconforming youth as an aggregate and per each group. Some of the factors affecting youth include discrimination and victimization, expectations of rejection, and internalized stigma such as homophobia, concealment of identity stress, and violence, and social and verbal victimization. Additionally, sexual and gender minority groups are more likely to report eating disorder symptoms if they perceive higher levels of stigma. Therefore, it is not surprising that LGBTQ+ youth would experience higher clinical eating disorders and eating disorder behaviors. Different studies have stated that between fifty to 75 percent of Gender and Sexual Minority youth have reported disordered eating, with higher rates among transgender youth.⁷⁸

Parker and Harriger found in a systematic review four main themes concerning research results:

1. Ideals of appearance were created from different sources corresponding to one's sexual and/or gender identity.
2. Appearance ideals and stereotypes about physical characteristics of one's sexual orientation or gender identity were intertwined.
3. Race, as well as gender identity and sexual orientation, intersected to create image ideals
4. LGBT spaces could contribute to forced ideals and could also support the acceptance of various body shapes and sizes.⁷⁹

Adolescent lesbians were found to engage in more disordered eating behaviors than heterosexual peers and had similar rates to bisexual females. However, adolescent lesbians reported binge eating occurred at higher rates than any other sexual orientation group. Unlike heterosexual and gay male adolescents, lesbians did not decrease disordered eating over time, and the rates were more likely to increase. Albeit, other studies have found that such differences might not be statistically different.⁸⁰

Compared to their heterosexual counterparts, gay and bisexual male youth were more likely to engage in exercise to lose weight, disordered eating, use diet pills, and felt more dissatisfied with their body shape; they were also less likely to gain weight, experience a decrease in BMI from adolescence to early adulthood, and participate less in physical activity or team sports than their heterosexual counterparts. Higher BMI is directly associated with disordered eating. Like their lesbian peers, having a higher BMI was predicted by age, employment status, depression, anxiety, and stress level.⁸¹

Bisexual females and males were also found to engage in higher rates of disordered eating than their heterosexual peers in multiple studies. For bisexual men, risks for disordered eating included ambivalence regarding their sexual orientation, concern about the perception of others regarding their sexual orientation, gay community involvement, sexual objectification experiences, antibisexual discrimination, internalized biphobia, sexual objectification experiences, and increased use of pornography. For bisexual females, risk factors include gay community involvement, antibisexual discrimination, internalized biphobia, sexual objectification experiences, relationship dissatisfaction, depression, being Latina/Hispanic or Black, gender role orientation, low self-esteem, maladaptive social comparison, objectified body consciousness, self-consciousness during physical intimacy, internalization of sociocultural standards of attractiveness, and body surveillance. Young Latinx and Black bisexual youth were more likely to engage in disordered eating than other racial/ethnic demographics.⁸²

Transgender and nonconforming youth seem to be at particular risk for disordered eating behaviors, and accordingly, more research is needed. One study, for example, showed that transgender and gender nonconforming adolescents were more likely to be bullied for their weight or size and were less physically active compared to other youth. Body dissatisfaction is a significant factor, as well as thoughts that changing a body size will have a feminizing or masculinizing effect, likely related to gender dysphoria (feelings of distress at the incongruence of primary and secondary sex characteristics with one's gender identity). Restrictive eating was more common among transgender women, and higher BMIs were associated with transgender

men, likely in an attempt to control body shape and size. Eating disorder behavior is also more prevalent among youth who could not access gender affirmation medical treatment and youth who present suicidal ideation, suicide attempt, and self-injurious behaviors.⁸³ A study focusing on the effects of objectification on transgender women found important links between objectification and disordered eating rather than congruence of the body with gender identity.⁸⁴

It is essential for medical providers working with Gender and Sexual Minority youth to assess for eating disorder behaviors and be adequately trained in how to engage respectfully with these communities. Furthermore, a lack of knowledge of the clinical and social needs of LGBTQ+ may lead to the belief that the treatment being received is not appropriate. Similarly, educators and school administrators need to be aware of GSM youth's risks.⁸⁵ While no data is available on the knowledge of school administrators about the particular risks for LGBTQ+ youth, in Massachusetts, 68.8% of schools had teachers increase student's knowledge of the signs, symptoms, and treatment for eating disorders.⁸⁶ In regards to screening, research shows that the Eating Disorder Examination – Questionnaire Short (EDE-QS) is a valid instrument for assessing disordered eating in transgender and gender nonconforming populations.⁸⁷

8. Healthcare Access and Utilization

Healthcare access and utilization for GSM youth may include complex and layered variables, including access to culturally humble or competent care in which a provider is aware of the needs and respects the identities of the patients, insurances that will cover the care that is needed or will be accepted by the appropriate providers, experienced discrimination, anticipated discrimination, disclosure of sexuality, racism in health systems, refusal of care, and harassment in healthcare settings.^{88, 89}

A barrier to appropriate care is the disclosure of sexual orientation or sexual behavior to their provider. One study found that 37% of participating Sexual Minority Men at high risk for HIV infection did not disclose their sexual orientation and twenty-five percent were not comfortable discussing sex with their providers despite being patients at an LGBTQ-affirming health center. The same study found that non-disclosure rates were higher among men of color. The authors speculated that these rates are higher at non-affirming facilities.⁹⁰

Currently, COVID-19 has pushed the use of telehealth services to the forefront. Before the pandemic, the Pew Research Center reported that about 89% of adolescents in the U.S. spent time online "constantly" or "several times per day." In an LGBTQ+ youth survey, 89.2% of respondents reported spending at least two hours online per day. The same study found that GSM youth were on average 15 years old when they first participated in the LGBTQ+ community online and were slightly older when they participated offline; the age difference was statistically significant. Pre-COVID-19 pandemic, GSM youth reported being significantly more engaged in online resources catered to them than offline ones. Nearly two-thirds used online resources to access health information compared to 35% who had used offline resources.⁹¹ Upwards of 94% of LGBTQ+ centers have offered online programs during stay at home orders.⁹² GSM populations

showed higher rates of behavioral health support use before and during the COVID-19 pandemic.⁹³

Regarding access to care, the most glaring health inequities are suffered by transgender and gender-nonconforming (TGNC) people due to lack of provider training⁹⁴ – and outright healthcare denial.⁹⁵ According to the 2015 US Transgender Survey Report, TNG people suffer a pervasive lack/refusal of healthcare due to a myriad of systemic issues. One-fourth of respondents reported being refused medical care due to gender nonconforming identity, while one third reported having a negative experience with medical providers. Higher rates were reported for people of color and/or disabilities. Twenty percent postponed medical care due to fear of mistreatment, a third due to the inability to afford it, and two percent reported being the victims of violence in healthcare settings.⁹⁶

TGNC who are also people of color who were "out" in health care settings were more likely to have experienced discrimination in a doctor's office or hospital, as well as were more likely to be asked questions that would not typically be asked of other patients. TGNC individuals were also more likely to postpone care; experience misgendering; encounter doctors with insufficient medical knowledge; be subjected to doctors who made assumptions about sexually-transmitted infections, drug use, and psychiatric diseases; and be subjected to unnecessary physical examinations.⁹⁷ Black, Latinx, and gender minority youth and adults were less likely to have a primary care provider or contact a doctor in regards to COVID-19 testing.⁹⁸ Among Latinx sexual minority men and transgender women, 13.5% said they were unable to get needed medications and 34.6% said they got less medical attention than usual during the pandemic.⁹⁹

9. Gender Affirming Care

"Gender-affirming care is the provision of culturally and clinically competent care across all health disciplines" for the benefit of transgender and gender nonconforming persons.¹⁰⁰ The Gender Affirmation framework is influenced by Objectification Theory and Identity Threat Model of Stigma. Objectification theory is used to understand the need to control one's body to comply with cultural standards of attractiveness or gender compliance. In transgender people, this may entail seeking medical care for hormones or body modification – if that care is not available through appropriate medical channels, it may also mean seeking it through illegal or other dangerous means. The Identity Threat Model of Stigma explains that high levels of stigma, body shame, and discrimination create a high need for gender affirmation while the same conditions deny access to the very gender affirmation that can help alleviate it. According to this model, those with the highest need for affirmation but the lowest access to affirming strategies are at a greater danger of engaging in maladaptive/unhealthy behavior in order to fulfill a legitimate need.¹⁰¹

Transgender and gender-nonconforming identities are not classified as disorders anymore, but the distress associated with identifying as a gender different from the one assigned at birth is diagnosed as gender dysphoria.¹⁰² Even if problematic, standards of care (SOC) for transgender people have existed since 1978, and the World Professional Association for Transgender Health

(WPATH) has updated them seven times since their establishment.¹⁰³ Most professional medical associations have published statements affirming the necessity of medical treatment for gender dysphoria, including the American Medical Association, American Psychiatric Association, and the American Public Health Association.¹⁰⁴ Finally, the Joint Commission changed its standards in 2011 to "to require hospitals to adopt policies prohibiting discrimination based on gender identity or expression."¹⁰⁵ Furthermore, the APA has recognized WPATH guidelines recognizing hormone therapy and gender-affirming surgery (previously referred to as sex reassignment surgery) as medically necessary and non-experimental.¹⁰⁶

It is also essential to recognize the importance of Section 1557 of the ACA in protecting transgender people. A paper produced by the Fenway Institute asserts that because of the "Section 1557 rule, insurance plans across the country may not deny access to medically necessary medications, surgeries, and other transition-related treatments for transgender people if similar services—a hysterectomy, for example—would be covered for cisgender people. This federal regulation rule is designed to promote civil rights and can be used as a legal resource when protecting the right of transgender people to receive care."¹⁰⁷ This interpretation of Section 1557 of the ACA was reversed during the Trump administration and reinstated on May 20, 2021 during the Biden administration.¹⁰⁸

Current standards of care may vary on the institution providing care, with some adhering to the WPATH standards of care, which require the diagnosis of gender dysphoria. A relatively new model of gender affirming care relies on an Informed Consent Model, which provides gender-affirming care in a context outside of medical pathologizing.¹⁰⁹

COVID-19 has also had an impact on the administration of gender-affirming care. Ben Kaplan, a medical student, described his experience providing gender-affirming care through telehealth during this pandemic. In an analysis of telehealth practice, Kaplan described the potential that this service has in expanding access and promoting equity, while also highlighting the challenges of the technological divide affecting patients living in rural areas, of 'performing' physical exams remotely, and of creating a provider/patient connection across distance.¹¹⁰ Additionally, in a recent study, Latinx transgender women expressed concerns about accessing gender-affirming hormones, increased prices for hormone therapy, and delays in their facial feminization procedures or corrective surgeries.¹¹¹

This report on the health of Gender and Sexual Minority youth paints a painful reality of discrimination, lack of access, and other hardships. Clearly, there is still much to be researched and known about the health of GSM youth, especially at the intersections of identity/exposures. It also highlights that improvements in health require access to affirming care and addressing social determinants of health. We hope that some of the models of care presented in this document can help providers reach out and cultivate practices that affirm GSM youth; that schools provide comprehensive sexual education curriculums; and that the importance of an intersectional and eco-social approach is reflected in healthcare while treating these precious communities within our society.

ENDNOTES

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SEXUAL VICTIMIZATION

A. Introduction

LGBTQ people experience disproportionately high rates of sexual violence, when compared to non-LGBTQ people.¹ Current research demonstrates that sexual violence affects people of all genders, sexual orientations, races, abilities, ages, and more; however, it uniquely impacts LGBTQ youth and the LGBTQ community. Discrimination, marginalization, racism, sexism, and hate-motivated violence all put LGBTQ persons at a higher risk of sexual assault. Society also often hypersexualizes LGBTQ people and stigmatizes queer relationships, which contributes to ineffective responses to sexual violence in the community and decreased reporting.² Internalized homophobia and transphobia in the community has been linked to intimate partner violence between LGBTQ couples.³ Finally, LGBTQ youth and young people experience disproportionately high rates of sexual violence in higher education and carceral institutions.

Sexual victimization often intersects with other forms of abuse. For instance, sexual assault may be a component of an anti-LGBTQ hate crime.⁴ The Network/La Red, a Boston-based, survivor-led organization captures the different tactics of abuse that may be experienced by LGBTQ youth and adults:

Tactics of Abuse⁵ The Network/La Red, Boston	
Type of Abuse	Examples
Sexual Abuse	<ul style="list-style-type: none"> ● Unwanted touching or contact ● Withholding affection ● Rape ● Sexual Assault ● Refusing safer sex practices ● Sexual exploitation and trafficking ● Exposing one's genitals to others without consent
Emotional Abuse	<ul style="list-style-type: none"> ● Threats of suicide or self-harm ● Breaking into social media accounts ● Re-defining reality and dismissing feelings ● Isolation from LGBTQ safe spaces, family, and friends ● Sabotaging personal relationships
Physical Abuse	<ul style="list-style-type: none"> ● Threats to hurt or kill ● Hitting, kicking, choking ● Throwing objects ● Sleep deprivation ● Withholding medical necessities
Cultural/Identity Abuse	<ul style="list-style-type: none"> ● Controlling identity and gender expressing ● Purposefully using the wrong name and/or pronouns ● Outing or threatening to out

	<ul style="list-style-type: none"> ● Preventing associations with community and culture
Financial Abuse	<ul style="list-style-type: none"> ● Controlling finances ● Jeopardizing public assistance ● Making late for work/school or forcing to leave early ● Forcing or prohibiting employment or school attendance

The Boston Area Rape Crisis Center identifies common survivor reactions to sexual violence and the other forms of violence detailed above. Many survivors experience guilt, fear, avoidance, anger, mood swings, distrust, loss of control, numbness, and re-experiencing.⁶ These reactions may be exasperated for LGBTQ individuals due to discrimination based on identity, lack of support, poverty, racism, and other structural challenges.

B. Recommendations to the Governor and Legislature on Sexual Victimization

1. Require schools to teach sexual health education that includes consent and develop consent education programs to prevent and reduce instances of sexual assault.

LGBTQ students experience stark disparities in sexual violence and intimate partner violence. It is imperative that schools play a larger role in educating students on the importance of consent and healthy relationships. H. 673 / S. 318, An Act Relative to Healthy Youth and H. 615, An Act Relative to Empowering Massachusetts Students to End Sexual Violence would help further this goal.

The Commission also notes that there are other means of ending sexual victimization that the legislature and executive branch should pursue, many of these recommendations are presented above in previous Core Recommendations.

C. Research on Sexual Victimization and LGBTQ Youth

1. Intimate Partner Violence

Intimate partner violence is a “systematic pattern of behaviors where one person non-consensually uses power to try to control the thoughts, beliefs, actions, body, and/or spirit of a partner.”⁷ In general, the Network/La Red estimates that 25-33% of LGBTQ people experience abuse by a partner, and 1 out of 4 LGBTQ youth experience abuse from a dating partner.⁸ Relatedly, the CDC found that compared to non-LGBTQ peers, LGBTQ high school students are more than three times as likely to have forced sexual intercourse (19.4% vs. 6.7%); two times as likely to experience physical violence while dating (13.1% vs. 7.2%); and two-and-a-half times more likely to have experienced sexual dating violence over the course of a year (2019) (16.4% v. 6.7%).⁹

This national trend is reflected in the Commonwealth of Massachusetts. In Massachusetts, LGBTQ youth are 2.7 times more likely to experience sexual contact against their will than non-LGBTQ youth; and LGBTQ youth are 3.6 times more likely to experience sexual dating violence than non-LGBTQ youth.¹⁰ Transgender students experience higher rates of forced sexual intercourse, physical dating violence, and sexual dating violence than their cisgender peers, including other LGBQ youth, indicating that there are key disparities to be addressed even within the LGBTQ community.¹¹

In Massachusetts, among students who have been on a date, 17.7% of LGBTQ respondents reported that a dating partner hurt them physically, compared to 5% of non-LGBTQ respondents reporting the same.¹² This risk is heightened for bisexual youth, who experience dating violence at even higher rates than their gay or lesbian peers. In one study of LGBTQ teen dating violence, researchers found that most respondents identified school or community LGBTQ youth groups as resources for teens experiencing dating violence, implying that work should be done to ensure that these organizations are prepared to serve this population. Research has also found that LGBTQ women who experienced intimate partner violence suffered longer lasting consequences at a higher rate than heterosexual, cisgender women, likely caused by barriers to support due to their sexual orientation.¹³ This troubling data on dating violence underscores the importance of evidence-based, comprehensive, and LGBTQ-inclusive support services for LGBTQ youth in the Commonwealth of Massachusetts.

2. Sexual Violence in Institutions

a. Higher Education

Research has long demonstrated that sexual violence is a pervasive issue across college campuses. Studies further show that LGBTQ people experience sexual violence at higher rates than their heterosexual, cisgender peers. On campus, LGB students are approximately 3 times more likely than their heterosexual peers to experience sexual violence, while transgender students are significantly more likely to experience sexual violence than their cisgender female peers.

Within the LGBTQ community, students of color experience higher rates of sexual violence than their white peers.¹⁴ In general, 34% of multiracial women, 27% of Alaska Native/American Indian women, 22% of black women and 14.6% of Hispanic women are survivors of sexual violence.¹⁵ Students of color experience regular racism, which leads them to distrust institutions that purportedly serve to support them. In hospitals and police stations, they may experience micro-aggressions, victim-blaming, or less respect or priority than their white peers. Finally, survivors of color often lack culturally appropriate services and resources that capture their unique needs.¹⁶

On January 12, 2021, Governor Charlie Baker signed into law the Campus Sexual Violence Act. The Campus Sexual Violence Act is essentially Massachusetts's version of the federal Title IX, which addresses sexual violence on college and university campuses. The Campus Sexual

Violence Act requires the State, *inter alia*, to conduct campus climate surveys every four years. According to the Massachusetts Commissioner of Higher Education, the surveys aim to address issues of safety and equity, as Massachusetts's most vulnerable students, including immigrants, LGBTQ students, and students with disabilities, are more likely to experience sexual violence and are less likely to report it.¹⁷ While this Act has been deemed a landmark piece of legislation, it is important that on-campus and legislative efforts specifically address the unique needs of LGBTQ students on college campuses.

In terms of reporting, the rates of reporting are similar for both LGBTQ students and heterosexual/cisgender students. However, LGBTQ students may contemplate distinct concerns before reporting incidents to college officials or the police. Fears of police violence, discrimination during the reporting process, and being “outed” by officials all may impact a LGBTQ student’s decision whether to report. In sum, despite advances in legislation, responses to sexual violence on Massachusetts’s college campuses must consider the positionalities and needs of LGBTQ students.

b. Carceral Institutions

In carceral institutions at the state and federal level, LGBTQ youth and adults are at significantly increased risk of sexual violence. LGBTQ incarcerated persons are approximately six times more likely to experience sexual violence than the general prison population, and transgender incarcerated persons are disproportionately forced into solitary confinement due to their gender identity.¹⁸

The Prison Rape Elimination Act (PREA) of 2003 codifies the right of incarcerated persons to be protected from sexual violence. The U.S. Department of Justice’s PREA standards specifically highlight LGBTQ incarcerated persons and risk factors related to their sexual victimization. On the one hand, PREA importantly requires correctional staff to be more aware of indicators of sexual violence against LGBTQ incarcerated persons. On the other hand, PREA has increased the surveillance of LGBTQ incarcerated persons. Under PREA, LGBTQ incarcerated persons are further stigmatized due to their increased visibility, and they continue to experience violence. Correctional staff do not always implement PREA in a benevolent manner, abusing their power in conducting inquiries and responding to violence.¹⁹

Not only are LGBTQ persons at increased risk of sexual violence, but they also experience significant barriers to reporting incidents while incarcerated. Within carceral institutions, LGBTQ persons experience substantial prejudice on a day-to-day basis, which may prevent them from reporting incidents of violence.²⁰ Additionally, LGBTQ persons who report sexual violence may end up in solitary confinement or restrictive housing for their own “protection.” Solitary confinement, however, is inhumane and has deleterious effects on mental health; therefore, many LGBTQ persons are deterred from reporting future acts of violence.²¹

The Criminal Justice Reform Act, passed in 2018, attempts to address some of the unique challenges faced by LGBTQ persons in Massachusetts’s carceral institutions. The Act requires that

staff address incarcerated persons by the gender they identify with, ensures access to providers with expertise in transgender healthcare, and may permit that persons are placed in housing based on their gender identity, rather than sex assigned at birth. The Act also created a special commission to review health and safety of LGBTQ persons in carceral institutions. While the Reform Act signifies potential progress, sexual violence against LGBTQ persons in carceral institutions continues to be a systemic issue in Massachusetts. More research needs to be done on the relationship between sexual violence and incarceration of Massachusetts's LGBTQ youth.

3. Sexual Violence and Economic Instability

In general, there is a well-established connection between sexual violence and economic instability. Sexual violence often pushes survivors of sexual violence into homelessness and/or poverty. The economic impact of sexual violence has been estimated to be over \$122,000 per victim throughout their lifetime. At the same time, persons experiencing economic instability are at an increased risk for experiencing sexual violence. Thus, sexual violence and economic instability are deeply intertwined and often correlated.

LGBTQ youth face high rates of poverty, homelessness, and discrimination, which put them at risk for sexual violence. The Boston Area Rape Crisis Center reports that while 1 in 4 homeless cisgender girls and 1 in 10 homeless cisgender boys experienced sexual violence at least once since living on the street, homeless and marginally housed LGBTQ youth report even higher levels of sexual violence.²² According to the 2019 Massachusetts Youth Count Survey, LGBTQ youth experiencing homelessness sought sexual assault counseling more frequently than non-LGBTQ respondents.²³ LGBTQ youth also may experience abuse at homeless shelters.²⁴ A national study of 27,000 transgender Americans found that 17% of respondents were sexually assaulted in a shelter over the course of a year, because they were transgender.²⁵

Another form of sexual victimization comes in the form of survival sex (trading sex for money, shelter, or food). The 2019 Youth Count survey cites that 25.9% of LGBTQ youth respondents reported engaging in sex for money or other necessities. LGBTQ youth experiencing homelessness are four times more likely than non-LGBTQ youth experiencing homelessness to engage in survival sex.²⁶ Survival sex may put LGBTQ youth at risk of sexual victimization, physical and mental health problems, and unsafe sex practices.²⁷ For example, in the national study of transgender Americans, transgender persons who engaged in survival sex had five times a higher risk of contracting HIV than the general population.²⁸

In sum, the prevalence of LGBTQ youth experiencing homelessness and sexual violence is astonishing. Undoubtedly, the COVID-19 pandemic has exasperated the negative impact of both economic instability and sexual violence on LGBTQ youth, given the loss of jobs, income, and access to essential support services.²⁹

4. Survivor Services

In the Commonwealth of Massachusetts, there are two organizations that specifically aim to address sexual violence in the LGBTQ community— the Network/La Red and the Violence Recovery Program at Fenway Community Health. The Network/La Red offers a 24/7 support hotline, housing pathways program, support groups, individual support, and other resources for LGBTQ survivors of intimate partner violence.³⁰ Fenway Health's Violence Recovery Program similarly provides counseling, support groups, advocacy, and referral services to survivors of sexual, domestic, and anti-LGBTQ hate violence.

Other Massachusetts-based organizations offer programs that LGBTQ youth survivors can take advantage of. For example, the GLBTQ Legal Advocates and Defenders (GLAD) provides legal support for LGBTQ survivors.³¹ The Boston Alliance of Lesbian, Gay, Bisexual, Transgender, Queer Youth (BAGLY) hosts four distinct mental health and behavioral health therapies, which are available to any LGBTQ youth under the age of 25. These therapies are free and do not require proof of insurance.³²

While there are general and survivor-specific services available in Massachusetts, LGBTQ youth often face difficulty accessing these services. LGBTQ youth may hide their identities or live with the perpetrator, which could make accessing services challenging and even dangerous. Discrimination based on identity may also make LBGTQ youth hesitant to seek help from shelters, rape crisis organizations, or hospitals.³³ A study by the National Coalition of Anti-Violence Projects estimates that 85% of survivor advocates have worked with a LGBTQ survivor who was denied services due to their sexual orientation or gender identity.³⁴ Contacting police after incidents of assault or rape is often dangerous, considering the prevalence of police violence against Black, brown, and other marginalized communities. Barriers to support services were likely exasperated by the COVID-19 pandemic. Research also suggests that there has been a global increase in domestic and sexual violence amidst the pandemic.³⁵ More research is ultimately needed to determine the impacts of the COVID-19 on sexual violence against LGBTQ youth.

Massachusetts Resources

The Network/La Red – The Network/La Red, a Boston-based, survivor-led organization captures the different tactics of abuse that may be experienced by LGBTQ youth and adults. <http://www.tnlr.org/en>

Boston Area Rape Crisis (BARC) – BARC is a comprehensive rape crisis center in the Greater Boston Area that seeks to end sexual violence through healing and social change. <https://barcc.org/>

Black and Pink – Black and Pink Massachusetts is a volunteer-run organization that aims to abolish the criminal justice system and liberate LGBTQ+ people and people living with HIV/AIDs who are disproportionately affected by the system. <https://www.blackandpinkma.org>.

Violence Recovery Program – The Violence Recovery Program at Fenway Health provides LGBTQ survivors counseling, support groups, advocacy, and referral services.
<https://fenwayhealth.org/care/behavioral-health/violence-recovery>

Domestic Violence Ended (DOVE) – DOVE is a multiservice organization that provides direct services and support to survivors of dating and domestic violence, including identity-specific counseling services for LGBTQ survivors. <https://www.dovema.org/lgbqt>

GLBTQ Legal Advocates & Defenders (GLAD)- GLAD offers legal services for LGBTQ survivors of sexual violence and discrimination. <https://www.glad.org>

CONCLUSION

In conclusion, research has established that LGBTQ youth are at increased risk of sexual violence nationally and in the Commonwealth of Massachusetts. Sexual violence has adverse effects on LGBTQ youth's physical health, mental health, and economic well-being, which is often further compounded by experiences of discrimination, transphobia, homophobia, racism, the COVID-19 pandemic, and more. It is essential that the Commonwealth of Massachusetts understand the unique needs of LGBTQ who have suffered sexual violence and provide LGBTQ-inclusive resources and support that address these needs.

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EXECUTIVE OFFICE OF EDUCATION RECOMMENDATIONS

A. Introduction

The Commission has for many years enjoyed a particularly strong relationship with the Department of Elementary and Secondary Education (DESE). The work of the Commission is closely tied to that of DESE through the Commission's founding legislation, the funding it receives to implement anti-bullying work, and the relationships that the Safe Schools Program—which today is co-sponsored by the Commission and DESE—has forged with the Department. More recently, the Commission has also developed fruitful relationships with the Department of Early Education and Care (DEEC) and the Department of Higher Education (DHE), both of which are represented along with DESE in the sections that follow.

The Commission looks forward to increasing its collaboration with and between these three agencies to ensure that the policies it recommends have maximum effect. For example, public school students in Massachusetts can presently elect to use a third, nonbinary gender marker in lieu of "male" or "female," due to a policy change at DESE. However, many colleges and universities in the state do not offer a similar option, leaving open an opportunity that DHE and the Commission could potentially work together to support. This is but one example of how increasing collaboration and coordination of the Commission's recommendations to DEEC, DESE, and DHE could improve service delivery for all three agencies and have an even greater impact for the Commonwealth's LGBTQ youth.

Department of Early Education and Care

FY2022 Recommendations

1. Develop an online training module on best practices for serving LGBTQ youth and families, developed on Articulate 360 for incorporation into DEEC's new Learning Management System and tied to DEEC's Core Knowledge and Competencies for early educators.
2. Clarify that providers can and should house transgender youth based on their gender identity.
3. Share information about LGBTQ-affirming residential placements with the Department of Children and Families (DCF).
4. Continue to collaborate with the Department of Elementary and Secondary Education (DESE) and other state agencies on the Statewide Family Engagement Framework (prenatal through post-secondary) to ensure that LGBTQ content and family diversity are well-represented.

5. Include a non-binary gender marker option during development of the new Professional Qualifications Registry database.

Background & Research

The Department of Early Education and Care (DEEC) not only provides guidance on early education, but also assists teenage parents, and licenses child-serving organizations that work with state government, including temporary shelters and foster homes. The Commission has worked with DEEC for a number of years and is appreciative of DEEC's commitment to youth of all ages under its care.

DEEC is well-positioned to impact youth in early education programs as well as at-risk LGBTQ youth through its process of licensing child-serving organizations, including temporary shelters and foster homes. The Commission continues to hear that agencies managing group homes are unsure of best practices for serving LGBTQ youth, and in particular that they believe existing licensing requirements are a barrier to housing transgender young people according to their gender identity rather than sex assigned at birth.

Beyond the recommendations issued below, the Commission looks forward to working with DEEC to examine how LGBTQ competencies might be included in the years ahead in its Career Lattice, which is currently under development.

Expanded Recommendations

1. Develop an online training module on best practices for serving LGBTQ youth and families, developed on Articulate 360 for incorporation into DEEC's new Learning Management System and tied to DEEC's Core Knowledge and Competencies for early educators.

The Commission recommends that all employees who serve youth at DEEC-licensed or approved programs and facilities attend mandatory LGBTQ cultural competency training. The Commission encourages DEEC to support licensees in providing the resources staff need to 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. The Commission urges DEEC to collaborate with community partners and other state agencies to ensure that educators and staff receive training and professional development.

As DEEC relies on online training modules for many of its trainings, the Commission encourages DEEC to develop a regularly updated module or continuing education unit that addresses sexual orientation, gender identity, gender expression, and best practices for serving LGBTQ youth and families. The Commission's current effort to develop an online training with

interagency support might provide a useful example for what DEEC itself could develop, as could the trainings provided by the Commission’s Safe Schools Program.

2. Clarify that providers can and should house transgender youth based on their gender identity.

Without affirming placements, transgender young people experience barriers to success and stability. Where relevant, the Commission urges DEEC to update the Residential and Placement regulations to include protection against discrimination based on gender identity and to include youth voice in decision making around room assignments and programming. These updates would ensure that licensees make housing and placement decisions for transgender youth in residential programs on the basis of their gender identities, consistent with best practices and the preferences of the young person. When any young person expresses safety-based concerns, DEEC should support licensed programs in making individualized housing and placement decisions for the young person.

3. Share information about LGBTQ-affirming residential placements with the Department of Children and Families (DCF).

DEEC works closely with DCF on child welfare matters, and the Commission has long urged DCF to be more proactive in identifying genuinely affirming placements. The Commission urges both agencies to share information about LGBTQ-affirming placements and recognize LGBTQ youth as a priority population.

4. Continue to collaborate with the Department of Elementary and Secondary Education (DESE) and other state agencies on the Statewide Family Engagement Framework (prenatal through post-secondary) to ensure that LGBTQ content and family diversity are well-represented.

The Commission was happy to learn that DEEC recently held affinity listening groups for different populations conducted by the Safe Schools Program’s Jeff Perrotti. The Commission encourages DEEC to continue its collaboration with DESE and other state agencies on the Statewide Family Engagement Framework, which the Commission believes is important for reducing family rejection of LGBTQ youth. This effort could play a role with the Commission’s work on family acceptance.

5. Include a nonbinary gender marker option during development of the new Professional Qualifications Registry database.

The Commission commends DEEC for its proactive intention to create a nonbinary gender marker for its new Professional Qualifications Registry database in the upcoming fiscal year. This will allow DEEC to join the growing number of state agencies within and beyond Massachusetts in providing a third gender marker for those who do not wish to select binary “male” or “female” labels, including the Department of Elementary and Secondary Education, which has created such an option for public school students.

Department of Elementary and Secondary Education

FY 2022 Recommendations

1. Continue collaboration with the Commission with respect to the Safe Schools Program for LGBTQ Students and programs in special education, early education, adult education, sexual health, after school programming, curriculum, homeless assistance, family engagement, student leadership, student discipline, and the Safe and Supportive Schools Commission.
2. Explore ways to increase data relating to sexual orientation, gender identity, and gender expression.
3. Ensure LGBTQ inclusivity of all curriculum initiatives, including curriculum frameworks, model curriculum units, and supplementary curricular materials.
4. Develop and model strategies for school districts to recruit and retain a diverse workforce that includes diversity in gender identity and sexual orientation.
5. Partner with the Commission to better understand and meet the needs of LGBTQ students of color.
6. Work with the Commission to build more internal and district-level capacity for trainings and professional development in LGBTQ competency.
7. Continue collaboration with the Commission to find new ways to support nonbinary students, educators, and staff.

Background & Research

The Commission is fortunate to enjoy a strong working relationship with the Department of Elementary and Secondary Education (DESE). At the center of this relationship is the Safe Schools Program for LGBTQ Students, a joint initiative of the Commission and DESE that was founded in 1993 and remains a national leader in creating policies and programs to foster safe and supportive environments for LGBTQ students. Through this program, which the Commission administers with in-kind support and invaluable input from DESE, approximately 200 trainings and workshops are held each year on addressing anti-LGBTQ bullying and building safer environments in public schools. The Program also manages the GSA Leadership Council, including statewide and regional components that meet monthly throughout the year and including student leadership and teacher professional development components. The Commission has also supported DESE in increasing its capacity to create landmark policies, provide professional development and technical assistance to schools, and promote student leadership throughout the Commonwealth.

Since the establishment of a Memorandum of Understanding (MOU) with DESE in 2013, the Commission has been working in collaboration with DESE on multiple initiatives, including trainings for school personnel on bias-based bullying and policy guidance to implement An Act Relative to Gender Identity and the Principles for Ensuring Safe and Supportive Learning Environments for LGBTQ Students. The Commission is grateful to DESE for its leadership on these issues, the support of key staff, and the annual Commissioner's communication to school administrators. The Commission also thanks DESE for providing space and support for Safe Schools Program and Commission personnel.

Part of the MOU includes annual meetings with the DESE Commissioner and presentations every other year to the Board of Elementary and Secondary Education. The Commission had its first meeting with Commissioner Jeffrey C. Riley in the summer of 2018, which proved very productive in introducing the Commissioner to the Commission and Safe Schools Program and identifying shared priorities. Since then, Commissioner Riley has continued to support the Commission and Program, including by sending out the annual Commissioner's letter to schools explaining the Safe Schools Program's services. The Commission is enthusiastic and grateful to have the continued support of DESE under Commissioner Riley's leadership. The Commission met with Commissioner Riley and DESE staff in March 2020, shortly before the COVID-19 crisis forced most of the Commonwealth into remote work. At that time, the Commission and DESE were looking into the best timing for scheduling the Commission and Safe Schools Program's biannual presentation to the Board of Elementary and Secondary Education. While the scheduling of this has been delayed due to other pressing COVID-19 related matters, the Commission looks forward to meeting with DESE and Commissioner Riley again in 2021.

The Commission is also particularly appreciative of DESE's leadership on behalf of transgender and gender-nonconforming students. In spring 2016, DESE updated the student information management system (SIMS) student gender identity data element to include Non-Binary (to indicate that a student does not identify as just female or male). Massachusetts also continues to collect information on gender identity and gender expression through the Massachusetts Youth Risk Behavior Survey (MYRBS) and supports the continued inclusion of questions on gender identity, gender expression, and transgender students on the MYRBS and the School Health Profiles. The Commission encourages DESE to continue collaborating to further grow and analyze data relevant to sexual minority and particularly gender identity minority students, and hopes to continue having access to this data to inform its policy recommendations and programmatic work.

Expanded Recommendations

- 1. Continue collaboration with the Commission on the Safe Schools Program for LGBTQ Students and programs in special education, early education, adult education, sexual health, after school programming, curriculum, homeless assistance, family engagement, student leadership, rethinking discipline, and safe and supportive schools.**

LGBTQ students and families need safe and supportive learning environments both in and out of the classroom. LGBTQ students may have unique needs based on race, ethnicity, age, disability, experiences of trauma, and more. By leveraging the resources of the Safe Schools Program, DESE has begun to address the needs of these young people by incorporating LGBTQ topics in statewide and regional trainings. The Commission recommends that DESE continue to integrate resources and personnel from the Safe Schools Program into programmatic work in these areas to maximize the opportunities provided for LGBTQ students and families. The GSA Leadership Council also works with the State Student Advisory Council (SSAC) to help determine the appointment of a student member to the Safe and Supportive Schools Commission.

2. Explore ways to increase data relating to sexual orientation, gender identity, and gender expression.

Massachusetts has made great progress in increasing data on sexual orientation, gender identity, and gender expression (SOGIE) with respect to the student population. For example, such measures are now included in the MYRBS. The Commission encourages DESE to continue exploring how to increase SOGIE data and thus better understand the needs and opportunities to serve LGBTQ students. For example, the Commission is very interested in how LGBTQ students are affected by school disciplinary measures, but SOGIE data is not currently being collected beyond a student's gender. Learning how to effectively and safely collect this data could shine new light on whether LGBTQ students face disparities with respect to discipline, as seems likely given other available data points on student behaviors and systems involvement and national data. The Commission also urges DESE to explore ways to include students in SOGIE data collection who may be excluded from surveys and other traditional means of data collection.

Another area in which members of the Commission have expressed interest is data relating to SOGIE status and school performance. Massachusetts law requires DESE to develop a student survey on school climate to be administered at least once every four years to assess the prevalence, nature, and severity of bullying in schools. As DESE has begun to administer this survey, the Commission encourages DESE to include more age-appropriate questions that ask if students observe bullying at one's school on the basis of sexual orientation, gender identity, and/or gender expression and whether students themselves experience bullying based on their real or perceived SOGIE status. Additionally, DESE notes that important data on LGBTQ status and bullying is already available through the MYRBS. DESE has expressed continued interest in considering and discussing how to best help schools, districts, and the state collect and share information that will be helpful and not potentially harmful to students. The Commission appreciates these concerns and interests and looks forward to further discussing the issue in FY 2022.

Finally, the Commission is very pleased to see DESE offer students the chance to use a nonbinary marker in school records systems. This is important both on the micro level, in which

individual students have their identities recognized and affirmed, and potentially the macro level, as the statewide data could be useful. However, the usage among students has been much lower than the number who self-identify as gender nonbinary in other instruments. The Commission will continue to support DESE in helping to ensure that students who wish to use the nonbinary marker are aware of the option.

3. Ensure LGBTQ inclusivity of all curriculum initiatives, including curriculum frameworks, model curriculum units, and supplementary curricular materials.

Existing curricula often fail to reflect LGBTQ people. DESE's regulation, *Access to Equal Educational Opportunity Regulations for the Student Anti-discrimination Law and Principles for Ensuring Safe and Supportive Learning Environments for LGBTQ Students*, indicates that curricula shall encourage respect for the human and civil rights of all individuals, including LGBTQ individuals. It states: "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. Curricula should reflect issues of sexual orientation and gender identity, as relevant, to be inclusive across subject areas, including, but not limited to, health, social science, language arts, and family life curricula."¹ The Commission appreciates the work that DESE has done in advancing the LGBTQ-inclusive curriculum materials that has been developed in partnership, and hopes that more materials will become available in FY 2022. The Commission recommends, however, that DESE take more active steps in promoting the LGBTQ-inclusive curriculum materials that are currently available to ensure the materials reach as many educators and students as possible. As the Commission has received a significant increase to its budget, the Commission would welcome the chance to develop more outreach strategies with DESE to promote these materials.

The Commission also appreciates DESE including its staff and consultants in the comprehensive health framework revision process. The Commission believes that the work done so far is promising in terms of its LGBTQ inclusivity, and urges DESE to continue working to ensure that sexual health education is comprehensive, evidence-based, and LGBTQ-inclusive. Making such education available to every student in the Commonwealth is a major priority of the Commission, as identified in the core recommendations above. The Commission also appreciates DESE's effort to maintain sexual health education and programming in schools despite some funding cuts at the federal level and encourages the Department to continue seeking funding to do this important work.

4. Develop and model strategies for school districts to recruit and retain a diverse workforce that includes diversity in gender identity and sexual orientation.

DESE's policy on supporting LGBTQ students states, in part: "Schools are encouraged to have a diverse workforce. In order to provide authentic role models for all students, schools are encouraged to have diverse staff who reflect the protected categories in the Student Anti-discrimination Law, including gender identity and sexual orientation... [I]t is important that school systems have work environments where openly LGBTQ staff members feel safe,

supported, and valued.” The Commission recommends a minor update to this language to be more inclusive of staff who identify as LGBTQ but are not out. In addition to ensuring that non-LGBTQ educators and staff are culturally competent in LGBTQ issues, the Commission also recommends that DESE state clearly its commitment to foster a diverse workforce by supporting and valuing LGBTQ educators who are open about their identities, collecting relevant data and best practices, determining areas to focus attention and resources, and modifying the Educator Licensure And Renewal (ELAR) system to include a nonbinary gender marker. The Commission would also appreciate support in sharing the guidance it has issued on making workplaces more inclusive of diverse gender identities, as noted in the core recommendations for FY 2022.

5. Partner with the Commission to better understand and meet the needs of LGBTQ students of color.

The Commission recommends that DESE investigate how LGBTQ students of color are affected by policies and practices that create barriers to a safe and successful learning experience and develop trauma-informed strategies and interventions to address these barriers. The Commission has been particularly concerned with the impact of the school-to-prison pipeline on LGBTQ students of color, and notes that DESE’s guidance on supporting LGBTQ students calls on schools to examine how LGBTQ students are affected by related factors like disciplinary action and involvement in the juvenile justice system.² As the Commission carries out its own work on racial justice throughout the 2020 calendar year and beyond, it looks forward to continuing this discussion with DESE, including how shared findings on the needs of students of color can inform Safe Schools Program delivery; for example, the Commission looks forward to discussing together how to positively impact more students of color through the Safe Schools Program.

6. Work with the Commission to build more internal and district-level capacity for trainings and professional development in LGBTQ cultural competency.

The Commission is immensely proud of its partnership with DESE through the Safe Schools Program and all of the work, trainings, and education the Program has provided to educators and staff. The Commission hopes to work with DESE to develop more capacity for the Department and individual school districts to carry out initiatives such as district-wide LGBTQ cultural competency trainings, training superintendents, and other professional development around LGBTQ issues.

7. Continue collaboration with the Commission to find new ways to support nonbinary students, educators, and staff.

The Commission has been immensely pleased with DESE’s ongoing support of nonbinary students over the past few years. Initiatives such as including a Non-Binary data element in the student information management system (SIMS), and collecting data on gender identity and expression through the MYRBS, has provided the Commonwealth with incredibly useful data. The Commission recommends that DESE continue to collaborate with the Commission, GSA

AGENCY RECOMMENDATIONS

Leadership Council, and the Safe Schools Program to develop new ways to support nonbinary students, educators, and staff in schools. One relevant issue that the Commission is focused on, for example, is working towards changing the state building code to make it easier for schools and other public institutions to build more gender-neutral restrooms.

Department of Higher Education

FY 2022 Recommendations

1. Encourage public and private higher education institutions to enact anti-discrimination policies and best practices that include sex, gender identity, gender expression, and sexual orientation.
2. Continue to support quantitative and qualitative data collection measures within the public higher education system to address potential inequities in sexual violence occurrence among LGBTQ students versus their non-LGBTQ counterparts.

Background & Research

The Department of Higher Education (DHE) offers vital educational opportunities to nearly 300,000 students at 15 community colleges, nine state universities, and the five campuses of the University of Massachusetts. DHE seeks to provide accessible and relevant programs that meet the changing individual and societal needs for education and employment in the Commonwealth. The Commission began meeting with DHE in 2013 to promote inclusive and welcoming campus climates and to improve educational outcomes for LGBTQ students at the collegiate level. Through our work together, DHE has ensured that state campuses consider LGBTQ identities in model guidance and best practices; has updated its campus safety and violence prevention regulations; and has committed to ensuring the protection of LGBTQ students and students of color.

While there is limited information regarding the experience and outcomes of LGBTQ students in public university and college campuses across the country, including in Massachusetts, national research suggests that LGBTQ college students face barriers to access and achievement in higher education programs. Despite the existence of inclusive anti-discrimination policies at some institutions, many LGBTQ students and staff members 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, an organization that rates universities and colleges based on LGBTQ inclusion, indicates that LGBTQ individuals are significantly more likely to experience harassment on campus compared to their non-LGBTQ peers.³ Harassment based on sexual orientation or gender identity may also intersect with racial bias, resulting in even higher levels of harassment for LGBTQ students of color in higher educational settings.⁴

Four of Massachusetts' 29 public colleges and universities are listed on the national Campus Pride index; The Campus Pride Index issues each campus a rating out of five stars that are determined by the existence of and commitment to forms of LGBTQ student inclusion, such as inclusion policies, institutional support, academic life, housing and residence life, student life, campus safety, counseling and health, and LGBTQ recruitment and retention efforts. Salem State

University⁵ and UMass Dartmouth⁶ both earned a three-star rating; Bridgewater State University⁷ earned a four-star rating; and UMass Amherst⁸ earned a five-star rating.

Stress and concerns induced by anti-LGBTQ campus climate -whether through lack of support or targeted acts of hate- can interfere with the education of LGBTQ students. The Commission surveyed students and campus professionals in 2015 and found that LGBTQ college students are more likely to consider withdrawing from their institution and more likely to fear for their physical safety on campus than their non-LGBTQ peers. Additionally, LGBTQ students often feel that their public college or university does not provide adequate resources on LGBTQ issues or respond appropriately to incidents of harassment on campus. The Commission is particularly concerned that this is the reality on some public campuses, especially at community colleges where limited resources exist for student services.

Finally, the sexual violence that is pervasive on college campuses across the country affects LGBTQ students at disproportionate rates. For instance, a survey of Minnesota college students found that 12 percent of bisexual students and 7 percent of gay and lesbian students, as compared to 3.3 percent of heterosexual students, reported a sexual assault in the past year.⁹ The same study found that 47 percent of bisexual college students and 33 percent of gay and lesbian students, versus only 17 percent of heterosexual students, reported one or more incidents of sexual assault in their lifetime.¹⁰ LGBTQ students are already more likely to begin higher education having been exposed to unwanted sexual contact, with 21.8% of LGBTQ students in Massachusetts reporting such an experience compared to 7.4% of their non-LGBTQ peers.¹¹

LGBTQ students interact with every facet of the higher education system. Best practices in policies related to housing, bias incident reporting protocols, health services, health insurance plans, and changing identity documents are increasingly addressing LGBTQ student needs on campuses nationwide. The Commission is eager to work with DHE to ensure that our public campuses have access to the resources they need to develop the internal policies, procedures, and best practices necessary for our campuses to exceed national standards for LGBTQ student support.

Expanded Recommendations

1. Encourage public and private higher education institutions to enact anti-discrimination policies and best practices that include sex, gender identity, gender expression, and sexual orientation.

As with younger students, scholars in higher education programs do best when their classrooms and campuses offer a safe and supportive climate free from violence, discrimination, or harassment. DHE is uniquely positioned to support institutions in establishing policies and guidance that provide campus professionals with the tools they need to support LGBTQ young people. While DHE has a limited role in the affairs of individual

institutions, the Commission strongly urges DHE to act as a role model and encourage higher education institutions to pursue anti-discrimination policies above and beyond the baseline required by state law.

2. Continue to support quantitative and qualitative data collection measures within the public higher education system to address potential inequities in sexual violence occurrence among LGBTQ students versus their non-LGBTQ counterparts.

National data indicate that sexual violence continues to have a disproportionate impact on LGBTQ students.³⁰ In the 2019-2020 legislative session, S.2979 / H.5241, An Act Relative to Sexual Violence on Higher Education Campuses, was signed into law by Governor Baker. This legislation established a task force on sexual misconduct surveys and gave the Commission the power to nominate a task force member for appointment. The Commission was glad to work with DHE during this process and looks forward to engaging with DHE and the task force over the course of 2021.

The Commission further urges DHE to continue supporting data collection efforts that allow Massachusetts institutions to identify disparities on their campuses and to develop inclusive policy and programmatic solutions to end them. The Commission recommends that DHE work with colleges and universities to conduct comprehensive campus climate surveys.

Executive Office of Health and Human Services Recommendations

In FY 2017, the Executive Office of Health and Human Services (EOHHS) formed an interagency committee on LGBTQ youth issues co-chaired by the Commission. The Commission appreciates the frequent and thoughtful collaboration with staff of the Office of Children, Youth and Families, which has resulted in EOHHS taking a coordinated and collaborative approach to addressing the recommendations presented by the Commission to EOHHS agencies.

The EOHHS interagency committee, which the Commission hopes will be a model for other executive offices, is comprised of representatives from each of the relevant EOHHS agencies. These representatives have met regularly since the end of FY 2017 to discuss their individual recommendations from the Commission, the many commonalities, and how they can best work together to effectively and efficiently achieve goals related to LGBTQ youth.

This interagency effort reached a major milestone in November 2019 when an LGBTQ inclusion training resource being developed by the group received the input and feedback of every agency in the secretariat. This resource is a product of the Commission, through a collaboration with EOHHS, which offers a curriculum for agencies to use in training their staff, contractors, and providers in the importance of LGBTQ inclusion. Since the product was finalized, the Commission, EOHHS, and several of its agencies have worked to arrange both in-person and (in the wake of the COVID-19 pandemic) online trainings; the feedback thus far has been overwhelmingly positive, and the Commission is using this feedback to create a version of the training resource that could be used as an online training open to all state employees. The Commission appreciates EOHHS's assistance in exploring this possibility.

The Commission encourages EOHHS to work with its agencies to create comprehensive LGBTQ inclusion policies, which some agencies have already published or drafted, as well as to consider if EOHHS-wide policies would be appropriate. This could include goals around increasing SOGIE data collection, which has been another discussion point of the interagency committee.

Department of Children and Families

FY 2022 Recommendations

- 1.** Adopt a comprehensive LGBTQ policy, or publish a plan outlining how LGBTQ issues will be comprehensively addressed through various policies.
- 2.** Improve healthcare access for transgender and gender-nonconforming youth.
- 3.** Create and implement a plan to ensure regular distribution of the agency's LGBTQ Guide to staff, parents, guardians, and (as appropriate) youth.
- 4.** Identify LGBTQ-friendly foster placements, hotline homes, and residential facilities in every region across the Commonwealth, and store this information in a manner easily accessible to DCF workers, while maintaining appropriate levels of privacy.
- 5.** Expand training programs to all workers and supervisors on issues that affect LGBTQ youth and young adults, while continuing participation in the EOHHS interagency training development, and explore potential uses of that training.
- 6.** Ensure revised foster family training is consistently provided by trained presenters, and update training materials for participants.
- 7.** Improve and publish newly gathered data on sexual orientation and gender identity and explore its implications for DCF.
- 8.** Explore the role that Family Resource Centers could play in addressing familial rejection and acceptance of LGBTQ youth.
- 9.** Ensure the provision of comprehensive, youth-directed transition support for LGBTQ and all young adults aging out of the foster care system.

Background & Research

The Department of Children and Families (DCF) is the state agency tasked with ensuring the safety of children in their homes of origin, managing the foster care system for children who cannot remain in those families, and overseeing the placement of these children into permanent homes (e.g. through adoption) when possible.

Due to a combination of factors, including the family rejection disproportionately faced by LGBTQ youth (as described in this report's research section on homelessness above), there is reason to believe that LGBTQ youth may be more likely than others to be involved in DCF care, and there is research to confirm that they have specific needs. Researchers estimate that LGBTQ youth are

seven times more likely to end up in foster care than heterosexual youth.¹² A study conducted on the foster care system in Los Angeles found that 19 percent of youth in the foster system were LGBTQ—a percentage significantly higher than estimates of LGBTQ youth in the general population.¹³ While 50 percent of LGBTQ youth generally report negative reactions upon coming out to their families, and 26 percent report being kicked out of their home by a family member,¹⁴ foster homes may unfortunately not be safer. A survey of LGB youth in New York City foster homes demonstrated that more than half (56%) of LGB adolescents in the city's foster homes had stayed in the streets for at least one night because they felt unsafe in their foster home.¹⁵ Additionally, LGBTQ youth are more at-risk once released from foster care; one study found that after emancipation, between 12% and 36% of LGBTQ youth who age out of foster care experience at least one episode of homelessness.¹⁶

Since 2005, DCF has had an internal LGBTQ liaison program, with representation from nearly every area office across the state. These liaisons are DCF workers who voluntarily serve as a resource for their colleagues and area supervisors in order to address the needs of LGBTQ youth. Through the liaisons, DCF has created an LGBTQ guide for social workers, foster parents, and other adults working with LGBTQ young people in DCF care and has created an infrastructure for data collection on sexual orientation and gender identity. The chair of the state liaison program, DCF employee Effie Molina, was honored by the Commission with an Advancing Equity Award in March 2018 for her work on behalf of LGBTQ youth who are impacted by the DCF system.

The Commission believes that the plans put forth by DCF liaisons represent important progress toward a Commonwealth in which all LGBTQ youth have access to supportive adults and affirming homes. The Commission urges DCF to fully implement this work, in order to best serve LGBTQ young people and to meet the goals set in the DCF Diversity and Strategic Plans.

Expanded Recommendations

1. Adopt a comprehensive LGBTQ policy, or publish a plan outlining how LGBTQ issues will be comprehensively addressed through various policies.

The Commission has recommended over the past several years that DCF adopt a comprehensive policy on LGBTQ youth issues. This has been consistent with the Commission's recommendations to other agencies, as it believes that a stand-alone policy is the most transparent, accessible, and feasible option available. Previous drafts of such a policy have been vetted by many individuals from within and outside of the agency to ensure their inclusiveness of a wide variety of LGBTQ issues. However, DCF has indicated its preference to address LGBTQ issues through a variety of policies that each take on a particular issue area. For example, a new policy on runaway youth has a section on LGBTQ youth, and DCF is working on a gender-affirming care policy for transgender and gender-nonconforming youth.

In lieu of a comprehensive policy, the Commission recommends that DCF produce a plan outlining which LGBTQ issues it believes need to be addressed through policy change or other

actions, and how it intends to accomplish those goals. This will allow for vetting of and collaboration on the plan, as well as the individual components therein. It will also ensure that there is transparency and awareness around this work, and that policy changes are not issued one by one without stakeholders knowing or understanding. The Commission would be happy to assist in creating and sharing such a plan. DCF indicates that it is working on a statement of values to guide LGBTQ policies. A strong statement of values would be a promising start towards developing a long-term plan as the Commission recommends.

2. Improve healthcare access for transgender and gender-nonconforming youth.

The Commission is glad to see that DCF is making progress in improving healthcare access for transgender and gender-nonconforming youth with a new gender-affirming care policy. In its April 2021 meeting with the Commission, DCF noted that this new policy covers access to medication and does not require court orders. DCF noted, however, that this new policy does not speak to other aspects of gender-affirming care. Finally, the Commission believes that the policy should be centered on the principle that access to gender-affirming care is a fundamental right for youth who desire it. The Commission supports the detailed recommendations authored by the GLBTQ Legal Advocates and Defenders (GLAD) on how to improve the draft policy and encourages DCF to consider these recommendations as it moves forward.

The Commission has also recommended that DCF look into what can be done for youth in areas where there are few transgender-affirming providers to ensure that these youth have equitable access to treatment. For example, under the current draft of the policy, youth are required to utilize therapy before accessing hormone treatment. This might pose a significant challenge to youth in regions of the state in which there are few transgender-affirming providers, and even fewer who are taking new clients and accepting insurance. Additionally, some youth may encounter a provider who is not transgender-affirming, which can be a traumatic and damaging experience for transgender youth, resulting in the opposite of the intended effect with respect to mental health. That also may result in some youth declining to pursue hormone treatment or being denied that recommendation from a provider.

The Commission recommends that DCF provide strong guidance when the policy is implemented to ensure that knowledgeable, competent, and affirming providers are assessing the needs of transgender youth. The Commission further recommends that DCF hold trainings for its employees on this new policy to ensure that DCF staff are as knowledgeable on gender-affirming healthcare issues as possible. The Commission appreciates having had the opportunity to review and discuss the policy and looks forward to seeing a policy implemented.

3. Create and implement a plan to ensure regular distribution of the agency's LGBTQ Guide to staff, parents, guardians, and (as appropriate) youth.

In 2015, DCF released “LGBTQ: A guide for working with Youth and Families.”¹⁷ This document provides a wealth of information including scripts for discussing gender identity, statistics, laws, and resources, and has already begun to be used as a potential model in other states. DCF has made progress in posting this on its website and intranet so that the guide is available for those who look for it online. The Commission recommends that DCF consider updating the guide soon, as future progress is made on issues such as the gender-affirming healthcare policy that will be important for staff and families to easily reference. In its April 2021 meeting with DCF, the Commission noted that it could hire an external consultant to review and update this guide for DCF in the upcoming fiscal year.

After this guide is reviewed and updated, the Commission believes that DCF should then create a plan to ensure it is regularly provided to staff, parents, and guardians; it also should be offered to youth whenever possible. Some examples of when the guide should be provided are at new and continuing staff trainings, MAPP trainings for parents and guardians, and when families are seeking to reunify with their child. DCF has indicated their interest in developing such a plan, as well as ensuring that physical copies are available at office locations. Because data on LGBTQ-identified parents and youth is currently very limited, it is all the more important that the guide is prominently available and actively provided at every opportunity, since it is unknown who will benefit most from the guidance.

4. Identify LGBTQ-friendly foster placements, hotline homes, and residential facilities in every region across the Commonwealth, and store this information in a manner easily accessible to DCF workers, while maintaining appropriate levels of privacy.

DCF’s own diversity plans had, from 2013 to 2019, mandated that area offices collect data on LGBTQ-friendly foster home settings, but this policy was never implemented. The Commission was surprised to learn in the fall of 2019 that this goal had been removed from the new diversity plan, even though it had yet to be realized. The previous plan had stated: “Each Area Office will identify current foster homes that would be welcoming and affirming to adolescents and children who are gay, lesbian, bisexual, transgender, gender non-conforming, and questioning. A list of LGBTQ safe homes will be managed and kept updated by the Area Program Manager overseeing Family Resource. A copy of the list will be provided to the Diversity Officer on a semi-annual basis and made available to the LGBTQ State Chair and LGBTQ Regional Coordinator.” The Commission has heard from community members who say that they have offered up their homes as foster parents with LGBTQ cultural competency and have never received a call with a placement - despite the high number of LGBTQ youth in foster care and the problems they encounter when placed in a home that is not LGBTQ-affirming.

The Commission has appreciated the efforts made by some area offices as well as by individual employees to track affirming families with various degrees of formality. DCF informs the Commission that it supports these local efforts, which the Commission believes will be key in ensuring their long-term success and scalability. DCF also states that it agrees with the need

for more affirming homes, while working on the longer-term goal of making all homes safe and welcoming of LGBTQ youth.

Additionally, DCF notes that making further progress on this objective will require both IT updates to their system as well as negotiation with the employee union. The Commission strongly urges DCF to add this goal back to its diversity plan in its next iteration. The Commission also stresses that while it is ultimately the goal for all homes to be LGBTQ affirming homes, that is not currently the reality in Massachusetts and policies for home placements that do not acknowledge this may unintentionally cause harm to LGBTQ youth in foster care.

5. Expand training programs to all workers and supervisors on issues that affect LGBTQ youth and young adults, while continuing participation in the EOHHS interagency training development, and explore potential uses of that training.

DCF regulation (110 CMR 7.104) requires that licensed foster and adoptive homes be able to nurture children, “including supporting and respecting a child’s sexual orientation or gender identity.” DCF has begun to partner with local providers to offer training, but so far has not provided a larger framework to make such training efforts sustainable over time or to enable more permanent culture change. The Commission has heard that LGBTQ training, especially with respect to transgender and gender-nonconforming youth, would be highly beneficial for DCF’s staff to receive on a universal level. DCF is eligible, as a Title IV-E agency, to assess resources from the federal government to provide training to caseworkers on LGBTQ competency. The Commission encourages DCF to learn more about opportunities to access these federal funds.

Additionally, LGBTQ content could be offered at monthly staff meetings. The Commission has heard from LGBTQ liaisons that some in-service trainings have been offered in a few offices, and these could prove to be an example of what was successful and what needed improvement to utilize this option (or an alternative) more broadly. The Commission also attended a spring 2019 gender identity training that was offered through a joint effort of DYS, DCF, schools, and specialized foster care agencies; this well-attended event could be replicated in other areas as a way of training both DCF staff and provider agencies.

The Commission is currently partnering with DCF’s training office and LGBTQ liaisons to design a two-part training that would include a version of the training the Commission developed with EOHHS agencies, including DCF, that serves as an introduction to LGBTQ issues, as well as a higher-level training on transgender and nonbinary youth in particular. The Commission is hoping that these trainings can be made available in every region (either in-person or virtually, if need be due to ongoing concerns related to the COVID-19 pandemic). The Commission looks forward to working with DCF to plan and schedule this content for the first half of FY 2022.

6. Ensure revised foster family training is consistently provided by trained presenters, and update training materials for participants.

Two years ago, DCF revised its MAPP training for foster families, updating the training to bring it in line with its most recent LGBTQ-inclusive best practices. This updated training corrects much of the outdated material in the old training, which was not based on best practices and which many trainers and trainees found inappropriate. The Commission has heard in FY21, however, that the participant manual for MAPP has not been updated and still contains a significant amount of outdated and harmful information. The Commission recommends that DCF fully update this manual in line with recommendations and advice from subject matter experts.

Furthermore, the Commission understands that the materials received by trainees have not been updated to reflect the changes made to the curriculum. Such changes are necessary to ensure that the improved training has its intended effect. DCF has committed to updating the materials and will provide a timeline to the Commission when possible.

7. Improve and publish data on sexual orientation and gender identity and explore its implications for DCF service delivery.

From late 2017 to early 2018, DCF implemented questions into its system on sexual orientation and gender identity and provided some instruction on how to ask these questions. The Commission has heard concerns about the data collection system, principally that a “gender” field is available, but the options are “male,” “female,” or “intersex.” This has resulted in staff confusion as these labels are applicable to sex rather than gender, and “intersex” is sometimes being selected for transgender youth. There are also other problems, such as birth sex instead of gender identity being used to populate other sections and binary labels like “mother” and “father” being used in place of a neutral “parent” label. It is clear that in addition to the fields needing to be corrected, staff also need training, especially as there are reports that staff are now especially confused following the problems with the “gender” field as it currently stands. Therefore, while the Commission believes that ultimately data on gender identity will be very useful in identifying needs and disparities —and should be made public— there are significant doubts as to the reliability of the data as it currently stands.

DCF advised the Commission that data fields for sex assigned at birth, gender identity, and sexual orientation have been built, and that a data working group has been convened. DCF also notes that making the fields mandatory would require union negotiation; the Commission understands that the union supports the collection of SOGI data. The Commission has also heard concerns that the current data collected seems inconsistent with what area offices have reported. The Commission would advise DCF to be wary of this issue and to be conscious of potential underreporting.

The need for DCF’s leadership on this issue was made even stronger in May 2020, when the Trump administration – in a move to invisibilize LGBTQ youth and their needs – removed the sexual orientation field from the Adoption and Foster Care Analysis and Reporting System (AFCARS).¹⁸ The Commission joined several advocacy and community organizations in calling for DCF, the legislature, and the Governor to reverse the harm done by the Trump

administration and to ensure that SOGI data will be collected, analyzed, and acted upon throughout the child welfare system.¹⁹

8. Explore the role that Family Resource Centers could play in addressing familial rejection and acceptance of LGBTQ youth.

DCF supports a Family Resource Center (FRC) in each county in Massachusetts to offer skills-building opportunities, social support, and resource navigation for all families who need these services.²⁰ As the Commission works on expanding opportunities for families to better understand the importance of accepting LGBTQ youth, and the harmful impact of rejecting behavior, the FRCs could be powerful partners. DCF has expressed its interest in exploring this collaborative opportunity, and the Commission looks forward to learning from and supporting the FRCs however possible in the year ahead. DCF also noted in its April 2021 meeting with the Commission that Community Connections have begun rolling out to provide support for families by helping them gain access to resources.

9. Ensure the provision of comprehensive, youth-directed transition support for LGBTQ and all young adults aging out of the foster care system.

DCF has extended foster care services to support young adults up to age 22 in order to encourage a successful transition out of the foster care system. However, aging out of foster care remains one of the primary drivers of youth homelessness, with one Massachusetts study finding that 34% of young adults who spent time in foster care had experienced homelessness in the past two years.²¹ Developing comprehensive and youth-directed transition plans will ensure that young people are well prepared for their lives after DCF, which is an upstream intervention to reduce homelessness among the LGBTQ population, given the disproportionate number of LGBTQ youth who are believed to be part of the child welfare system. Youth-directed transition plans are key, as research indicates that encouraging young people to be actively engaged in planning for their futures allows them to practice vital decision-making skills that will be needed throughout their lives. Youth in foster care may feel as though they have had little control over the direction of their lives, but a youth-directed approach to transition planning allows for a greater sense of agency. Youth-directed approaches to future planning have been shown to reduce dangerous behaviors and improve overall outcomes.²² This is especially relevant for LGBTQ youth as youth-directed plans will ensure that their unique needs and goals are being accounted for during the transition process.

Massachusetts Commission for the Blind

FY 2022 Recommendations

1. Continue offering LGBTQ competency trainings and explore how to reach the maximum number of staff, including possibly through the EOHHS interagency training initiative.
2. Continue advising staff on how to collect information like gender pronouns in client notes and exploring options for increasing data collection relating to sexual orientation and gender identity.
3. Explore connecting clients to LGBTQ-friendly resources and conducting outreach to the LGBTQ community.

Background & Research

The Massachusetts Commission for the Blind (MCB) is the principal agency in the Commonwealth that works on behalf of people of all ages who are blind. Unfortunately, limited research exists that examines the experiences of LGBTQ populations who are blind. Nevertheless, sexual and gender minority identities exist within blind communities. For example, Blind LGBT Pride International, an affiliate of the American Council of the Blind, has been operating since 1996,²³ and convenes regular conferences.²⁴

In fiscal year 2018, MCB established a liaison to the Commission and also facilitated a meeting between Commission representatives and MCB's Commissioner. During fiscal year 2019, MCB continued regular contact with the Commission, including through the EOHHS interagency collaboration.

MCB has worked on identifying opportunities to fully serve LGBTQ youth, including through LGBTQ-inclusive diversity planning. Further, they have conducted optional staff trainings in the 2017, 2018, and 2019 fiscal years. MCB has also worked on incorporating the collection of preferred pronouns into case notes. Future opportunities to expand their outreach and resources for LGBTQ youth could include incorporating LGBTQ information and speakers into their regular guest presentations.

Expanded Recommendations

1. Continue offering LGBTQ competency trainings and explore how to reach the maximum number of staff, including possibly through the EOHHS interagency training initiative.

MCB has offered several optional trainings on LGBTQ issues for its staff. In June 2019, MCB invited the Commission to conduct a brief “brownbag lunch” training that was attended by MCB Commissioner D’Arcangelo and staff. They also provided staff with a training on how to

collect gender pronouns and LGBTQ status in client notes for clients who self-identify in this way. An LGBTQ competency training was also held in FY 2018. MCB's liaison to the Commission has been an active part of the EOHHS interagency committee working on developing a shared training curriculum, and now that that resource is complete, MCB has expressed interest in having the Commission return to present an in-person training based on this content. The Commission looks forward to scheduling a virtual training with MCB by the end of FY21.

2. Continue advising staff on how to collect information like personal pronouns in client notes and exploring options for increasing data collection relating to sexual orientation and gender identity.

MCB has made significant progress on collecting data relevant to LGBTQ clients. As noted above, MCB has trained staff on how to enter gender pronouns into a client's case notes when that client discloses their pronouns, particularly when other staff may be likely to make an incorrect assumption. MCB has also explained to staff how they can record a client's LGBTQ identity in case notes when a client discloses this information, so that they can be aware of potential services or issues that might benefit or impact that client as an LGBTQ person.

Additionally, MCB now allows for clients to select "other" in place of "Male" or "Female" for their gender. This is very positive for people who identify as nonbinary or otherwise do not use a Male or Female marker and is in keeping with the new policy to allow a nonbinary "X" marker on state identification.

The Commission appreciates that more formal data collection on LGBTQ status – such as recording the sexual orientation and gender identity of each client – would be more challenging and require changes to their data system. The Commission recommends that MCB keep such additions in mind when future changes to the data system are being planned. The Commission has expanded its work in helping agencies develop best practices for SOGIE data collection and looks forward to working with MCB to apply these practices where relevant.

3. Explore connecting clients to LGBTQ-friendly resources and conducting outreach to the LGBTQ community.

The Commission and MCB have partnered in the past to ensure that the Commission's resource map is accessible to people who are blind or visually impaired. The Commission plans to update and upgrade its resource map by the end of FY21 or in early FY22 and appreciates MCB's continued assistance in this area to make the resource map accessible to as many people as possible. Additionally, the Commission looks forward to beginning to explore ways that MCB and the Commission could together conduct outreach to LGBTQ youth and young adults who are eligible for MCB services or could otherwise be connected to the agency (e.g., through internship opportunities).

Massachusetts Commission for the Deaf and Hard of Hearing

FY 2022 Recommendations

- 1. Review and continue to evaluate how to add to data on sexual orientation and gender identity.**
- 2. Provide LGBTQ competency training opportunities to staff and providers.**
- 3. Continue partnering with the Commission to share resources and information among MCDHH's client and provider populations.**

Background & Research

The Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) is the principal agency in the Commonwealth that works on behalf of people of all ages who are Deaf and hard of hearing. Although there is limited data available on the intersections of LGBTQ identities with Deaf and hard of hearing communities, the available research suggests that LGBTQ Deaf and hard of hearing youth experience unique challenges. Both LGBTQ and Deaf and hard of hearing individuals experience risks for sexual violence and HIV transmission, and accurate and culturally competent sexual health information is often unavailable in formats accessible to this community.²⁵ Such research speaks to a likely gap in inclusive resources and education for Deaf and hard of hearing youth on sexuality and gender.

In April 2017, MCDHH issued a new nondiscrimination policy providing guidance for MCDHH staff and clients based on sexual orientation and gender identity. MCDHH has also taken steps to improve inclusivity in data systems, offer staff and provider training, and explore LGBTQ-related policy ideas. Given the dearth of data or policy on intersections of the LGBTQ and Deaf and hard of hearing communities, Massachusetts has the opportunity to be a leader in this arena, and the Commission is confident that MCDHH can do so in partnership with the Commission.

Expanded Recommendations

- 1. Review and continue to evaluate how to add to data on sexual orientation and gender identity.**

The Commission commends MCDHH for including a new nonbinary gender marker option in its client management database, fulfilling a previous recommendation. While this change was implemented in 2019, the Commission understands that the COVID-19 crisis has delayed MCDHH from fully optimizing these new options in its database. The Commission looks forward to reviewing what data might result from this change, which was implemented in June 2019, and exploring with MCDHH how it could inform its work. The Commission also encourages

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MCDHH to consider how else it might implement collection and review of data related to sexual orientation and gender identity in its work.

2. Provide LGBTQ competency training opportunities to staff and providers.

MCDHH held an LGBTQ competency training in 2016 for staff and providers. The Commission recommends that MCDHH continue to offer such opportunities to staff and providers, including potentially utilizing the new training resource that the Commission developed in coordination with EOHHS and its agencies, including MCDHH. In its May 2021 meeting with the Commission, MCDHH agreed to work with the Commission to schedule agency-wide trainings for FY22. The Commission would also welcome the participation of other nonprofit partners that MCDHH works with in these trainings. be happy to provide an in-person version of this training to MCDHH staff and providers or offer MCDHH technical assistance in order to implement that material into its existing trainings.

3. Continue partnering with the Commission to share resources and information among MCDHH's client and provider populations.

The Commission is grateful to MCDHH for the opportunities it has provided to share resources and information. For example, MCDHH's liaison to the Commission assisted the Commission in being able to give a presentation on LGBTQ issues to a provider group serving people who are Deaf and Hard of Hearing. MCDHH and the Commission had also planned to co-present on LGBTQ issues at a national conference, which was unfortunately canceled due to the COVID-19 pandemic.

The Commission has discussed with MCDHH in May 2021 its desire to work together on a small, independent report to examine the intersections of LGBTQ identities with Deaf and hard of hearing communities and looks forward to collaborating on this together in FY22. The Commission and MCDHH have also discussed the Commission's resource map, which the Commission is in the process of updating, and the Commission looks forward to receiving any feedback MCDHH might have on how the map could be made more accessible and/or inclusive.

Massachusetts Rehabilitation Commission

FY 2022 Recommendations

1. Create a comprehensive nondiscrimination and inclusion policy for LGBTQ clients.
2. Adopt LGBTQ-inclusive intake forms and appropriately train staff on implementation procedures.
3. Provide LGBTQ cultural competency training for all youth-serving staff and providers and continue working with the EOHHS interagency committee to complete a universal training and explore implementation.
4. Continue partnering with the Commission on implementing an LGBTQ youth outreach plan.

Background & Research

The Massachusetts Rehabilitation Commission (MRC) promotes equality, empowerment, and independence of individuals with disabilities. The role filled by MRC is an important one for LGBTQ youth in Massachusetts, given that data suggest LGBTQ students are more than twice as likely to have a physical disability or long-term health problem than are their peers, and that they are also more likely to report having a long-term learning disability.²⁶ A major study of adults in the state of Washington found 26% of gay men and 40% of bisexual men have a disability compared to 22% of heterosexual men, and that 36% of both lesbian and bisexual women have a disability compared to 25% of heterosexual women.²⁷ These and other studies suggest that LGBTQ youth and adults may indeed experience higher rates of disability, and also face greater exclusion from state and social services due to discrimination and stigma, thus making their ability to access the services that MRC provides all the more important.

Since the Commission first issued recommendations to MRC, the agency has offered training opportunities in LGBTQ cultural competency, conducted an internal staff climate survey related to LGBTQ issues, and created an internal LGBTQ working group. MRC representatives have met regularly with Commission personnel, and an MRC liaison to the Commission, David Sykes, was honored with an Advancing Equity Award from the Commission in March 2018. MRC Commissioner Toni Wolf also met with Commission members personally in FY 2018 and had a productive conversation on MRC's progress regarding the Commission's recommendations.

MRC has provided multiple trainings for LGBTQ youth providers, including three "Trans 101" gender identity and expression trainings during 2016 in Taunton, Holyoke, and Marlboro. The trainings were led by MaeBright Group and the Massachusetts Transgender Political Coalition. These trainings included vocational counselors, job placement, and employment specialists. This series of "Trans 101" trainings also included an abridged half-day training for clerks and

receptionists. Further, in 2016, MRC vocational transition counselors in the south district attended a two-hour training specific to LGBTQ youth. In 2020, MRC incorporated a non-binary gender marker option to their MRC Connect online application.

Expanded Recommendations

1. Create a comprehensive nondiscrimination and inclusion policy for LGBTQ clients.

The Commission is excited to hear that MRC has made concrete steps towards creating a comprehensive nondiscrimination and inclusion policy for LGBTQ clients. MRC has informed the Commission that they have formed a Unity Group that hopes to implement relevant recommendations of the Committee and plans to develop guidance similar to the DYS policy on the Prohibition of Harassment and Discrimination Against Youth, specific to the population served by MRC. The Commission strongly supports this mission and looks forward to working with MRC, including its LGBTQ+ & Allies Committee, to realize this vision.

2. Adopt LGBTQ-inclusive intake forms and appropriately train staff on implementation procedures.

MRC staff are currently discussing how to implement changes in their agency and provide inclusive training for implementation procedures with their Commissioner and federal partners. MRC staff have worked to ensure such changes would comply with requirements from the federal government and have also discussed how LGBTQ competency training for MRC staff.

Recently, MRC has been discussing implementing the recommendations provided by the MaeBright Group under contract with the Commission, which detail how to make their systems more LGBTQ inclusive. The MRC LGBTQ+ & Allies Committee presented this plan to Commissioner Wolf in January 2020 and began working within the agency's business process redesign working groups in March 2020 to implement changes. The LGBTQ+ & Allies Committee will also be working with the MRC Learning and Development team to ensure that the necessary training is conducted once the recommendations have been implemented. The Commission commends this progress and looks forward to supporting MRC as it works to make its application process and data collection more inclusive. In April 2021, the Commission and MRC discussed preliminary plans to conduct trainings for MRC Connect staff and begin planning larger, agency-wide trainings to implement these recommendations.

3. Provide LGBTQ cultural competency training for all youth-serving staff and providers and continue working with the EOHHS interagency committee to complete a universal training and explore implementation.

The Commission recommends that MRC provide LGBTQ competency training for all staff and providers who work with youth, if not all staff. MRC previously offered trainings as described

above, and the LGBTQ subcommittee of its diversity committee is interested in repeating or expanding upon these sessions. MRC is evaluating how it can use the training that the Commission has developed with EOHHS, including whether it should be an e-learning or in-person training, and whether it would be mandatory or optional. The LGBTQ+ & Allies Committee has also noted that early results on a survey it conducted suggests there is considerable interest in this topic among staff. The Commission looks forward to supporting MRC in this work and hopefully providing trainings in FY2022.

The Commission is currently working to finalize its interagency training with EOHHS and is glad to hear that Commissioner Wolf approved the module that the Commission developed for MRC as part of the EOHHS training.

4. Continue partnering with the Commission on implementing an LGBTQ youth outreach plan.

The MRC LGBTQ+ & Allies Committee has finalized a plan to reach more LGBTQ youth and increase their awareness of the services MRC provides. The Commission is thankful for the opportunity to partner with MRC in this important work. The Commission and MRC have designed joint advertising materials to promote our services among LGBTQ high school students who qualify for MRC services. The two agencies have also developed a plan to disseminate these materials and raise the visibility of LGBTQ youth with disabilities. The Commission's Statewide GSA Student Leadership Council, which is part of its Safe Schools Program, weighed in on this outreach plan at a November 2019 meeting at which members of the LGBTQ+ & Allies Committee presented. Three pathways for distribution were decided upon, including using the statewide and regional GSA councils, using the other networks available to the Commission, and delivering posters to MRC's secondary school partners through its staff liaisons. The posters were planned for distribution before the close of the 2019-2020 school year, before the COVID-19 pandemic delayed these plans. In April 2021, the Commission and MRC discussed distributing the posters virtually, through the Commission's newsletter, GSA Adviser listserv, and through social media.

The LGBTQ subcommittee's outreach work has also included participating in multiple Pride celebrations in the Commonwealth over the summer, as a way of further increasing their visibility in the LGBTQ community. The Commission commends MRC's work in this area, which can serve as an example to other state agencies on conducting outreach to LGBTQ communities.

Department of Mental Health

FY 2022 Recommendations

- 1.** Disseminate and implement the new "Prohibition of Unlawful Discrimination Including against LGBTQI Persons" policy and related guidance.
- 2.** Continue facilitating trainings centered on LGBTQ competency, including with respect to youth, and explore the potential for an online training for use at DMH hospitals and other settings as appropriate.
- 3.** Complete implementation of LGBTQ-inclusive data measures.

Background & Research

The Department of Mental Health (DMH) provides access to 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.

Beginning in 2014 when Commissioner Fowler identified LGBTQ individuals as a population needing priority attention, DMH has consistently demonstrated leadership in its commitment to LGBTQ youth. DMH has taken a number of steps to ensure greater support and services to LGBTQ clients across the age spectrum. DMH is currently engaged in a multi-year project to evaluate, strengthen, and advance the cultural competency and services it offers to its LGBTQ clients. In collaboration with experts in the field, DMH has already conducted several needs assessments and identified areas where its services and support are strongest, and other areas where DMH needs further training and assistance. In January 2021, DMH released a comprehensive nondiscrimination policy and accompanying guidance, and has made progress in training their providers on LGBTQ competency - both of which were Commission recommendations. The agency is also researching ways to improve LGBTQ inclusion in data collection, reflecting a recommendation that was first issued in FY 2019.

Although LGBTQ youth are typically well-adjusted and mentally healthy, factors such as violence, victimization, and family rejection increase their risk of needing mental health support. The Massachusetts Youth Risk Behavior Survey (MYRBS) indicates that LGBTQ youth are at significantly higher risk than their heterosexual counterparts for suicidal ideation and substance abuse; for instance, LGBTQ youth are nearly five times more likely to have attempted suicide in the past year than their peers.²⁸ Recent surveys have shown that attempted suicide rates for self-identified transgender people are particularly high, with one-third reporting attempting suicide at least once in their lifetime.²⁹ These statistics are even higher for youths and young adults,³⁰ and these at-risk populations need the support of inclusive policies.

The Commission's data analysis, as shared above, shows that LGBTQ youth are at increased risk for self-harm, suicidal ideation, suicide attempt, and other health risks that relate directly or indirectly to mental health. 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. Providers need to know how best to provide supportive environments and inclusive systems of care that promote positive coping mechanisms. It is vital that all mental health services, including those in drop-in programs, emergency housing programs, and long-term transitional housing programs, are trauma-informed.

Expanded Recommendations

1. Disseminate and implement the new "Prohibition of Unlawful Discrimination Including against LGBTQI Persons" policy and related guidance.

In January 2021, DMH released a comprehensive LGBTQ nondiscrimination policy, which had been a previous recommendation by the Commission. An implementation group was formed last year to address issues with the policy and plan and execute its implementation. The Commission is pleased to see this new policy released and looks forward to working with DMH to disseminate and implement this new policy in the coming fiscal year.

2. Continue facilitating trainings centered on LGBTQ competency, including with respect to youth, and work with the EOHHS interagency committee to develop an online training for potential use.

DMH continues to make progress on training all of its employees on LGBTQ competency. Promisingly, Part B of DMH's recently-released nondiscrimination policy includes training of employees on this new policy and guidelines. The Commission would be pleased to work with DMH on implementing these trainings if needed.

In 2018, DMH completed its trainings-of-trainers. All supervisors and managers were trained first, and community staff were trained next. The last remaining staff group to be trained are inpatient staff, due to the challenge of convening staff members for training when there is a need for continuous staffing in inpatient facilities across 3 shifts on a 24/7 basis.. The Commission looks forward to providing any support it can to DMH in order to reach this final group of employees. DMH and the Commission have discussed possibly using an online version of the training, coupled with a small group discussion guide, to facilitate training small groups of employees at a time.

While both the Commission and DMH recognize that in-person trainings are ideal, this alternative approach may facilitate training staff who would otherwise be unable to attend an in-person training. An adaptation of the interagency training developed by the Commission and EOHHS might be a solution, either before or after it is potentially added to the state's employee training system. The Commission also encourages DMH to gather and analyze

evaluations of its trainings and their long-term retention by staff. Finally, the Commission recommends that DMH consider how to also ensure its vendors are trained on LGBTQ competency.

3. Complete implementation of LGBTQ-inclusive data measures.

The Commission commends DMH for preparing to collect comprehensive sexual orientation and gender identity and expression (SOGIE) data and otherwise make its data and intake process more LGBTQ-inclusive. In its March 2021 meeting with the Commission, DMH noted that it hopes to audit these new data collection measures to ensure that they are working properly and correctly collecting the data. The Commission stands ready to assist DMH with these new data collection measures as needed and recommends that DMH release relevant SOGIE data publicly in the future.

The Commission looks forward to hearing from DMH as implementation occurs, as well as to reviewing what could be invaluable data in the future on LGBTQ identities among its patient population.

Department of Public Health

FY 2022 Recommendations

- 1.** Collaborate with the Commission to explore how to continue improving the marketing of health services to LGBTQ youth, including using social media and dating apps most used by young people.
- 2.** Expand training opportunities for staff and contracting organizations.
- 3.** Finalize the sexual orientation and gender identity and expression (SOGIE) data standards, implement them, and increase dissemination of SOGIE data.
- 4.** Work to expand SOGIE data collection for physicians and in electronic health records (EHRs), and to have LGBTQ cultural competency indicated on physician profiles.
- 5.** Continue exploring ways to counter the effects of discrimination and advance LGBTQ inclusion.
- 6.** Create a Youth Advisory Board to advise on outreach and issues impacting LGBTQ youth.

Background & Research

The Commission remains grateful to the Department of Public Health (DPH) for its longstanding support of the Commission and of LGBTQ youth communities. DPH clearly recognizes the long-term health and economic benefits of public health interventions with youth. The Commission thanks DPH for providing vital administrative and operational support to the Commission, including housing its staff. The Commission encourages DPH to review its findings on the impact of COVID-19 on LGBTQ youth, presented above; as the pandemic had only just begun when the Commission met with DPH staff to discuss these recommendations, concerns relating to COVID-19 have not yet been integrated within this section.

A great deal of research over the past few decades – as detailed in the Commission’s data report and health research section above – demonstrates significant health disparities that fall under DPH’s purview. For example, a major CDC report based on data that included Massachusetts found that sexual minority students reported a higher prevalence of health risk behaviors (relative to their heterosexual peers) ranging from 49 percent to 90 percent in seven out of ten categories, including violence victimization (e.g., did not go to school because of safety concerns), suicidality (e.g., made a suicide plan), tobacco use (e.g., ever smoked cigarettes), alcohol use (e.g., binge drinking), other drug use, sexual behaviors, and weight management (e.g., use of diet pills

AGENCY RECOMMENDATIONS

or laxatives to lose weight).³¹ Research also shows that LGBTQ people have elevated rates of trauma,³² highlighting the need for trauma-informed policy and care in the Commonwealth.

DPH has long been committed to developing consistent policies and practices for working with LGBTQ populations. Notably, DPH administers the Safe Spaces for LGBTQ Youth Program, which provides critical opportunities for LGBTQ youth to find support, build resiliency, and develop leadership skills. Additionally, DPH has made LGBTQ youth a priority population in its strategic plan for smoking prevention and has provided ongoing resources through programs focused on suicide prevention and HIV. The Office of Youth and Young Adult Services (OYYAS) within the Bureau of Substance Abuse Services has implemented a plan to increase the capacity of OYYAS and its provider system to serve LGBTQ youth and young adults, and this could well serve as a model for other units at DPH. This effort included reviewing documents for inclusive language and LGBTQ specific data, exploring strategies for collecting data related to sexual orientation and gender identity, and training staff at all levels to ensure a more welcoming environment for LGBTQ youth and young adults.

The Commission also commends DPH for its work on racial justice, including the Bureau of Community Health and Prevention's Racial Equity Initiative. The Commission had previously recommended that DPH continue to support and expand this work, given the intersectional disparities faced by LGBTQ youth of color, and is pleased to hear that such work continues.

The Commission appreciated meeting with DPH staff from several departments in March 2020 to review the annual recommendations. The LGBT Working Group of DPH prepared a detailed and thoughtful response to the Commission's FY 2019 recommendations that helped shape the recommendations presented below and has remained in contact and collaboration with the Commission throughout the year. The LGBT Working Group has made significant progress towards many LGBTQ-related goals and the Commission is thankful for having been invited to participate in it. Finally, the Commission is very appreciative to DPH for its ongoing support of our staff and programming, including the provision of funding as well as meeting and office space.

EXPANDED RECOMMENDATIONS

1. Collaborate with the Commission to explore how to continue improving the marketing of health services to LGBTQ youth, including using social media and dating apps most used by young people.

The Commission has worked in partnership with DPH's Office of HIV/AIDS to improve the marketing of key services and prevention messages to the LGBTQ youth. Within the past fiscal year, DPH completed guidance on using social media for promoting health and disease prevention and provided their funded organizations with this guidance. The Office of HIV/AIDS has last year launched the "Care That Fits You" campaign on healthcare access and sexual health services for queer men, and are currently in the process of re-releasing this campaign.³³ DPH has also expanded its use and its support of grantee use of social media and dating apps

to reach LGBTQ young people. The Commission has been pleased to participate in reviewing and sharing information relating to this campaign, and also hopes to see the campaign expanded to more explicitly include transgender people, particularly transgender women of color, in the future.

In concordance with the Commission's previous recommendations, DPH in the past year created more accessible resources for HIV related services through social media. The agency created locator maps using links for its partner organizations to post on their own websites, that are available both electronically or in print, where people are able to locate numerous resources such as integrated testing sites, PEP and PrEP.³⁴ While the COVID-19 pandemic has put several projects on pause, DPH noted that it will also be updating these maps with more sexual health services for queer men in the coming months. Its goal is now to expand these resources beyond its funded programs and partnering organizations to create another circle of access and to reach a broader population. DPH has asked the Commission for help in widening the population that these resources reach by continuing to share across platforms as well as give feedback, and the Commission looks forward to doing so.

Additionally, the Commission also recommends that focus is placed on finding more resources for the transgender community, especially transgender women, and making these services more accessible and known within the community.

2. Expand training opportunities for staff and contracting organizations.

DPH recently completed its review of the now-finalized LGBTQ inclusion training resource that the Commission worked on for the past few years with EOHHS. DPH was an active partner in developing this training throughout the process. The Commission appreciates this collaboration and believes that this training resource could be useful as a training for all DPH employees and providers. Many DPH offices have offered optional trainings on LGBTQ issues for providers of different types of services, and the Commission has participated in many of these. The Bureau of Substance Abuse Services (BSAS) and the Office of Youth and Young Adult Services (OYYAS) have modeled an excellent approach of staff training in LGBTQ cultural competency. The Commission was also pleased to offer a two-part training to the Bureau of Community Health and Prevention in FY21.

The Commission is also pleased to hear that DPH has engaged with other organizations to develop training opportunities. In FY20, DPH met with Advocates for Youth to discuss creating spaces for LGBTQ youth, youth-adult partnerships focused on LGBTQ and gender equity, and to develop a training. BSAS has also recently worked with Human Rights Campaign Foundation to create a training to discuss the risk of substance use disorder among LGBTQ youth for middle and high school contract providers.

The EOHHS interagency training could be used to ensure more consistency between the various trainings offered to providers, although variation based on the specific type of provider and nature of the funding certainly remains important. The DPH LGBTQ Working Group has a

community engagement subgroup committed to analyzing and implementing recommendations from the Commission as well as the Commission on LGBT Aging. This subgroup could be one conduit for investigating provider training opportunities.

3. Finalize the sexual orientation and gender identity and expression (SOGIE) data standards, implement them, and increase dissemination of SOGIE data.

DPH has finalized data standards for providers that include SOGIE measures, as was discussed in last year's recommendation, as well as accompanying style guides on how to properly discuss SOGIE data. DPH has asked the Commission for support in the implementation of this data collection endeavor. One idea that was suggested is the creation of a field guide which could be used as a method of providing more detailed instructions to those collecting data. DPH also wants to analyze how these particular questions have changed over time and how data should be analyzed as a result.

Given the limited data on LGBTQ youth in Massachusetts and the difficulty in comparing data that is measured in different ways, the Commission is excited to see these standards implemented, as well as to see the newly-collected data analyzed and disseminated. The Commission thanks the Office of Health Equity and Office of Data Management and Outcomes Assessment for their progress on this work. The Commission believes that the standards could prove useful to other government agencies and nongovernmental agencies, particularly those who have expressed concerns about how to develop SOGIE questions and prepare staff to ask them.

The Commission also recommends that DPH analyze where and how the Department itself is collecting data on SOGIE identities, and how to ensure that as much of its data collection as possible includes these measures. The Commission was disappointed that the Department did not collect SOGIE data with other demographic data for COVID-19 infections and deaths during the pandemic, which has left the public in the dark as to the true impact of COVID-19 on the LGBTQ community in Massachusetts. This omission was not a surprise, however, as most states and the federal government decline to collect such data.

The Commission was glad, however, to see that DPH published a robust Community Impact Survey in May 2021, which included SOGIE data across every metric. This survey was incredibly helpful in highlighting the myriad disparities that LGBTQ individuals have faced during the COVID-19 pandemic, including access to testing, healthcare access, mental health, and economic struggles. Notably, the survey also included a spotlight on youth, which provided significant insight into the mental health impacts on youth during the pandemic and found stark disparities among LGBTQ youth in particular. The Commission looks forward to reviewing this data with DPH in depth and working together to address these disparities in the coming fiscal year.

4. Work to expand SOGIE data collection for physicians and in electronic health records (EHRs), and to have LGBTQ cultural competency indicated on physician profiles.

The Commission has begun conversations with DPH on how they can work together to expand SOGIE data collection within the medical profession, have LGBTQ cultural competency indicated on physician profiles, and SOGIE data collection in EHRs. One way this could be addressed is by collaborating with BORIM and other boards of registration. Another would be to use DPH's new data standards (described in recommendation number three above) through requirements placed on vendors.

Finally, the Commission encourages DPH to join the departments of health in other states in promoting the inclusion of SOGIE fields in EHR systems among the companies who create leading systems, and to encourage users of these systems to do the same. Such pressure may lead to these companies voluntarily adding SOGIE fields as standard measures, which would increase uptake by healthcare providers including this information in EHR, thus increasing data on a macro level and improving individual patients' care on a micro level. In its May 2021 meeting with the Commission, DPH noted that it is working towards providing trainings to external stakeholders including provider groups. DPH is monitoring legislation relating to this topic as well as looking into who in the state is collecting SOGIE data as they build a public health data warehouse.

5. Continue exploring ways to counter the effects of discrimination and advance LGBTQ inclusion.

DPH has long prioritized services to marginalized populations in its programs. However, not all DPH employees or funded providers fully understand what constitutes discrimination against LGBTQ clients, nor do all employees or providers understand best practices for serving and supporting LGBTQ people. The Commission and DPH have worked together in the past on draft policies and guidance. DPH has looked into the applicable nondiscrimination policies that apply to its employees and contracts. One recent accomplishment is that, for the first time, DPH's diversity plan includes recruiting, retaining, and promoting LGBTQ individuals; DPH now offers self-reporting of LGBTQ employees and applicants which helps them achieve diversity goals. DPH has also recently established an LGBTQ Affinity Group for DPH staff. Furthermore, DPH plans on including a "Pride" edition of the newsletter that includes "Pride" activities, as a way to include and celebrate the LGBTQ community as well as their LGBTQ employees.

Finally, the Commission recommends that DPH work with the Commission and advocates in the intersex community to better understand the needs and issues impacting intersex youth. Intersex youth have long been excluded from or ignored in mainstream LGBTQ advocacy, an issue that the Commission is determined to help correct in its own capacity. The Commission met with InterACT in May 2021 to discuss healthcare issues impacting intersex youth, including pervasive medically-unnecessary surgeries on infants. The Commission hopes that DPH will be open to convening in the coming fiscal year to discuss these issues and find ways of raising awareness.

The Commission looks forward to exploring what additional steps might be productive in building proactively inclusive services and programs throughout the Commonwealth's public health and healthcare systems.

6. Create a Youth Advisory Board to advise on outreach and issues impacting LGBTQ youth.

The Commission recommends that DPH create a new paid, youth-led Youth Advisory Board to advise the department on an array of issues, including outreach to youth in general, marketing health services to LGBTQ youth, and identifying issues impacting the health of LGBTQ youth. LGBTQ youth continue to face myriad disparities in health outcomes, health care access, and mental health, which have been greatly exacerbated by the COVID-19 crisis. A Youth Advisory Board would help ensure that DPH hears directly from youth on these issues while giving youth a substantive seat at the table. The Commission would gladly help DPH in this process.

MassHealth

FY 2022 Recommendations

1. Create a permanent liaison to work with the Commission on LGBTQ issues.
2. Draft and implement a comprehensive LGBTQ policy with a focus on expanding healthcare access to transgender individuals.
3. Expand data collection efforts beyond federal requirements to collect data on sexual orientation and gender identity and expression (SOGIE).
4. Collaborate with the Commission to expand training programs to all workers and supervisors on issues that affect LGBTQ youth and young adults

Background & Research

The MA Commission on LGBTQ Youth is very glad to establish a more formal partnership with MassHealth, with this report representing the first time the Commission has issued recommendations to MassHealth on issues impacting LGBTQ youth. MassHealth provides vital resources to underserved communities, and the Commission is extremely grateful for its services, which continue to play an important part in supporting LGBTQ life. The Commission strongly believes the formalization of this partnership will allow significant strides to be made for LGBTQ health in the Commonwealth.

MassHealth refers to both Medicaid and the Children's Health Insurance Program (CHIP) in Massachusetts, a combinative program offering benefits for doctor visits, prescription drugs, hospital stays, and many other services. It provides insurance and medical financial assistance to qualifying children, families, seniors, and people with disabilities.³⁵

As a result of a combination of factors – including familial and social rejection, harassment, discrimination, neglect and poverty – research shows LGBTQ youth may be more likely than others to be both at risk of poor health and lacking in access to vital healthcare services. These disparities are reflected in both physiological as well as mental health of LGBTQ youth, and their magnitude often enlarged in each of the home, the classroom, the healthcare industry, and the workplace. According to studies by MassEquality, at least 20% of LGBTQ youth report experiences of bullying and harassment.³⁶ Only 8.2% of students across the nation say they receive LGBTQ-inclusive sex education in schools.³⁷ In Massachusetts alone, 82% of LGBTQ individuals report a complete lack of education about staying safe as an LGBTQ person.³⁸ According to recent national studies, each time an LGBTQ child is physically or verbally abused, it increases the likelihood of them self-harming by about 2.5 times.³⁹

Reports from the CDC have also found LGBTQ youth to cite higher ubiquity of health risk behaviors compared to their heterosexual or cisgender peers, including violence victimization (e.g., did not go to school because of safety concerns); suicidality and self-harm; tobacco, alcohol and drug use; sexual behaviors; and unhealthy weight management.⁴⁰ Metrics of risk ranged as high as 49 percent to 90 percent greater than heterosexual peers in these seven categories. Research also shows that LGBTQ people have elevated rates of trauma,⁴¹ emphasizing the importance of trauma-informed policy and care.

Many of these adverse experiences are a direct result of a lack of health education and knowledge of resources for LGBTQ youth. Some facets of the LGBTQ community face particularly high risks to their health. According to the National Center for Transgender Equality, a 2015 U.S. Survey of Trans individuals revealed that 40% of trans people have attempted suicide at least once, compared to 4.6% of the U.S. population altogether.⁴² Transgender and nonbinary youth who experienced disrespect of their pronouns by all or most people in their lives also reported attempting suicide 50% more than those who felt their pronouns were respected.⁴³ With increasing violence against transgender individuals, a focus on the health of trans youth and their families is key for MassHealth to develop a comprehensive plan to care for all Massachusetts residents. It is crucial for trans health to be prioritized in the Commonwealth, and in so doing MassHealth has the opportunity to play an important role in expanding access to healthcare for these severely underserved and at-risk communities and spreading awareness of their importance to the larger public.

As MassHealth seeks to elevate LGBTQ health as a priority within the agency, the Commission deeply appreciates the concern for these issues. In order to effectively address these disparities, however, agency leadership must take steps to expand these services and understand the current landscape of LGBTQ health. The Commission recommends several initiatives that involve not just a systematic analysis and revamping of what MassHealth covers, but also discerning how to make this coverage more accessible to all LGBTQ populations.

Expanded Recommendations

1. Create a permanent liaison to work with the Commission on LGBTQ issues.

The Commission recommends MassHealth designate a dedicated liaison from the agency to the Commission to help streamline communication and direct initiatives where they would operate best. The liaison should act as the point person on issues pertaining to LGBTQ youth and healthcare services, and as a resource for maintaining and tracking data. The liaison should prioritize nurturing a continual and strong cooperative effort between The Commission and MassHealth, while also fostering relationships with community stakeholders and other partners (both new and familiar) to solidify support for the ongoing team effort for provision of expansive healthcare services to disenfranchised LGBTQ communities.

2. Draft and implement a comprehensive LGBTQ policy with a focus on expanding healthcare access to transgender individuals.

The Commission recommends that MassHealth adopt a comprehensive policy on LGBTQ youth issues within the Executive Office of Health and Human Services, with a particular focus on expanding healthcare access and trauma-informed care to transgender communities. The Commission makes similar recommendations to other agencies, as it believes that a stand-alone policy is the most transparent, accessible, and feasible option available at this time. By revisiting current MassHealth coverage policies, this new policy update should cover how to provide gender-affirming care. It should also address eliminating anti-LGBTQ discrimination from healthcare and benefits practices, as well as mandate trainings for LGBTQ competency, and the creation of an employee handbook on LGBTQ resources and topics.

3. Expand data collection efforts beyond federal requirements to collect data about sexual orientation and gender identity and expression (SOGIE).

The Commission appreciates MassHealth for providing further insight into current SOGIE data collection and resources that remain lacking. However, a lot of this data continues to be omitted in official publications at MassHealth, as well as across most states and the federal government, which declines to collect such data. A majority of data at MassHealth is currently dependent on diagnoses of gender dysphoria, making comprehensive gender-affirming care difficult to come by for many transgender individuals, especially those who are not open about their identities. As SOGIE data is often collected only through community partner programs or member surveys, there is still a large gap in accurate information, which harms the efficient and inclusive provision of healthcare services. The Commission recommends the urgent application of data collection services that include questions on gender identity, sex assigned at birth, and sexual orientation – research that should be reinforced by proper training of healthcare providers on the uses and importance of these questions. The Commission also recommends updating MassHealth computer systems to include the option of ‘non-binary’ under ‘sex’.

As reporting laws require data be sent to the federal government, there is the challenge of federal laws that allow only binary Male/Female categorical selections for sex. In order to support the counting and inclusion of LGBTQ identities in the healthcare system, the Commission strongly recommends that MassHealth add a disclaimer or explanation to all data collection efforts to clarify that federal guidelines require this information, and that MassHealth recognizes the need for better categorizations. Ultimately, the Commission recommends expanding MassHealth data collection efforts outside of federal requirements to ensure this vital information is officially amalgamated at least at the state level, and indexed for future use, despite any ongoing federal oversight or under collection.

4. Collaborate with the Commission to expand training programs to all workers and supervisors on issues that affect LGBTQ youth and young adults

AGENCY RECOMMENDATIONS

The Commission strongly believes LGBTQ trainings, especially with respect to transgender and gender-expansive youth amidst rising violence and health disparities, would be highly beneficial for MassHealth to establish across the agency and all operational regions. Monthly staff meetings should be conducted to review LGBTQ content and knowledge of resource access, and training should be prioritized for both MassHealth staff and its affiliate provider agencies.

When examining current healthcare provider practices, MassHealth should focus on a range of topics impacting LGBTQ students in the Commonwealth. Faculty, counselors, mental health providers and school-based clinical staff should be required to complete competency training in LGBTQ health (and particularly trans health). MassHealth should work with the Commission to address how these trainings are currently, if at all, provided and whether they are administered at the state or local level, through the Executive Office of Education, or another state agency. The Commission further recommends that MassHealth implement guidance for school-based counselors and mental health clinicians to provide support to students as well as their families, including on how to assist families in supporting their trans children. School-based providers can play a large role in creating safe school environments, and they should be guided in best practices for referring children or making recommendations for gender affirming care, depending on student needs. The Commission highly recommends creating a list of resources and/or healthcare providers in Massachusetts to which providers can direct students and their families. Additionally, there is ample room for MassHealth to spearhead and/or support initiatives around gender inclusivity and trans health awareness for students, staff, families, and communities.

Office for Refugees and Immigrants

FY 2022 Recommendations

- 1.** Implement ORI's new LGBTQ nondiscrimination policy and best practices.
- 2.** Ensure that all ORI service providers have information on LGBTQ resources available on site.
- 3.** Continue collaborating with the interagency EOHHS effort to launch an interagency LGBTQ training and encourage staff and providers to participate in this training in accordance with interagency strategy.
- 4.** Add the LGBTQ nondiscrimination policy and best practices to ORI's provider manual.

Background & Research

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.” 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 in the United States who are admitted on humanitarian grounds.

ORI has taken promising steps to ensure that adequate services are available to LGBTQ immigrant youth, including a 2016 training with their unaccompanied refugee minor program providers. ORI’s liaison to the Commission has fostered a productive relationship, which included facilitating a meeting between Commission representatives and ORI’s Executive Director, Mary Truong, and its chief of staff. Promisingly, ORI has finalized a new LGBTQ inclusive nondiscrimination policy and has sent it to counsel at EOHHS for final review before publication.

While research is limited as to how many migrant youth are LGBTQ, one study of undocumented migrants between 18 and 35 found that 10 percent identified as LGBTQ.⁴⁴ Young LGBTQ refugees, asylees, and migrants face a unique set of challenges in establishing themselves in the United States. Like other communities, migrant populations hold diverse understandings of sexuality, gender, and identity. In some instances, these young people come to the United States seeking to escape persecution or violence based on their sexual orientation or gender identity; one study found that LGBT asylum seekers have high incidences of persecution during their childhood, experiences of sexual violence, and suicidal ideation.⁴⁵ Other asylum seekers come to the U.S. for unrelated reasons but must navigate a system in which their sexual orientation or gender identity compound the challenges they already face as migrants more broadly.

The dual-layer minority status of LGBTQ refugees and immigrants creates obstacles to accessing resources and support. A recent survey of LGBTQ immigrants of diverse backgrounds found that respondents reported high rates of discrimination related to their immigration status as well as sexual orientation and gender identity.⁴⁶ Additionally, LGBTQ migrant youth may face heightened health and safety risks. In Massachusetts, sexual minority high school students who have been in the United States for six years or less reported higher rates of school victimization and suicidality than heterosexual immigrant youth or sexual minority students born in the U.S.⁴⁷

A recent report posits that “in order to ensure that LGBTQ immigrants thrive, it is critical to invest in culturally competent immigrant integration resources that are responsive to the needs of diverse communities, enabling them to fully participate and contribute to American society.”⁴⁸ This goal is critical to ensure that all immigrants and refugees are treated fairly and welcomed into communities across the Commonwealth.

Expanded Recommendations

1. Implement ORI’s new LGBTQ nondiscrimination policy and best practices.

During FY 2018, ORI made progress on the Commission’s recommendation to develop a nondiscrimination policy and best practices guide, which was submitted as a draft to EOHHS counsel for review. The Commission was pleased to meet with ORI in March 2021 and learn that this guide had been approved by ORI’s Executive Director. The Commission looks forward to reviewing this new policy best practices and stands ready to assist ORI with its implementation if needed.

2. Ensure that all ORI service providers have information on LGBTQ resources available on site.

The Commission and ORI have collaborated on designing a flier that could be used to connect LGBTQ refugees and immigrants to the Commission’s searchable resource map, as a way of ensuring that ORI’s clients have access to LGBTQ-specific and -competent resources. The Commission looks forward to developing and finalizing more outreach materials, which can then be distributed to ORI’s providers. The Commission appreciates the feedback that ORI has provided on how to make its resource guide accessible to immigrant and refugee communities.

3. Continue collaborating with the interagency EOHHS effort to launch an interagency LGBTQ training and encourage staff and providers to participate in this training in accordance with interagency strategy.

ORI held an LGBTQ competency training in 2016 for its unaccompanied refugee minor program providers and has continued to provide additional trainings to reach more providers who work with LGBTQ youth. ORI has noted that some providers are interested in having additional LGBTQ resources and education, but that there is limited capacity to provide training. ORI has

at the same time been working with the EOHHS interagency initiative to develop a common training curriculum. Once a training is available online, that might be an efficient way of having providers trained on basic LGBTQ competency. Additionally, the Commission has volunteered to work with ORI to provide an in-person version of the EOHHS training for ORI providers who are interested in participating. The Commission looks forward to continuing these conversations and finding ways of expanding training opportunities for ORI's staff and providers.

4. Add the LGBTQ nondiscrimination policy and best practices to ORI's provider manual.

Because ORI has limited capacity to offer trainings to its providers, another way of ensuring that information is disseminated and that providers understand the needs of LGBTQ clients would be to include information in ORI's provider manual. Basic information—like definitions of who comprises the LGBTQ community, examples of challenges and disparities facing LGBTQ refugees and immigrants, and available resources (such as the Commission's resource map)—would prove to be a useful starting point in educating providers and equipping them with some of the tools that they need. Once the draft LGBTQ policy and best practices has been published, this could provide the basis for adding LGBTQ content to the provider manual. ORI has stated its intent to add these documents as an appendix to the manual, which would be an excellent step in sharing this information with providers.

Department of Transitional Assistance

FY 2022 Recommendations

- 1.** Support the DTA Diversity Council in developing LGBTQ-inclusive policies within DTA for employees, vendors, and clients.
- 2.** Provide LGBTQ cultural competency training for all staff and vendors, especially those caseworkers involved in direct service provision, and continue collaborating on the EOHHS interagency training effort.

Background & Research

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. Evidence suggests that LGBTQ people are disproportionately food insecure compared to non-LGBTQ peers. A national study found that LGB adults raising children are nearly twice as likely as their heterosexual counterparts to receive SNAP benefits.⁴⁹ Sexual minority young adults aged 18 to 24 also show a stark disparity, with 26 percent of LGB youth participating in SNAP compared to 17 percent of heterosexual youth.⁵⁰

More broadly, data indicate that LGBTQ communities are particularly vulnerable to poverty. According to one analysis of national census data, individuals in same-sex couples are more likely than their counterparts in different-sex couples to report receiving TANF.⁵¹ Poverty rates are especially high among some LGBTQ parents and some LGBTQ communities of color.⁵² Furthermore, commonly cited estimates suggest that approximately 40 percent of homeless youth are LGBTQ and that one in five transgender individuals between the ages of 18 and 24 have experienced homelessness, with many also experiencing neglect, abuse, or violence.⁵³ More research on homelessness among LGBTQ youth is presented in the research review above.

The Commission has appreciated collaboration with Commissioner Amy Kershaw and the work that has already been done to make the local DTA offices more affirming of LGBTQ youth. The Commission congratulates DTA for its work in successfully drafting, finalizing, and approving a new nondiscrimination policy and guidance that incorporates sexual orientation and gender identity and agreeing to provide customer service training to all caseworkers. DTA has been part of the EOHHS interagency committee on LGBTQ issues and has also been represented on the subcommittee working on an interagency LGBTQ training. The Commission hopes that this online training might be a way for DTA to provide all its employees with basic competency training. Finally, the Commission began a conversation with DTA about potentially expanding data collection to be more LGBTQ inclusive at a meeting in March 2019. DTA notes that most of their data collection occurs through the provision of SNAP benefits and is heavily regulated by the federal government. The Commission looks forward to continuing this conversation and potentially offering a recommendation for 2021.

Expanded Recommendations

1. Support the DTA Diversity Council in developing LGBTQ-inclusive policies within DTA for employees, vendors, and clients.

Previously, the Commission had recommended that DTA work on developing an LGBTQ liaison system to help develop and implement LGBTQ-inclusive policies and programming. At a meeting in 2019, DTA instead proposed utilizing the DTA Diversity Council, a preexisting body with representation from the agency's 22 local offices. The Commission was pleased to learn that the Diversity Council was already taking on the project of developing a Transgender Awareness Month to take place in June in order to help educate staff about transgender issues, and the Commission was excited to partner with them on this endeavor, including to offer trainings as described below.

The Commission continues to recommend that this body take steps such as: (1) advise on the implementation of clear and thorough inclusion policies for both clients and staff (for example, supporting transgender employees as they work through legal transition steps) and the dissemination of LGBTQ-affirming materials; (2) disseminate guidance on transgender client service and program access; (3) review contracts with DTA-funded agencies to ensure that adequate gender identity anti-discrimination protections are in place; (4) create a plan for serving nonbinary clients and staff given limitations that exist for adding nonbinary gender markers into data systems; and (5) create a plan for adding gender neutral restrooms for clients with an eventual goal of all single-occupancy client restrooms being gender neutral, and an explanation for staff about why these changes are happening and why they are important.

In FY21, the Commission had several meetings with DTA to discuss each of these steps as well as plan comprehensive LGBTQ competency training for DTA employees. These trainings will likely cover many of the steps listed above and will begin before the end of FY21.

2. Provide LGBTQ cultural competency training for all staff and vendors, especially those caseworkers involved in direct service provision, and continue collaborating on the EOHHS interagency training effort.

The Commission recommends 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. As noted above, the Commission is planning several trainings for DTA employees at the end of FY21 and hopes to continue such collaborations into FY22.

DTA also holds trainings for vendors, including a well-received training on civil rights. The Commission recommends that an LGBTQ inclusion training is offered to or required for vendors, and the Commission would be happy to work with DTA to realize this goal.

Department of Youth Services

FY 2022 Recommendations

- 1.** Share and continue to develop data related to sexual orientation and gender identity and analyze its implications.
- 2.** Continue to provide LGBTQ trainings and other resources and review them for currency and effectiveness.
- 3.** Continue implementation of LGBTQ-inclusive material into existing curricula and programming provided to youth in its care.
- 4.** Continue to partner with the OCA and other juvenile justice stakeholders to implement a juvenile diversion pilot program statewide to minimize detention and system-involvement
- 5.** Investigate whether LGBTQI youth, particularly transgender and intersex youth, are generally staying longer in detention vs. individual youth skewing numbers and collaborate with juvenile justice partners to determine root causes.

Background & Research

The Department of Youth Services (DYS) is the state agency charged with serving youth in pre-trial detention or 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 youth. The DYS policy and guidelines, which became effective in July 2014, were developed through collaboration with community advocates, including members of the Commission. DYS has received state and national recognition for its work on behalf of LGBTQ young people. Since the implementation of these changes, DYS staff has kept the Commission apprised of its progress, and DYS Commissioner Peter Forbes has met with representation from the Commission multiple times, most recently in January 2021 at a meeting also attended by other senior staff. DYS has also provided the Commission with a tour of one of its facilities, sent representation to the release of the Commission's policy recommendations, and invited Commission staff and members to its annual youth art event. The Commission appreciates the level of engagement that senior leadership at DYS has shown.

Research from across the country suggests that LGBTQ youth are overrepresented within the juvenile justice system, with approximately 20 percent of youth in detention facilities identifying as LGBTQ.⁵⁴ In contrast, LGBTQ youth represent about 15% of the Massachusetts youth population and 8% of the youth served by DYS. These youth may come in contact with the system after experiencing family rejection, homelessness, school harassment, and "survival crimes" such

as theft or sex work. Massachusetts data indicate that LGBTQ youth are more likely to be gang-involved than non-LGBTQ youth, skip school because they feel unsafe, and be involved in a fight at school.⁵⁵ LGBTQ girls are especially likely to be system-involved, with approximately 40 percent of girls – disproportionately girls of color – in juvenile detention facilities identified as LGBTQ or gender-nonconforming.⁵⁶

There is an emerging body of national literature indicating that LGBTQ youth are punished more harshly than their heterosexual and non-transgender peers. Sexual minority youth are punished more harshly in schools and in the court system than heterosexual youth, a pattern not explained by rates of infraction.⁵⁷ Sexual minority youth also report being suspended or expelled from school at higher rates than heterosexual students.⁵⁸ This disparity in treatment by law enforcement is especially pronounced among girls. Lesbian and bisexual girls are 50 percent 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 girls.⁵⁹ For a detailed discussion on the risk factors LGBTQ youth face for involvement in the juvenile justice system, and their experiences there, see the research on this topic above.

Expanded Recommendations

1. Share and continue to develop data related to sexual orientation and gender identity and analyze its implications.

The Commission commends DYS for the changes it has implemented in its intake process to collect data relating to sexual orientation and gender identity and expression (SOGIE) in a thoughtful, thorough, and confidential manner. It also supports the goal identified by DYS leadership of integrating a regular review of this data into its process for reviewing other related forms of data. The Commission received preliminary data from DYS in 2019 and more comprehensive data in early 2021. In March 2019, the Commission received preliminary data from DYS that has been gathered as a result of this process. Given the limited nature of data on LGBTQ youth in the juvenile justice system, both in Massachusetts and generally across the states, the Commission believes this data could be of interest and value to the public and was very glad that DYS has allowed the Commission to publish this new data in this year's report. DYS has offered to explore how to finalize and share their findings with the public.

Beyond sharing the data, the Commission also looks forward to assisting DYS, if desired, in its analysis of the data. For example, if DYS should find differences in the experiences of LGBTQ youth in custody, this may be of great value in determining how to continue to improve services and thus the safety and wellbeing of these youth.

2. Continue to provide LGBTQ trainings and other resources, and review them for currency and effectiveness.

The Commission commends DYS for implementing LGBTQ competency training for every member of its staff and for making its educational and clinical curricula LGBTQ-inclusive.

Recently, DYS has taken the additional step of integrating its LGBTQ competency training into its basic training, thus ensuring that DYS staff receive instruction early in their tenure and in a uniform manner. The Commission believes that maintaining the same level, quality, and duration of the original training will be important in DYS's continued success. The Commission encourages DYS to continue reviewing its LGBTQ training and other resources. The Commission appreciates the evaluation that DYS has done so far, supports its goal of conducting additional evaluation to measure the effects of this training, and encourages DYS to use this data to consider how training might be improved.

3. Continue implementation of LGBTQ-inclusive material into existing curricula and programming provided to youth in its care.

The Commission commends DYS for implementing LGBTQ-inclusive material into its health and wellness curriculum. The Commission had previously recommended that DYS explore how to utilize youth in its care as peer leaders to increase understanding and acceptance of LGBTQ peers and thus increase safety of these youth in its care. The Commission was also glad to review this curriculum in FY21 and further recommends that DYS expand its use of LGBTQ-inclusive material into curriculum beyond health and wellness, as appropriate. The Commission appreciates DYS's willingness to engage in this conversation and looks forward to working together and reviewing data on youth responses to the new curriculum in the new fiscal year.

4. Continue to implement juvenile diversion pilot program statewide to minimize detention and system-involvement

In the fall of 2020, DYS and the Office of the Child Advocate (OCA) announced that DYS would administer the Massachusetts Youth Diversion Program (MYPD) Learning Lab. The Commission was very glad to hear this news, as expansion of juvenile diversion – a process that will allow youth who commit offenses to be directed away from more formal involvement in the juvenile legal system – is a key goal of the Commission and one that will help reduce disparities facing LGBTQ youth. The Commission recommends that DYS collect and report SOGIE data at all relevant process points and looks forward to reviewing this data in the coming fiscal year.

5. Investigate whether LGBTQI youth, particularly transgender and intersex youth, are generally staying longer in detention vs. individual youth skewing numbers and collaborate with juvenile justice partners to determine root causes.

In FY20, DYS published new data across a range of metrics, with much of it broken down by sexual orientation, gender identity, and intersex status. Of particular concern are the data on average length of stay in detention. This new data show that heterosexual youth detained by the Juvenile Court spent an average of 46 days in detention at DYS, while LGB+ youth averaged 43.4 days, intersex youth averaged 67.7 days, and transgender youth averaged 67.7 days. It is important to note that the LGB+ youth represent 9% of total detention admissions to DYS from the Juvenile Court, and fewer than ten youth detained by the Juvenile Courts identify as intersex or transgender. Review of this data indicates that longer lengths of stay among

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individual youth are likely skewing these numbers due to the low population numbers of transgender and intersex youth in DYS custody. The Commission will continue to work with DYS and other juvenile justice stakeholders to determine why transgender and intersex youth have faced such disparities in length of stay in detention.

Additional State Entities

Executive Office of Public Safety and Security

FY 2022 Recommendations

- 1.** Convene an interagency committee to discuss the needs of LGBTQ young people involved with EOPSS agencies and explore options for data collection, training, and policies.

Background & Research

The Executive Office of Public Safety and Security (EOPSS) oversees several agencies that impact the lives of LGBTQ youth and young adults, including the State Police, Department of Correction, Sex Offender Registry Board, Municipal Police Training Committee, and Parole Board. In FY 2018, the Commission recommended that EOPSS appoint a liaison to begin working with us on addressing the needs of LGBTQ youth involved in their agencies. EOPSS fulfilled this recommendation and held two meetings with Commission representatives during the past fiscal year to begin discussions.

The Commission has been pleased by the nationally recognized work that has been accomplished within the juvenile justice system in Massachusetts and hopes that the momentum from these efforts will carry forward throughout the agencies under EOPSS. There are several positive training initiatives that provide a precedent for working on LGBTQ issues within public safety sectors, including LGBTQ cultural competency trainings undertaken by the Cambridge Police Department.

Homelessness, financial insecurity, family rejection, and poor school climates mean that LGBTQ young people are disproportionately likely to come into contact with the public safety and criminal justice systems. Often, these interactions start while youth are still minors and continue into their early adulthood. For instance, a national study shows that lesbian, bisexual, and questioning girls in detention are approximately twice as likely as their heterosexual peers to have been detained for engaging in the sex trade, and gay, bisexual, and questioning boys are approximately ten times as likely.⁶⁰ LGBTQ youth are also more likely than their non-LGBTQ peers to be detained for status offenses such as truancy, running away from home, and probation violations.⁶¹

Indeed, national research found that nearly three-quarters of all LGBTQ people and people living with HIV had contact with police in the previous five years.⁶² Additionally, a quarter of respondents who recently had contact with police reported experiencing misconduct or harassment, such as profiling, false arrests, verbal or physical assault, or sexual harassment or assault, with higher rates among LGBTQ respondents of color and low-income respondents.⁶³

Within detention settings, LGBTQ individuals are at increased risk for violence and victimization. While the Commission has relatively little data specific to Massachusetts, data from the Bureau of Justice Statistics suggest that nationally, non-heterosexual prison inmates experience sexual victimization from other inmates at about ten times the rate of their heterosexual counterparts, and that they experience sexual victimization from staff at more than twice the rate of heterosexual inmates.⁶⁴ In addition to specific experiences of violence, stigma can have a significant impact on LGBTQ incarcerated people. One survey of LGBTQ prisoners found that 70 percent of respondents had experienced emotional pain from hiding their sexuality, and 78 percent of transgender respondents had experienced emotional pain from hiding their gender identity.⁶⁵ A detailed review of the literature on LGBTQ youth and the justice system can be found in the research review section above.

Expanded Recommendations

1. Convene an interagency committee to discuss the needs of LGBTQ young people involved with EOPSS agencies and explore options for data collection, training, and policies.

The Commission has seen success working within an interagency model at EOHHS and has supported discussions between EOHHS and EOPSS on how that model could be applied to EOPSS's agencies. The Commission recommends this approach to ensure that discussions on LGBTQ youth are coordinated, particularly because topics like data collection and nondiscrimination policies may not function well in isolation within the larger EOPSS system. Furthermore, the EOHHS interagency training that is being developed may serve as a useful tool for many of the EOPSS agencies to adopt once it has launched. In April 2021, the Commission met with EOPSS to discuss which of its agencies would be most suited to join this interagency committee and identified the Municipal Police Training Committee (MPTC), the Department of Corrections, the State Police, and the Massachusetts National Guard as key agencies to begin this process. This effort is especially critical with respect to LGBTQ youth of color, who face both greater safety needs and higher rates of being incarcerated.

The Commission also recommends that EOPSS continue to explore areas in which its agencies can expand collection and reporting of data on sexual orientation and gender identity and expression (SOGIE). While agencies within EOPSS are not statutorily required to collect SOGIE data, the Commission nevertheless encourages EOPSS to pursue greater data collection in light of disparities facing LGBTQ youth who are involved in the justice system. The Commission looks forward to working with EOPSS to explore and develop these data initiatives in the coming fiscal year.

The Commission has also been encouraged by the recent police reform bill signed into law in 2020. One aspect of the new law includes a robust training of State Police officers. During its April 2021 meeting with the Commission, EOPSS noted that it would be helpful for the Commission to meet with MPTC and review the curricula for these upcoming trainings to ensure that LGBTQ competency is being met. The Commission looks forward to working with EOPSS and MPTC on this in the next fiscal year.

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Registry of Motor Vehicles

FY 2022 Recommendations

1. Continue monitoring data relating to nonbinary gender marker in the RMV's licensing system.
2. Provide cultural competency training for all line staff.
3. Address barriers to ID access facing youth experiencing or at risk for homelessness.
4. Create and implement a policy to promote nondiscriminatory services for LGBTQ young people.

Background & Research

The Massachusetts Commission on LGBTQ Youth is pleased to have an ongoing relationship with the Registry of Motor Vehicles (RMV), whose work is relevant to that of the Commission because it oversees the provision of state IDs. Accurate and up-to-date identity documents are critical for LGBTQ young people to access education, employment, services, bank accounts, and more, and youth who lack ID face higher risk of adverse encounters with law enforcement.⁶⁶ Both the passage of REAL ID legislation in Massachusetts and the RMV's implementation of a new licensing system in 2018 have presented opportunities for collaboration and partnership between these two entities.

The RMV achieved a major recommendation of the Commission in the fall of 2019 when it allowed for the first time for Massachusetts residents to identify with a nonbinary "X" gender marker in both REAL ID and state IDs. As detailed in the first recommendation below, this has proven to be a successful change that was immediately embraced by many members of the LGBTQ community. In the fall of 2018, the RMV first allowed individuals to change their gender marker as easily as they can change any other detail of their ID; they no longer need to provide medical documentation, or even complete a self-attestation. These changes have helped to remove many of the barriers LGBTQ people, and particularly transgender and gender-nonconforming people, have faced in obtaining an ID that accurately captures their gender identity. The Commission believes that these changes are extremely positive and help to make Massachusetts a leader on affirming ID access for transgender and gender-nonconforming individuals.

Research has shown ID access to be critical for this population. For example, one recent study found that nearly one third of transgender individuals who showed ID incongruent with their gender presentation had a negative experience such as being harassed, denied services, or attacked.⁶⁷ ID access is also particularly relevant for LGBTQ youth experiencing homelessness, which is the subject of one of the core recommendations on homelessness above. The 2019

Massachusetts Youth Count demonstrated that 10% of youth experiencing homelessness were not able to access needed services because they did not have proper ID.⁶⁸ National partners such as the American Bar Association and the U.S. Interagency Council on Homelessness have also found that access to ID documents is an important issue for young people experiencing homelessness.⁶⁹ In the fall of 2014, the Commission held a Boston-area convening of youth-serving community organizations. Providers and young people identified lack of access to state-issued identification as a major barrier to services for homeless and low-income youth. Young people sometimes leave their homes of origin in a hurry and returning for ID cards may be physically or emotionally unsafe. In other instances, ID cards are stolen, lost, or confiscated while youth are experiencing homelessness. Furthermore, even a \$25 fee to obtain ID cards may be out of reach for young people experiencing homelessness. Other barriers include requirements for minors to obtain parental consent, as well as residency requirements that necessitate a specific address. The latter challenge disproportionately impacts LGBTQ youth separated from their families because of conflicts related to their LGBTQ identities.

Recent changes with respect to the federal REAL ID Act increase barriers for youth to access an ID, and the Commission has worked with the RMV, as well as testified before the Joint Committee on Transportation, on the importance of this issue for LGBTQ youth.⁷⁰ Many other states have taken action to address these barriers while maintaining compliance with the federal REAL ID regulations, and their actions might provide guidance to Massachusetts as it addresses the same concerns.⁷¹

Expanded Recommendations

1. Continue monitoring data relating to nonbinary gender marker in the RMV's licensing system.

As noted above, one of the RMV's biggest recent successes with respect to LGBTQ issues was the RMV's implementation of a nonbinary gender marker. Massachusetts has now joined a growing number of other states, as well as some countries, in formally recognizing that many people do not identify exclusively as male or female. The Commission thanks the RMV for implementing this change, on which our two agencies have partnered extensively over the past few years, along with the Massachusetts Transgender Political Coalition.

The Commission also thanks the RMV for immediately providing it with access to early data on the usage of the nonbinary gender marker. The Commission's analysis of this data found that, just four months after the option went online and with little publicity on the change, the option had already been adopted by 432 residents across Massachusetts. The age range of those who have adopted a nonbinary marker is 16 years of age to 80 years of age, with an average age of 31. This highlights both that people of all ages are increasingly identifying as nonbinary, but that the issue is particularly important to youth and young adults. Finally, there was widespread geographic adoption of the marker, with residents of 180 cities and towns having elected to use the marker. The RMV has also agreed to provide the Commission with updated

data on the usage of the nonbinary gender marker on a quarterly basis going forward, which the Commission greatly appreciates.

The Commission also thanks the RMV for monitoring and responding to feedback it has received on the process for changing one's gender marker to the nonbinary "X." For example, due to limitations of the licensing system, all gender markers actually appear listed as "sex" on the actual license. The RMV quickly worked to clarify with applicants that, while these markers are informally referred to as "gender markers," it will appear as "sex" on IDs. This quick response to community feedback indicates the RMV's continued dedication to serving the LGBTQ community.

The Commission encourages the RMV to continue monitoring these types of data and feedback to inform this important work and our progress towards shared goals.

2. Provide cultural competency training for all line staff.

The Commission was pleased to join the Massachusetts Transgender Political Coalition in presenting RMV senior staff and Service Center managers with a presentation on implementing the new nonbinary gender marker in December 2018. The Commission thanks the Registrar and her staff for this opportunity. Following the training, materials were finalized for Service Center managers to take key lessons back to their staff in the form of an explanatory handout and a Frequently Asked Questions guide. The Commission believes that this is a positive first step in helping staff to best serve LGBTQ clients. The Commission would like to further recommend that the RMV consider how to implement additional training options that could go beyond merely the nonbinary gender marker and also look at other parts of the LGBTQ community and their needs. The Commission understands that the RMV's priorities greatly shifted during the COVID-19 pandemic and the discussions around trainings in FY21 had to be postponed. In a May 2021 meeting the RMV and the Commission agreed to begin scheduling trainings in FY22.

3. Address barriers to ID access facing youth experiencing or at risk for homelessness.

The Commission and the RMV continue to discuss barriers to obtaining ID that face youth who are experiencing or at risk for homelessness. The Commission's recommendations for improving access include removing the requirement for a parent or guardian's consent for youth over the age of 14, expanding accepted forms of supporting identification, and appointing a designated service coordinator for unaccompanied youth. The RMV continues to look at requirements for both REAL ID and Massachusetts ID under the most recent (2016) law. The Commission twice provided testimony to the Joint Committee on Transportation regarding ID access for LGBTQ youth experiencing homelessness to keep the legislature informed of these challenges as well.⁷²

The Commission also recommends considering this population in community outreach initiatives, such as by coordinating with other state agencies serving vulnerable young people

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or by using their existing outreach staff to hold events that speak specifically to the needs facing LGBTQ youth, especially those at risk for or experiencing homelessness. Community organizations and members may be interested in learning more about the RMV's initiative for people experiencing homelessness, which allows organizations to register to be able to provide an affidavit as proof of residency.⁷³

4. Create and implement a policy to promote nondiscriminatory services for LGBTQ young people.

The Commission had previously worked with the RMV on drafting a policy and guidance to promote nondiscriminatory services for LGBTQ young people, and hopes in FY22 to continue this discussion, especially given that some aspects of such guidance (such as serving nonbinary clients) have already been addressed in the interim. A concrete and holistic policy could help to ensure lasting, systemic change.

Massachusetts Board of Library Commissioners

FY 2022 Recommendations

- 1.** Continue sharing resources for LGBTQ youth online and in libraries.
- 2.** Continue working with the Commission to explore creating programming opportunities, trainings, and resources for librarians on LGBTQ youth issues.

Background & Research

The Massachusetts Board of Library Commissioners (MBLC) is the agency of state government with the statutory authority and responsibility to organize, develop, coordinate, and improve library services throughout the Commonwealth. Libraries are a vital resource for LGBTQ youth and their supporters, increasingly including access to information technology.

The Commission is pleased to have established a partnership with MBLC that engages librarians around issues impacting LGBTQ youth. The Commission congratulates MBLC on starting to assess the availability of single-stall, gender-neutral bathrooms among libraries in the Commonwealth, and explaining to librarians why this is important. MBLC reports that the continued funding of the library construction grant program will enable further library renovations and modernizations that will likely advance this trend.

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. Events like “drag queen story times” and recognition of local Pride events are examples of inclusive and welcoming programming that libraries are increasingly offering.

MBLC’s work touches on at least two of the three focus areas identified by the Commission. The first, LGBTQ youth homelessness, is one on which the Commission and MBLC have already shared ideas and resources. One study found that 47% of homeless youth reported public libraries were the main sites granting them access to the internet, which permits communication with family, friends, caseworkers, and prospective employers.⁷⁴ Libraries are likely also a key resource for LGBTQ youth experiencing homelessness because they are open during the day when shelters are closed and often provide programming for underserved populations. The American Library Association has issued a policy statement on homelessness that MBLC has made available for its librarians.⁷⁵ The second of the Commission’s focus areas in which MBLC also works is criminal justice, as MBLC provides library services to incarcerated persons. The Commission looks forward to working with MBLC on these and other issues facing LGBTQ youth.

Expanded Recommendations

1. Continue sharing resources for LGBTQ youth online and in libraries.

Over the past few years, MBLC has partnered with the Commission on a major effort to bring more LGBTQ-inclusive reading lists into libraries. The Commission and MBLC worked together in June 2019 to create an LGBTQ-inclusive reading list for parents, families, and youth. National resources such as the American Library Association's Rainbow Project Book List served as a model,⁷⁶ while the Commission and MBLC worked to expand this concept to include other resources beyond books that serve the state's LGBTQ communities.⁷⁷ In addition to making the brochure available online, MBLC also shipped hard copies to every public library in the state, in time for Pride Month reading displays. The Commission received positive feedback from members of the public looking for such resources for themselves, their families, or their students.

Currently, MBLC is assisting the Commission as it authors a more in-depth guide for librarians on LGBTQ-inclusive books and resources. The Commission appreciates this assistance and looks forward to finding ways to share this resource and continue sharing the brochure.

In January of 2021, the Commission and the Gender and Sexuality Alliance (GSA) Leadership Council partnered with the Department of Elementary and Secondary Education (DESE) for a book club discussion highlighting LGBTQ young adult literature. The Commission hopes to continue partnering with DESE on future book club initiatives and looks forward to working with MBLC to explore how to further broaden this collaboration.

2. Continue working with the Commission to explore creating programming opportunities, trainings, and resources for librarians on LGBTQ youth issues.

The Commission is pleased to be exploring two major training and programming opportunities with MBLC. First, MBLC works closely with the Massachusetts Library System (MLS), which conducts training for library staff, and with librarian associations that hold workshops and conferences. The Commission previously worked with an MBLC staff member who conducted an LGBTQ youth workshop at one such event, which was well-received. The Commission has drafted a librarian-specific training for MBLC to review and share with MLS for a possible in-person training that would also be available online as a webinar after the event. The Commission hopes to finalize this with MBLC in early FY22.

The second project that the Commission and MBLC are discussing is to pilot a workshop for families of LGBTQ and questioning youth in public libraries. This is tied directly to the Commission's Family Acceptance Task Force as one way that the group has identified as a promising means of reaching the families of LGBTQ youth who have questions or need support. The Commission is excited to work with MBLC on piloting a family workshop at a few libraries who might volunteer to do so and to examine how to scale up this programming opportunity, perhaps by working with local partners to hold the workshops.

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The Commission is also excited to hear about plans for MBLC to fund the Massachusetts College of Pharmacy and Health Sciences University Libraries in producing video materials and books in support of teaching LGBTQ competency to healthcare providers. The Commission looks forward to hearing more about this project and to consider how this example could be used to further expand the ways that libraries in Massachusetts can positively impact LGBTQ youth.

Department of Housing and Community Development

FY 2022 Recommendations

- 1.** Work with Interagency Council on Housing and Homelessness and the Commission on Unaccompanied Homeless Youth to address the needs of LGBTQ youth.
- 2.** Provide LGBTQ cultural competency training to staff and providers to improve access to and quality of shelter and housing for LGBTQ youth.
- 3.** Finalize, adopt, and distribute a policy and guidance to promote safety and privacy of LGBTQ youth and/or those transitioning genders in shelters.
- 4.** Identify intake documents for which revisions could help address the needs of LGBTQ youth, and initiate planning for making updates as appropriate.

Background & Research

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, as well as housing stabilization and emergency assistance programs. Numerous constituencies within and outside of state government have raised the issue of the critical housing needs of LGBTQ youth and young adults.

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, as described in depth in the research and recommendations on homelessness above. The Commission convened community members and experts to discuss the issue of LGBTQ youth homelessness in December 2017 and held a legislative briefing and formal Commission meeting discussion on the topic of out-of-home youth that same month. The overwhelming consensus of those conversations, which has also been confirmed by the Massachusetts Youth Count report, is that LGBTQ youth face unique barriers in accessing services and often feel unsafe using existing shelters.⁷⁸ As a result, homeless LGBTQ youth experience violence and victimization on a more frequent basis and may engage in survival behaviors that put them at increased risk of negative health outcomes and involvement in the criminal justice system. Recent iterations of the Youth Count, for example, showed that LGBTQ youth were twice as likely to trade sexual acts for money, shelter, or food as were non-LGBTQ youth experiencing homelessness.⁷⁹ Additionally, state data indicates significantly higher rates of substance use, bullying, suicide attempts, and sexual violence among homeless LGB youth than among housed LGB youth or housed or homeless heterosexual youth.⁸⁰

Homelessness impacts not only homeless LGBTQ youth who are unaccompanied, but also those who are living with their families in unstable or unsheltered situations. In a national survey of providers serving LGBTQ homeless youth, family service providers estimated that of their total

youth served, an average of 22 percent identified as LGBTQ and 3 percent identified as transgender.⁸¹ Parents who are struggling to navigate homelessness may be particularly in need of assistance from state agencies or providers in supporting and locating resources for their LGBTQ children.

Expanded Recommendations

1. Work with Interagency Council on Housing and Homelessness and the Commission on Unaccompanied Homeless Youth to address the needs of LGBTQ youth.

DHCD is involved in and impacted by the LGBTQ youth-related work happening elsewhere in state government, such as the Commission on Unaccompanied Homeless Youth (UHY Commission) and the State Plan to End Youth and Young Adult Homelessness. DHCD is aware that the UHY Commission is assessing the needs of LGBTQ youth, and the Commission recommends that those conversations inform DHCD's own policies and programs to support LGBTQ youth who are served by its programs and contractors. The Commission looks forward to continuing engagement with DHCD to follow up on needs assessments from the UHY Commission for relevant information in considering housing needs for this population. Additionally, DHCD has noted that some of its contractors have done work relevant to LGBTQ youth and that gathering information about contractor practices might be useful.

2. Provide LGBTQ cultural competency training to staff and providers to improve access to and quality of shelter and housing for LGBTQ youth.

The Commission recommends that DHCD implement trainings on LGBTQ competency for its staff and contractors, especially for those in services that directly interface with LGBTQ youth and their families. The Commission will be happy to adapt the statewide training that it is developing to suit DHCD's needs as an in-person training or to assist DHCD in sharing the online version of the training once the Commission has made that available independently or through PACE. In the meantime, the Commission has been pleased to work with DHCD to develop a plan and schedule trainings with certain DHCD higher-level staff and has included them in planned trainings with the Department of Transitional Assistance. The Commission also hopes to work with shelter staff that DHCD contracts with to offer trainings in LGBTQ competency.

3. Finalize, adopt, and distribute a policy and guidance to promote safety and privacy of LGBTQ youth affected by DHCD programs and services.

DHCD is engaged in drafting a policy, as well as guidance, relating to cultural competency concerning LGBTQ people, including LGBTQ youth, who are impacted by its programs and services. DHCD anticipates being aided by LGBTQ competence training offered by the Commission for its policy development, and to share with DHCD staff and housing and shelter providers. The Commission has specifically asked that such a policy address the self-identification of gender among youth, as well as how the DHCD programs address gender nonbinary youth which are issues that the Commission believes may be best addressed in a

formal policy. The Commission looks forward to supporting DHCD as needed while it finalizes and implements this policy.

4. Continue to identify documents for which revisions could help address the needs of LGBTQ youth, and initiate planning for making updates as appropriate.

The Commission thanks DHCD for reviewing its data collection practices with respect to transgender and gender-nonconforming youth and for thoughtfully considering how the intake process involving this data impacts the lives of LGBTQ youth and their families. The Commission is especially pleased to see that DHCD's recently launched Common Housing Application for Massachusetts Public-Housing (CHAMP) is inclusive of transgender and nonbinary youth. The Commission further encourages DHCD to continue examining how it can revise relevant program practices to be LGBTQ-inclusive and to allow self-determination of gender identity to the greatest possible extent under the law and federal requirements. DHCD notes that this process may require resources, particularly with respect to modification of documents that would require translation in accordance with DHCD's Language Access Plan.

MassHire Department of Career Services

FY 2022 Recommendations

- 1.** Promote job opportunities to LGBTQ youth.
- 2.** Continue updating data collection methods to reflect best practices on LGBTQ-related data and evaluate that data to improve LGBTQ client experiences.
- 3.** Work with the Commission to offer staff and partner trainings on LGBTQ inclusion and competency.
- 4.** Continue to partner with the Commission and social service providers to offer career readiness resources for LGBTQ youth who face barriers to employment.

Background & Research

MassHire creates and sustains powerful connections between businesses and jobseekers by leveraging a network of twenty-nine MassHire Career Centers and sixteen MassHire Workforce Boards located across the Commonwealth. The central MassHire branch, MassHire Department of Career Services (MDCS), oversees workforce development activities, which includes providing access to quality education, skills training, and employment opportunities for jobseekers, and partnering with businesses to meet their hiring and industry needs, at all MassHire locations.

The Commission had previously worked with MassHire to update and revise its nondiscrimination policy to be LGBTQ-inclusive. Nondiscrimination and best practice guidelines were released to all MDCS staff and career centers as of June 2017.

LGBTQ youth are more likely to experience several risk factors that make obtaining employment more difficult, such as homelessness, unsafe educational environments, lacking proper ID, and involvement in the criminal justice system. Unsafe or under-resourced schools and disproportionate rates of school suspensions and arrests put LGBTQ youth of color at a particular disadvantage when entering the workforce. Transgender adults and LGBTQ adults of color have significantly higher unemployment rates than the national average, suggesting that the obstacles that LGBTQ youth face in obtaining employment often follow them throughout their lifespans.⁸²

A survey of LGBTQ youth of color who live, work, or spend time in Boston found that while significant numbers had access to leadership development and skill-building opportunities, only 57 percent had a paid job or internship, with many more wanting but lacking such opportunities.⁸³ Approximately one in five respondents felt there was no more than a 50% chance that they would have a good job by the age of 30.⁸⁴ To secure stable and meaningful employment, LGBTQ young people need access to quality career development programs that address the specific challenges they face, as well as employers who are willing to hire them. In this way, the

missions of MassHire and the Commission intersect, and the Commission is looking forward to partnering with MassHire to ensure LGBTQ youth have access to quality employment opportunities.

One way to address LGBTQ-inclusive career services is by planning and creating career fairs that are specifically targeted towards LGBTQ youth. Several organizations offer LGBTQ-specific career and college fairs, but these are few in number and are sparsely spread throughout the country.⁸⁵ The support of MassHire in establishing an LGBTQ youth-focused career fair might provide inclusive career options for many Massachusetts youth in need of them.

Expanded Recommendations

1. Promote job opportunities to LGBTQ youth.

Over the past few years, the Commission has recommended that MassHire explore statewide or regional job fairs by leveraging the expertise and connections of private sector members of the MassHire Workforce Boards. The Commission and MassHire have also discussed other ideas for promoting job opportunities to LGBTQ youth, such as conducting outreach to LGBTQ youth for existing MassHire services and events, including the summer jobs program. The Commission and MassHire have also discussed partnering with existing employment opportunity programs aimed at LGBTQ individuals, such as the job fair that takes place during Boston Pride or working with the LGBTQ Chamber of Commerce, which has hosted events in different parts of the Commonwealth. (MassHire and the Commission were exploring participation in Boston Pride's career fair before this event was canceled due to the COVID-19 pandemic.) The Commission also suggests creating an outreach plan for reaching the LGBTQ community, as has been recently done at MRC, where outreach materials were jointly created, branded, and distributed with the Commission.

2. Continue updating data collection methods to reflect best practices on LGBTQ-related data and evaluate that data to improve LGBTQ client experiences.

MDCS has made some commendable progress over the past year on making its intake and data collection procedures more LGBTQ-inclusive. For example, in the past, clients were asked if they were male or female on a binary basis and then, those who selected male were asked if they had registered with the selective service (draft), a federal requirement for males only. They updated their system to (a) include a nonbinary gender marker and (b) ask the selective service question of everyone, with clients allowed to self-select whether the selective service requirement had applied to them. They have also begun to explore how their complaints system could be monitored to capture and respond on a systematic level to complaints that might be received about treatment of LGBTQ clients in the career centers that they fund. Finally, they are considering including measure(s) to identify LGBTQ clients in their Customer Journey initiative, which is evaluating customer experiences across the career centers. The Commission is excited to see the progress that has been made so far, especially the inclusion of a nonbinary gender marker in their client system and looks forward to continue supporting

their efforts to make data collection more LGBTQ-inclusive, as well as reviewing and responding to the important data that may result.

3. Work with the Commission to offer staff and partner trainings on LGBTQ inclusion and competency.

The Commission would be pleased to offer MassHire regional trainings for its staff and selected partners on how to better serve LGBTQ clients. The Commission believes that such trainings are a necessary complement to changes currently being implemented as MassHire seeks to broaden the accessibility of MassHire services to LGBTQ youth, and LGBTQ community members generally. The Commission recently shared with MassHire the statewide training it developed with EOHHS and has discussed how it could be adapted to serve MassHire. The Commission looks forward to continuing this discussion and hopefully supporting MassHire in the future by offering trainings for its staff and partners.

4. Continue to partner with the Commission and social service providers to offer career readiness resources for LGBTQ youth who face barriers to employment.

The Commission encourages MassHire to continue expanding and reinforcing its partnerships with social service providers, businesses, and other state agencies to offer resources aimed at addressing the MassHire readiness needs of LGBTQ young people. Both MassHire's work with guidance counselors and on creating diverse talent pipelines could offer opportunities to promote workforce development for LGBTQ youth. The Commission also recommends that MDCS make LGBTQ resources available to their career centers and ensure that jobseeker services staff and business services staff make appropriate referrals to LGBTQ-affirming service providers. 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 the Commission encourages MDCS to rely on New York State as a model.⁸⁶ The Commission last year added MassHire Career Centers to its online resource map to make sure this resource is known to as many LGBTQ youth and their providers as possible. Finally, the Commission thanks MDCS for sharing with its staff the guidance the Commission issued in recognizing gender identity diversity in state workplaces and believes that such practices can also improve the inclusiveness of services provided by MassHire to LGBTQ youth.

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GLOSSARY OF TERMS

The terms that people embrace as descriptive of their gender and sexual orientation and those that they find offensive is relative to historical period, race, ethnicity, generation, cultural context, and geographical region.

Agender: literally “without gender”; used by people who understand themselves as genderless, gender neutral, unaligned with a specific gender, and/or having a gender that defies terminology

Asexual/ACE: an umbrella term used to describe a spectrum of identities characterized by having little or no interest in sex, and/or little or no interest in romantic relationships.

Assigned sex/sex assigned at birth: the sex (e.g. “male” or “female”) that is noted on an individual's birth certificate issued at birth. This is also referred to as sex assigned at birth, birth sex, and/or sex recorded at birth. Some individuals may opt to change the sex assigned to them on their birth certificate to better reflect their gender identity.

Binary sex/gender system: the idea that there are only two sexes/genders (male and female, or masculine and feminine) and that they are distinct, opposite forms of each other. This view is increasingly being challenged by the idea that both sex and gender are social constructions that operate along continuums, are fluid, and not necessarily congruent.

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

Cisgender: a term used for someone whose gender identity matches their sex assigned at birth, i.e. who is not transgender or gender-nonconforming.

Gay: an overarching term to refer to a broad array of sexual orientation identities other than heterosexual.

Gender dysphoria: formerly known as Gender Identity Disorder (GID), and described as the extreme discomfort or distress resulting from a mismatch between one's sex assigned at birth and one's 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 gender dysphoria, one must have a marked incongruence between one's experienced/expressed gender and assigned gender for at least six months. In children, identification with a gender other than the one assigned at birth 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 expression: how a person publicly presents or expresses their gender identity to others. This includes how they speak or act, wear their hair, dress, and otherwise present themselves to the world. Gender expression is not necessarily indicative of sexual orientation or gender identity.

Gender identity: The gender a person experiences and accepts as descriptive of themselves. Traditionally gender identities have been limited to man or woman. Currently there are many other additional gender identities, such as genderqueer, and trans. Gender identity is separate from sexual orientation.

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-nonconforming (GNC): a term used to describe people whose gender expression differs from stereotypical expectations of gender appropriate behavior or ways men and women are expected to act. Not all gender non-conforming people identify as LGBTQ. This may also be referred to as gender variance or gender expansive.

Gender role: Duties associated with a person's social function; traditionally based on the sexual division of labor e.g. traditional woman – wife, mother, caregiver, emotional support; traditional man – husband, father, protector, financial provider.

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: a person born with a combination of chromosomes, hormones, and primary and secondary sex characteristics that do not place them into either one of the two accepted sex categories (male / female) as defined by the medical establishment in our society.

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

Nonbinary: a person who identifies as gender nonbinary does not identify as male or female, and may reject this binary construct altogether. A nonbinary gender marker on an ID would be one that is neither male nor female, but instead might be represented by an X or an N.

Pansexual: a person who can be attracted to anyone of any gender

PrEP: pre-exposure prophylaxis, or a medication taken daily to reduce one's risk of being infected with HIV.

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 fat redistribution, voice changes, etc.). Suppression can prevent gender dysphoria that often accompanies puberty for transgender or gender-nonconforming youth, and is not permanent.

Queer: The term “queer” was reclaimed in the early 90’s as an umbrella term for those who do not conform to rigid (heteropatriarchal) notions gender identity and expression, or sexual orientation. Because this term has historically been used derogatorily, some older people find its reclamation to be controversial. It is the preferred identity term for many younger people.

Questioning: a term used to describe a person who is exploring their sexual orientation and/or gender identity

Sexual orientation: refers to a person's emotional, sexual, spiritual, and/or relational attraction, or lack thereof, towards other people with respect to their 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.

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

Transitioning: a process of changing one's gender or sex to another one.

Social transitioning refers to the process of disclosing oneself as transgender to friends, family, co-workers, and/or classmates. This often includes asking that others use a name, pronouns, 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.

Medical transition refers to a process that utilizes hormonal treatments and/or affirming surgical interventions in affirmation of a person's gender identity. Such procedures are referred to as “**gender affirming**”. Not all transgender people desire to transition medically, due to various medical, social, financial, and/or safety reasons.

Transgender man/FTM/Female-to-male: a person who identifies as male, but was assigned female at birth. Note that the terms FTM and female-to-male are often used in literature and sometimes used as a self-identification, but should be generally avoided as they can be interpreted as not respecting the validity of someone's gender identity. A "transgender man," or simply "man," is the appropriate way to refer to such an individual.

Transgender woman/MTF/Male-to-female: a person who identifies as female, but was assigned male at birth. Note that the terms MTF and male-to-female are often used in literature and sometimes used as self-identification, but should be generally avoided as they can be interpreted as not respecting the validity of someone's gender identity. A "transgender woman," or simply "woman," is the appropriate way to refer to such an individual.

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

Transsexual: a term describing someone who undergoes the process of changing their birth-assigned sex. This usually involves medical transitioning.

Transvestite: outdated term to describe someone who wears the clothes of the "opposite" sex. Cross-dresser is currently the preferred term.

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