



REPORT & RECOMMENDATIONS

MASSACHUSETTS COMMISSION ON LESBIAN, GAY, BISEXUAL,
TRANSGENDER, QUEER & QUESTIONING YOUTH

FISCAL YEAR 2026

JULY 1, 2025 – JUNE 30, 2026

MASS.GOV/CGLY



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Recommended citation: Massachusetts Commission on Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning Youth. (2026). Massachusetts Commission on LGBTQ Youth: Report and Recommendations for Fiscal Year 2026. Retrieved from <https://www.mass.gov/annual-recommendations>

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Acknowledgments: The Commission thanks the past contributions of the numerous writers, staff, fellows, interns, consultants, agency liaisons, community partners, youth, and others who have drafted and contributed to this report.

This year's annual report is a revised version of its FY 2025 annual report with relevant information updated, and outdated research removed and/or clarified. Section authors from previous reports are cited in each relevant section of this report. New agency recommendations to the Department of Correction and Department of Developmental Services have been included in this FY 2026 annual report. A brief analysis of the 2023 MYRBS is included, with a more detailed analysis expected in FY 2026.

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 agency in 2006 (Act of Jul. 1, 2006, Ch. 139 §4, codified in Mass. Gen. Laws Ch. 3 §67). Thirty-three years after the creation of the original Governor's Commission, it remains the first and only such commission in the country dedicated to uplifting LGBTQ youth voices in state government. The Commission additionally operates the Safe Schools Program for LGBTQ Students in partnership with the Department of Elementary and Secondary Education.

Letter from Leadership

Greetings,

At a time when LGBTQIA2S+ youth across the country are under siege — from book bans and school censorship to anti-trans healthcare restrictions and attacks on inclusive education — Massachusetts stands at a moral crossroads. The question before us is not whether we are progressive in name, but whether we are courageous in action.

These recommendations arrive at a moment that demands more than gestures. It demands bold leadership, structural change, and an unwavering commitment to the liberation of those most marginalized, whose lives are too often erased or endangered by systems that claim to serve them.

We write this during a moment of profound danger and urgency. Across the country, a wave of anti-LGBTQ+ legislation and violence seeks to erase, punish, and silence queer, trans, and gender expansive youth. These attacks are not abstract; they are deliberate efforts to criminalize identity, strip away bodily autonomy, and incite fear in classrooms, clinics, homes, and communities. Inaction is not neutrality. Silence is complicity. Now more than ever, Massachusetts must protect its youth and lead with unapologetic clarity. This requires bold decisions, transformative policy, and unwavering solidarity. We must choose courage over comfort and invest fully in our youth's safety, joy, and freedom, especially those who have always been targeted first and protected last.

This living document serves as both a blueprint and a challenge. A blueprint for institutions, agencies, and communities to implement actionable steps toward equity. And a challenge to every policymaker, educator, caregiver, and advocate: to reckon with the ways we may be complicit in harm, and to choose instead a path of solidarity, accountability, and transformation.

There is a deep fracture in the foundation of our country — one that cannot be patched over. It must be rebuilt entirely, and that reconstruction begins by centering the most marginalized — those whose identities have been erased or vilified throughout history. These communities have always existed, and today, the threats to their lives are more visible — and more urgent — than ever.

When we center the lives of Black trans girls, we are not engaging in symbolic justice — we are building the foundation for a freer, more humane future for all youth. Too often, our systems focus on performative inclusion while failing to address the material conditions — housing instability, criminalization, school pushout, and mental health disparities — that disproportionately impact those at the margins of the margins. This report calls for something deeper: transformation. Not only in policy, but in power. Not only in language, but in lives.

Letter from Leadership

Our charge is not charity — it is covenant. A commitment to ensure that no young person navigating life in the Commonwealth feels invisible, disposable, or unworthy of protection. That means investing in protective factors, not just reactive responses. It means affirming youth in their fullness — not when it's convenient or palatable, but especially when it's urgent. When schools center LGBTQIA2S+ youth — through accurate pronouns, inclusive curricula, GSAs, and healing-centered practices — we see it: suicide rates drop. School belonging rises. Futures open.

This is not theoretical. It is a data-backed mandate to act with boldness, urgency, and integrity. We say this with clarity: Massachusetts can — and must — lead the nation not only in progressive policy, but in tangible liberation. That begins by recognizing that liberation for Black queer and trans youth is the litmus test for democracy itself.

Let this year mark a line in the sand. We either move forward in collective accountability — or we maintain a status quo that continues to fail the youth most in need of our courage. The Commission refuses to accept the latter. We will continue to advocate, to disrupt, and to design a future where our young people are not merely surviving — but rising, creating, thriving, and leading.

What will you do?

In solidarity and service,



Shaplaie Brooks | She/Her
Executive Director



Craig Aarons-Martin | He/Him
Commission Co-Chair



Lezlie Braxton Campbell | He/Him
Commission Co-Chair

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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 established as an independent agency by the Legislature in 2006 and tasked with providing expert advice and programming to the Commonwealth of Massachusetts on how to improve services and decrease inequities facing Massachusetts LGBTQ youth. In keeping with its legislative requirements, the Commission submits this annual report on the status of LGBTQ youth, as well as its policy recommendations, for the 2026 fiscal year beginning July 1, 2025.

This year's report features twelve core subject sections – all core sections have been republished and updated from FY 2025, with the sexual health and pregnancy/gynecological health sections being combined this year – on child welfare, education, health areas, criminal justice, environmental justice, economic justice, homelessness, and inclusive service provision. These sections include targeted, and oft intersectional, policy recommendations that reflect the work of the Commission over the past fiscal year. This report additionally features targeted recommendations to twenty-one – now including the Department of Developmental Services and Department of Correction – of the Commission's state partners whom it collaborates with throughout the year to help improve policy, programming, and agency capacity.

The Commission develops these policy recommendations with input from its staff, Commission members, consultants, community partners, educators, providers, state agency partners, and, most importantly – youth. The Commission defines youth as "individuals under the age of 25" and so many of these recommendations cover a broad range of issues with an intersectional viewpoint that works to uplift the most marginalized voices within our Commonwealth so that all our young people have the opportunity to thrive.

Anti-LGBTQ Attacks Across the U.S. and in Massachusetts

As discussed throughout this annual report, the nation has been actively witnessing and feeling the effects of a barrage of political and personal attacks against LGBTQ youth - with specific attention on transgender and nonbinary youth and families.

As of May 30, 2025, the ACLU is tracking 588 anti-LGBTQ bills across the nation - 5 in Massachusetts. These bills target:

- Barriers to accurate IDs
- Free speech & expression bans
- Health Care Restrictions
- Public accommodation bans
- Restrictions of student & educator rights
- Weakening civil rights laws
- Other Anti-LGBTQ bills, such as restrictions to LGBTQ marriage, adoption, and more

Now more than ever, LGBTQ youth need Massachusetts communities, educators, agencies, and policymakers to stand up and enshrine safety and freedom of the right to autonomy and queer joy. While Massachusetts LGBTQ youth enjoy many protections that are not experienced by youth in surrounding states, there is room for more ongoing action. Time and time again, the Commission hears from community members, advocates, and policymakers that there is little need to address anti-LGBTQ activity across the state, because it does not appear to be happening and the state's protections are strong. However, this is not entirely the case. Across the state, numerous challenges to LGBTQ freedoms are occurring with little explicit action from the state to support local schools, communities, families, and youth. These challenges include LGBTQ flag removals, attempted book bans, drag story hour protests and drag show bans, curriculum disputes, bullying and harassment against students at school committee meetings, doxing against librarians and teachers, violent threats against gender-affirming care programs, and much more.

In the early months of 2025, as federal protections rolled back and restrictions tightened, agencies, nonprofits, and schools began to quickly feel the drastic effects to funding, programming, and overall safety. Some agencies have expressed significant concerns about the viability of continuing some of their LGBTQ-inclusive projects, grants, and programs - particularly around data collection.

While this year's report features minimal information on the impacts of federal restrictions and funding dissolution (due to capacity, confusion, and ongoing legal cases), the Commission urges all stakeholders and policymakers to examine its policies, funding, and programming and develop strategic planning around how to continue this work safely to ensure that LGBTQ youth do not go without needed services.

Summary of FY 2026 Recommendations to the Commonwealth

FY 2026 Protecting Child Welfare

Across the nation, LGBTQ youth, and QTBIPOC youth in particular, are disproportionately represented in the child welfare system and are more likely to experience negative outcomes, including more placement changes, a longer duration in the system, a lower rate of adoption, and negative outcomes when aging out of the child welfare system. Current data does not support that LGBTQ youth are overrepresented in the Massachusetts child welfare system. In FY 2023, 643 children and young adults in placement identified as LGBQ+, as did 745 not in placement, making up approximately 6% and 2% respectively of the total number of children and young adults in care; 200 children and young adults in placement (3% of total placements), and 298 not in placement (less than 1% of total placements), identified as non-cisgender. However, national research, as well as limited state research, does show that LGBTQ youth in the child welfare system are more likely to face compounding risk factors, such as homelessness, sexual exploitation and trafficking.

1. Invest in and expand programming for transition-aged foster youth.
2. Codify protections and programming to advance economic security for foster youth.
3. Broaden training opportunities to increase safety, permanency, and well-being of youth.
4. Improve cross-agency collaboration for youth involved in multiple state systems.
5. Explore the creation of an LGBTQ youth maltreatment code system within the Department of Children and Families.
6. Codify legislation and implement policies improving child welfare protections and data collection.

Summary of FY 2026 Recommendations to the Commonwealth

FY 2026 Providing Affirming Education

Massachusetts youth need safe and brave spaces in every area of their lives, and schools are critical resources for learning, socialization, and supports for all youth. This section of the Commission's report provides clear recommendations on how schools, primarily middle and high schools (though broadly applicable to schools outside of this range), can improve their environments, curricula, and resources for LGBTQ youth and their families.

While the Commission is in its initial stages of its analysis of the 2023 MYRBS report, data shows that 1 in 4 Massachusetts high school students identify as LGBTQ. Of these youth, 25% report being bullied in school in the past year, 26% bullied electronically, and 12% skipped school in the past month due to feeling unsafe. Approximately 13% have been in a physical fight in the past year, and 9% threatened or injured with a weapon at school.

This data shows that, while experiences have marginally improved in recent years, LGBTQ youth still face disparate experiences in school environments that must be addressed.

1. Support efforts for all schools in the Commonwealth to receive comprehensive training and professional development to increase the capacity of educators and administrators to support LGBTQ students, including BIPOC LGBTQ students.
 2. Provide professional development, mentorship, and support for advisors of GSAs, affinity spaces and similar student clubs, focusing on: creating consistent, affirming, resource-rich environments responsive to student needs; supporting youth leadership and advocacy; and providing structure to meetings.
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Summary of FY 2026 Recommendations to the Commonwealth

FY 2026 Providing Affirming Education

3. Encourage administrators and educators to actively express their support for materials on race and LGBTQ topics and establish statewide guidelines and best practices for addressing challenged curricula and conducting book reviews.
4. Ensure that all subject areas are reflective of LGBTQ & BIPOC individuals, historical events, and concepts.
5. Invest in resources for family liaisons and provide professional development opportunities for all school staff related to family engagement and acceptance.
6. Collect data to better understand the experiences of LGBTQ BIPOC students, who are disproportionately represented and involved in multiple systems, and often lack comprehensive, aligned support.
7. Support education efforts to expand policies and update guidance surrounding support for transgender and nonbinary students.
8. Support an annual convening of education agencies, including the Department of Early Education and Care, Massachusetts Department of Elementary and Secondary Education, and Massachusetts Department of Higher Education, to collaboratively explore a continuum of support for LGBTQ students and families as they progress through the education systems in the Commonwealth.

Summary of FY 2026 Recommendations to the Commonwealth

FY 2026 Destigmatizing Public Health

LGBTQ youth often live in environments hostile to their existence, whether because of the current political climate, unsupportive families, or a lack of LGBTQ community and role models. The future is uncertain for many youths, and it can be difficult for them to envision a world where they are able to exist freely and safely as queer and trans adults. However, despite the hostility, LGBTQ youth continue to resist, challenge, and change the relationships, communities, institutions, and systems that act as oppressive forces. Public health has an obligation to support and uplift LGBTQ youth as they resist unjust and oppressive structures. In doing so, policymakers, providers, and educators can better pave the way for a future where all LGBTQ youth thrive.

1. Create and expand community-informed public health programming to support underserved youth and communities.
 2. Increase funding to organizations that support LGBTQ survivors of intimate partner violence.
 3. Ensure that public schools, colleges, and universities have comprehensive anti-bullying, anti-cyberbullying, and anti-harassment policies.
 4. Decriminalize sex work, and increase resources to programs working with youth at risk of commercial sex trafficking.
 5. Continue to increase access to sexually-transmitted infection screenings, prevention, and treatment.
 6. Expand community-based substance use treatment supports for LGBTQ youth, particularly in rural areas.
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Summary of FY 2026 Recommendations to the Commonwealth

FY 2026 Supporting Mental Health

In the Trevor Project's 2024 survey on LGBTQ youth mental health, 39% of Massachusetts youth seriously considered suicide within the past year, with 11% of youth attempting suicide. These numbers are worse for transgender and nonbinary youth, who have seen an uptick in targeted attacks and stigmatization over the last several years; 47% of transgender and nonbinary youth report suicidal ideation in Massachusetts, with 14% of transgender and nonbinary youth attempting suicide. Furthermore, 68% of Massachusetts LGBTQ youth (73% of transgender and nonbinary youth) report symptoms of anxiety, and 50% (58% for transgender and nonbinary youth) report symptoms of depression. Despite these alarming statistics, 42% - a slight decrease from the 2022 survey - reported that they wanted mental health care but could not access the necessary care.

1. Promote and invest in culturally competent mental health services for QTBIPOC, immigrant, and disabled youth.
2. Invest in recruitment, retainment, and professional development for mental health professionals.
3. Invest in creative mental health resources for LGBTQ youth.
4. Expand mental health services for youth in state systems, such as education and the child welfare system.

Summary of FY 2026 Recommendations to the Commonwealth

FY 2026 Including Pediatric Health

Gender-affirming care has been shown to be life-saving for children, reducing the incidence of suicidality and increasing access to healthcare services. Just as diabetes clinics were once separate and specialized clinics, so too does gender-affirming care remain largely isolated to specific clinics. However, the history of gender-affirming care is one that is increasingly moving from urban academic institutions to mainstream primary care and medical home settings. Numbers of trans-competent or gender-affirming providers have been slowly but steadily increasing over time, particularly in states like Massachusetts. Moreover, the vast majority of trans and gender expansive youth who socially transition do continue to identify in their affirmed gender. Unfortunately, despite this increase in access, many barriers to care remain including financial access, insurance coverage, lack of availability, and individuals' fears. Many youth and caregivers also report systemic barriers including bias, discrimination, and lack of provider education.

1. Invest in access to culturally competent LGBTQ healthcare in rural and underserved communities.
2. Invest in substantial community-based, participatory, action-oriented research and improve SOGIE data collection standards.
3. Expand coverage of gender-affirming care and increase reimbursement to incentivize care.

Summary of FY 2026 Recommendations to the Commonwealth

FY 2026 Improving Sexual & Reproductive Health

The Commission was founded in the early 1990s to address the significant disparities in LGBTQ youth mental health occurring during the AIDS epidemic. Since then, the Commission has dedicated much of its work and resources to supporting LGBTQ youth sexual health through supporting policies increasing access to PrEP and PEP; advocating for comprehensive sexual health education; addressing factors leading to disparities around sexual victimization; and more. While Massachusetts remains a leader in many areas of LGBTQ legal protections, there still remain a concerning number of areas where the state has failed to stay ahead and ensure that the unique gaps in resources, education, and services for LGBTQ youth are addressed.

1. Ensure that all youth have access to age-appropriate, LGBTQ-inclusive, and consent-based sexual health education, and that educators are provided with implementation support.
 2. Improve research capturing experiences of LGBTQ birthing people, and improve access to gender-affirming health care services.
 3. Create and fund community birthing centers across the Commonwealth, and increase access to culturally competent doula services.
 4. Increase access to critical reproductive and sexual health items, such as contraceptives and menstrual products.
 5. Continue to explore paths to increase access to abortion services.
 6. Expand LGBTQ cultural awareness, anti-bias, and racial equity trainings for public hospital providers and staff.
 7. Invest in initiatives to address high rates of sexual victimization among LGBTQ youth.
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Summary of FY 2026 Recommendations to the Commonwealth

FY 2026 Examining Homelessness & Housing Instability

Across the nation, LGBTQ youth are at an increased risk of experiencing homelessness and housing insecurity, and in the 2024 Massachusetts Youth Count, 26.3% of unaccompanied homeless youth (of 661 respondents) identified as LGBTQ+, and 5.6% specifically identified as transgender. In 2022, The Trevor Project reported that 28% of youth nationwide have experienced homelessness or housing instability at some point in their lives.

1. Increasing funding for drop-in centers, shelter spaces, and living programs for youth, with particular attention to services for transition-aged foster youth.
2. Implement the recommendations highlighted in the Unaccompanied Homeless Youth Commission's revised 2025 report on young adults exchanging sex to meet their needs.
3. Improve access to rental assistance and stabilization programs.
4. Mandate LGBTQ cultural engagement trainings and LGBTQ-inclusive nondiscrimination policies and procedures in shelters.
5. Improve multicultural, LGBTQ-affirming housing resources for immigrants and refugees.
6. Pass legislation improving access to services for LGBTQ youth experiencing homelessness.
7. Establish a pool of funding to distribute to agencies, programs, and shelters in the case of rescinded federal funding due to "DEI-initiatives" or policies supporting transgender youth.

Summary of FY 2026 Recommendations to the Commonwealth

FY 2026 Advancing Justice

Nationally, LGBTQ youth are twice as likely to enter the juvenile legal system as their non-LGBTQ counterparts, with LGBTQ youth of color and transgender individuals facing even more profound disparities. Specifically, transgender youth of color are four times more likely to be incarcerated. Despite lack of recent research on the experiences of LGBTQ youth who are incarcerated, one study suggests that up to 28% of youth incarcerated across the nation in the juvenile legal system identify as LGBTQ. In Massachusetts, approximately 6% of youth in DYS custody identify as LGBTQ. No data exists on the number of LGBTQ youth in the adult legal system.

1. Increase collection of data on sexual orientation and gender identity to identify and reduce disparities throughout the juvenile and criminal legal systems.
2. Eliminate common night-walking laws and increase funding for programs serving LGBTQ youth at-risk of sexual exploitation.
3. Improve conditions of confinement for incarcerated LGBTQ and intersex individuals.
4. Support initiatives to promote diversion of youth by all stakeholders.
5. Invest in homelessness and transitional housing resources for LGBTQ youth.
6. Support legislative initiatives to improve the Massachusetts legal system.
7. Actively involve justice-involved youth in government decision affecting them, ensuring their experiences directly inform policies and programs designed to serve their needs.
8. Disrupt the school-to-prison pipeline by removing police from schools.
9. Limit the use of force by law enforcement and correctional officers and establish community-based response systems to reduce police intervention.

Summary of FY 2026 Recommendations to the Commonwealth

FY 2026 Inclusive Service Provision for LGBTQ Immigrants

Using data from the Pew Research Center, the 2017 Gallup Daily Tracking Survey, and the U.S. Census Bureau's American Community Survey, UCLA's School of Law Williams Institute estimates that there are approximately 1,274,500 LGBT foreign-born adults in the U.S., including 289,700 (22.7%) who are undocumented and 984,800 (77.3%) who are documented. Their report found the following: relative to all undocumented immigrants, LGBT undocumented immigrants are more often male, between the ages of 18 and 29, and Latino/a; the same holds true for LGBTQ documented immigrants.

Using data from The Trevor Project's 2020 National Survey on LGBTQ Youth Mental Health, researchers found that nearly 1 out of 4 LGBTQ youth (24%) in their sample indicated that they are a first-generation youth. However, more research needs to be done to capture the national and state number and characteristics of first-generation LGBTQ youth, and their experiences in state systems.

1. Establish an LGBTQ Immigrant & Refugee Task Force.
2. Improve the availability of multilingual, LGBTQ-affirming services for foreign-born residents, and increase funding for existing programs.
3. Expand education opportunities for first-generation and undocumented youth.
4. Increase access to LGBTQ-affirming, multilingual, culturally competent health care, particularly mental health services.
5. Protect and support undocumented youth.

Summary of FY 2026 Recommendations to the Commonwealth

FY 2026 Understanding Environmental Justice

One of the tenets of environmental justice as defined by the Massachusetts Executive Office of Energy and Environmental Affairs (EEA) is the “equal protection and meaningful involvement of all people and communities” in the environmental policymaking process. Environmental justice principles have been incorporated into policies and programs at the federal, state, and local level to help address the disproportionate share of environmental burdens experienced by low-income communities and communities of color and ensure a more equitable distribution of environmental assets, such as green space.

While environmental justice has traditionally focused on the disproportionate burdens faced by low-income communities of color, researchers and activists are increasingly recognizing disparities in the environment based on many axes of oppression, such as gender, age, religion, immigration status, ability, and sexual orientation.⁵ Intersectionality reminds us that examining environmental injustice through the lenses of race and class alone is not enough – we must consider the unique environmental injustices that LGBTQ, Indigenous, immigrant, and disabled communities experience, and, most crucially of all, the compounding injustices experienced by people who hold multiple oppressed identities, such as QTBIPOC youth.

1. Improve access to quality health care, affordable housing, and stable income.
 2. Expand existing policies and programs addressing environmental inequities to include and address the unique impacts on LGBTQ and QTBIPOC youth across the Commonwealth.
 3. Increase research on the impacts of environmental hazards on marginalized communities.
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Summary of FY 2026 Recommendations to the Commonwealth

FY 2026 Addressing Economic Justice

LGBTQ youth in our Commonwealth face several economic barriers, ranging from a lack of educational and career readiness resources to discrimination based on their LGBTQ identity. These barriers are significant contributing factors to homelessness and housing instability, as well as involvement in the criminal justice system. In the preliminary results released from the national 2022 U.S. Trans Survey, which includes analyzes more than 90,000 respondents aged 18 and over, 18% of respondents reported unemployment from October to December 2022, compared to the national average of 3.6% in Q4 of 2022. Of the USTS respondents, 34% reported living in poverty, compared to the overall poverty rate of 11.5% in 2022. Unfortunately, little to no data is available on the exact unemployment rates for LGBTQ youth in Massachusetts.

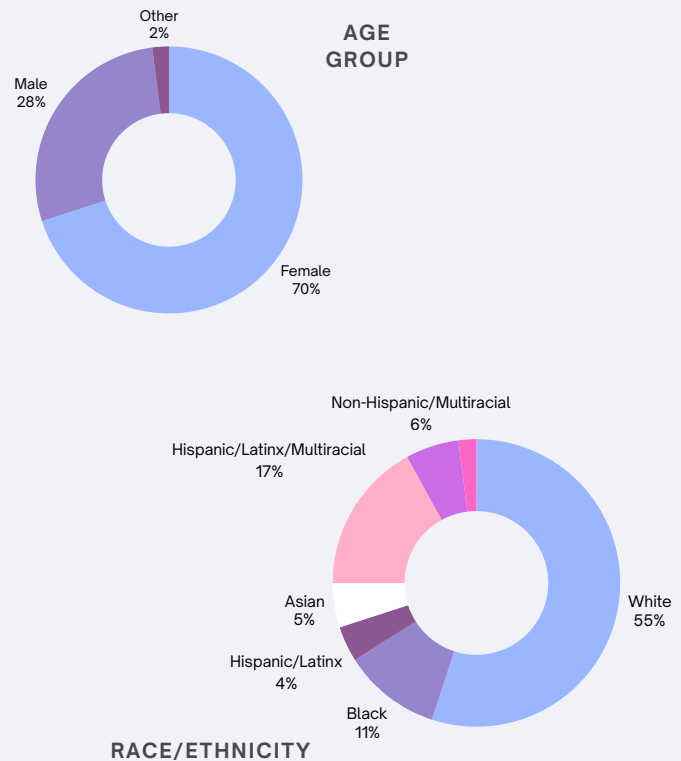
1. Increase educational & employment support for marginalized groups and youth involved in state systems.
2. Improve access to LGBTQ-affirming job and professional development opportunities in rural areas.
3. Improve independent living support for transition-aged foster youth.
4. Increase employment programming for youth experiencing homelessness, and implement solutions to address the high cost of living in urban areas across the state.
5. Increase research on the experiences of LGBTQ youth and families who have moved to the Commonwealth due to anti-LGBTQ legislation in their previous state.

2023 MYRBS Analysis

In FY 2025, the Commission began a preliminary analysis of the 2023 MYRBS data.

The data received from DESE indicates the following:

- Approximately 25% of high school aged youth, or 1 in 4, identify as LGBTQ
 - 70% of these youth identified as female
 - 28% of these youth identified as male
- 55% of respondents identified as white
- 11% of respondents identified as Black
- 4% of respondents identified as Hispanic/Latinx
- 5% of respondents identified as Asian
- 17% of respondents identified as Hispanic/Latinx and multiracial
- 6% of respondents identified as non-Hispanic multiracial youth



Considering risk factors & health

- 25% of LGBTQ youth were bullied at school in the past year
- 26% were bullied electronically
- 13% skipped school because they felt unsafe
- 14% were in a physical fight
- 10% were threatened or injured with a weapon at school
- 41% of LGBTQ youth reported hurting themselves on purpose in the past year
- 15% of Massachusetts LGBTQ youth reported making a suicide attempt in the past year
- 16% shared that they experienced sexual contact against their will
- 64% of LGBTQ youth felt that they could talk with parents or caregivers about something important to them

Protecting Child Welfare & Well-Being

It is especially critical that policymakers overseeing youth-serving state systems, such as the child welfare system, ensure that all state services are LGBTQ-affirming and that all youth are provided with appropriate, culturally competent supports.

Overview

Across the nation, LGBTQ youth, and QTBIPOC youth in particular, are disproportionately represented in the child welfare system and are more likely to experience negative outcomes, including more placement changes, a longer duration in the system, a lower rate of adoption, and negative outcomes when aging out of the child welfare system.¹ Current data does not support that LGBTQ youth are overrepresented in the Massachusetts child welfare system. In FY 2023, 643 children and young adults in placement identified as LGBTQ+, as did 745 not in placement, making up approximately 6% and 2% respectively of the total number of children and young adults in care; 200 children and young adults in placement (3% of total placements), and 298 not in placement (less than 1% of total placements), identified as non-cisgender.² However, national research, as well as limited state research, does show that LGBTQ youth in the child welfare system are more likely to face compounding risk factors, such as homelessness, sexual exploitation and trafficking.

The child welfare system is broad and complex and is entwined with other complex state systems, such as the juvenile justice system and the health care system, that can often lead to systemic gaps that vulnerable, multi-marginalized youth are at risk of falling between. In order to create effective policy to support LGBTQ youth in the child welfare system, policymakers must consider not only the intersections of identities, but also the intersections of services.

1. Invest in and expand programming for transition-aged foster youth.
2. Codify protections and programming to advance economic security for foster youth.
3. Broaden training opportunities to increase safety, permanency, and well-being of youth.
4. Improve cross-agency collaboration for youth involved in multiple state systems.
5. Explore the creation of an LGBTQ youth maltreatment code system within the Department of Children and Families.
6. Codify legislation and implement policies improving child welfare protections and data collection.

FY 2026 Recommendations on Child Welfare to the Governor & Legislature

1. Invest in and expand programming for transition-aged foster youth.

On their 18th birthdays, youth in foster care exit the child welfare system unless they sign a voluntary placement agreement to remain until they are 23. In FY 2023, 2,653 of transition-aged foster youth (78%) chose to continue to engage in DCF services; this is a 6% increase from the previous year.³ Transition-aged foster youth are uniquely vulnerable, and can easily fall into homelessness, and become victims of trafficking and exploitation without appropriate supports. LGBTQ and non-cisgender youth made up approximately 12% and 3% of youth 18 and over remaining in DCF services in FY 2023.⁴

There are many resources in Massachusetts specifically working to serve transition-aged foster youth, and yet LGBTQ transition-aged foster youth still struggle to find appropriate housing, employment, and affirming health care services. In Massachusetts, recent research shows that by age 21, 49% of transition-aged foster youth experienced homelessness within the previous two years.⁵

The 2024 Massachusetts Youth Count showed that 203 respondents of 661 unaccompanied homeless youth (UY) reported foster care involvement - 50 of these youth over the age of 17 reported they were currently receiving voluntary services from DCF. Of these UHY respondents (65.5% of whom identified as BIPOC), only 47.3% of youth with foster care involvement reported having a high school diploma, 21.2% were pregnant or parenting, and 23.6% reported having ever exchanged sex for basic needs.⁶ However, as compared to 2022, in 2024, there was a statistically significant decline in the number of unsheltered respondents with foster care involvement.

Much of the existing research around the experiences of youth in the child welfare system is outdated; Massachusetts needs new, comprehensive research capturing the lived experiences of youth in the child welfare system, particularly for LGBTQ youth. From conversations the Commission has had with youth and providers over the last few years, LGBTQ youth in the child welfare system need better access to programs and initiatives designed with providing intersectional, LGBTQ-affirming services in mind.

2. Codify protections and programming to advance economic security for foster youth.

LGBTQ transition-aged youth need targeted supports from the state to ensure that they are able to thrive and build economic stability and well-being. The Commission recommends that the legislature reintroduce legislation to provide transition-aged foster youth with a basic income program; previous legislation filed in the 193rd session would have provided youth transitioning out of foster care with a \$1,000 per month cash stipend for 5 years. The bill was not reintroduced in 2025. Youth transitioning out of the foster care system face significant challenges in finding stability, as discussed in this section and subsequent sections throughout this annual report. By establishing a universal basic income (UBI) for youth transitioning out of foster care, as being piloted in California,⁷ the state can help mitigate risk factors such as housing instability or involvement in the criminal legal system. The Commission advises policymakers and administrators to ensure that - should this program become a reality - there is a clear plan on how to directly transfer the cash assistance and make youth aware of the existence of the program. While the bill highlighted proposes a statewide initiative, municipal initiatives establishing city-based basic income programs, particularly in large urban areas like Boston, should be considered, as well.

Additional protections, such as *An Act Protecting Benefits Owed to Foster Children* (**S.105/H.227**), are critical to ensuring that youth who are eligible for Supplemental Support Income (SSI) and Social Security Disability Insurance (SSDI) do not lose this funding, particularly if they are likely to age out of care with little supports.

In a 2021 study from The Marshall Project and NPR,⁸ it was detailed that 10% of foster youth across the country are entitled to Social Security benefits, with 36 states - including Massachusetts - then accessing these benefits, often without ever notifying the child or families.⁹ In 2018, Massachusetts took a reported \$6.31 million from youth in the foster care system. Historically, child welfare agencies - including DCF - accessed SSI and SSDI funds eligible to some foster youth to cover the cost of placements, particularly given that youth were not able to build up assets over \$2,000 to maintain eligibility for these benefits. Over the last two years, DCF has worked with the Disability Law Center and Fidelity Investments to set up ABLE accounts for youth eligible for SSI and SSDI, and that it has halted the practice of siphoning the funds. DCF is also in the process of updating its Social Security Policy to reflect that it will no longer use social security payments to defray costs of a child's foster care placement, and has recently hired a Social Security Benefits Manager. However, *An Act Protecting Benefits Owed to Foster Children* would ensure that this practice does not resume.

3. Broaden training opportunities to increase safety, permanency, and well-being of youth.

Across the nation, LGBTQ foster youth disproportionately face discrimination, abuse, and violence in child welfare settings - particularly in congregate care settings - from other youth, foster families, and workers. Comprehensive and mandatory trainings for congregate care staff, caseworkers and foster parents are critical to increasing LGBTQ-affirming services, and to increase accountability. Training opportunities should also expand to the Massachusetts juvenile court system to ensure that judges and attorneys are able to provide LGBTQ-affirming services.

Unfortunately, even with expanded training opportunities for state employees, there remain a few barriers. Far too many youths involved within the child welfare system are not given enough resources to understand their rights as a youth in the system, nor is there a clear and accessible process of accountability to ensure that the system is appropriately serving their needs. In FY 2025, the OCA began hosting a series of informational sessions with youth in congregate care settings to inform them of their rights and resources available to them; however, more investment from the state to improve multilingual, LGBTQ-affirming trainings and resources are provided to youth is essential. The Commission was pleased to see the development of the Foster Child Bill of Rights, informed by DCF's Youth Advisory Board, which includes guidance that every child should be treated with respect without regard to gender identity and sexual orientation. The Commission supports *An Act Establishing a Bill of Rights for Children in Foster Care* (**S.107/ H.235**) which would require DCF to present a copy of these rights to youth, and their attorneys.

Trainings for parents and caregivers to support family preservation and youth permanency is an integral component to ensuring that LGBTQ youth thrive, yet few resources currently exist within state systems to support parents and caregivers of LGBTQ youth. Given that familial rejection is a high risk factor for LGBTQ youth engaging with the child welfare system and experiencing homelessness, LGBTQ parent and caregiver engagement curriculum must become a priority for policymakers and stakeholders in the Commonwealth.

Finally, in many of the conversations that the Commission engages in with state agencies as it relates to trainings or accountability processes, agencies often note their inability to mandate trainings or hold their contracted providers accountable for providing LGBTQ-affirming services. However, many agencies have a system of quality assurance and improvement procedures to ensure that the providers they contract are providing the contracted services. Thus, the Commission recommends that all youth-serving state agencies examine how they already hold their contracted providers accountable to services that they must provide and see where updates could be made to increase accountability.

4. Improve cross-agency collaboration for youth involved in multiple state systems.

Youth in the child welfare system are often involved in multiple other systems, sometimes labeled as multisystem-involved youth, dual-system-involved youth, or crossover youth.¹⁰ While the specific experiences of Massachusetts LGBTQ multisystem-involved youth have been largely understudied, national research highlights that multisystem-involvement often compounds negative outcomes for youth due to a lack of adequate communication between state systems and a lack of comprehensive tracking and collaboration. QTBIPOC youth are some of the most vulnerable youth in state systems, and are disproportionately in the child welfare system, the juvenile justice system, the court system, and in experiences of homelessness, trafficking and sexual exploitation. The frequent failures of state systems to appropriately collaborate, communicate, and support multisystem-involved youth place our youth in even more vulnerable positions, and must be addressed. As has been highlighted for multiple years in the Commission's annual report, state systems must engage with multisystem-involved youth in decision-making processes to better identify areas of improvement.

5. Explore the creation of an LGBTQ youth maltreatment code system within the Department of Children and Families.

The Commission recommends that the state explore the creation of a maltreatment code system for use in the child welfare system to better support social workers in tracking and addressing critical cases and incidents, with a specific maltreatment code being assigned to LGBTQ youth. Such a system would also provide more clear information on the child's case as it is reviewed to better ensure that all youth are receiving appropriate access to resources and care. The Commission understands that there are other states, such as Georgia,¹¹ that have implemented a maltreatment code system that provides multiple benefits, including indicating and categorizing levels of imminent risk – used by social workers to better prepare and support youth in their caseload – as well as better categorizing a case's eligibility for family preservation services; and providing the state and researchers with helpful data to better understand critical trends and gaps in case.

Furthermore, proper coding of cases minimizes child abuse and neglect (CAN) registries for parents and families by supporting service intervention rather than a removal, as having a CAN registry can negatively impact caregivers' economic status and ability to retain employment. However, despite the unique experiences faced by LGBTQ youth who may be in the child welfare system, or may potentially become involved in the system, no state has any LGBTQ-specific codes to support youth, providers, and families. Without these codes, collecting more comprehensive qualitative and quantitative data on LGBTQ youth maltreatment experiences is incredibly difficult.¹² This session, *An act relative to maltreatment coding (S.146/H.273)* was filed to encourage greater conversation about this initiative across the state.

6. Codify legislation and implement policies improving child welfare protections and data collection.

The child welfare system is large and complex with a heavy responsibility to ensure that all youth in Massachusetts experience safety, permanency, and well-being and are given the supports needed to thrive. As numerous policies to address gaps in service provision pend in the State House, the Commission highlights a few critical policies to support LGBTQ youth child welfare protections, and expand research efforts on youth experiences.

The Juvenile Justice Policy and Data Board (JJPAD) evaluates juvenile justice system policies and outcomes to make recommendations on areas of improvement. Risk factors for juvenile justice system involvement is involvement in the child welfare system, which also is a factor for childhood trauma.

However, despite the fact that LGBTQ youth often face numerous disparities in both the child welfare and juvenile justice systems, there remains no formal and dedicated voice for LGBTQ youth on JJPAD or its Childhood Trauma Task Force (CTTF). The Commission urges the legislature to address this concerning gap in representation by passing *An Act Updating the Juvenile Justice Policy and Data Board* (**S.116/H.247**); the bill would also expand representation for parents and youth with experience in the juvenile justice system.

Finally, while there have been no bills filed yet to address this recommendation, the Commission continues to recommend that Massachusetts should examine the possibility of codifying gender-affirming child welfare protections into state law to better support youth and families by adding provisions to state child abuse laws to protect youth whose caregivers may withhold critical gender-affirming care.

Citations & Acknowledgments

Acknowledgments: The Commission sincerely appreciates the significant research contributions of previous authors of this section - Joan Montgomery Halford (2023)

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Providing Affirming Education

"School should be a place where all students feel seen, heard, and valued for who they are. As a trans and black student, I want a school that celebrates diversity, promotes equity, and ensures that everyone belongs. Education should empower us, not alienate us."

- 11th Grade Massachusetts Student

Overview

Massachusetts youth need safe and brave spaces in every area of their lives, and schools are critical resources for learning, socialization, and supports for all youth. This section of the Commission's report provides clear recommendations on how schools, primarily middle and high schools (though broadly applicable to schools outside of this range), can improve their environments, curricula, and resources for LGBTQ youth and their families.

While the Commission is in its initial stages of its analysis of the 2023 MYRBS report, data shows that 1 in 4 Massachusetts high school students identify as LGBTQ. Of these youth, 25% report being bullied in school in the past year, 26% bullied electronically, and 12% skipped school in the past month due to feeling unsafe. Approximately 13% have been in a physical fight in the past year, and 9% threatened or injured with a weapon at school.

This data shows that, while experiences have marginally improved in recent years, LGBTQ youth still face disparate experiences in school environments that must be addressed.

1. Support efforts for all schools in the Commonwealth to receive comprehensive training and professional development to increase the capacity of educators and administrators to support LGBTQ students, including BIPOC LGBTQ students.
2. Provide professional development, mentorship, and support for advisors of GSAs, affinity spaces and similar student clubs, focusing on: creating consistent, affirming, resource-rich environments responsive to student needs; supporting youth leadership and advocacy; and providing structure to meetings.
3. Encourage administrators and educators to actively express their support for materials on race and LGBTQ topics and establish statewide guidelines and best practices for addressing challenged curricula and conducting book reviews.
4. Ensure that all subject areas are reflective of LGBTQ & BIPOC individuals, historical events, and concepts.
5. Invest in resources for family liaisons and provide professional development opportunities for all school staff related to family engagement and acceptance.
6. Collect data to better understand the experiences of LGBTQ BIPOC students, who are disproportionately represented and involved in multiple systems, and often lack comprehensive, aligned support.
7. Support education efforts to expand policies and update guidance surrounding support for transgender and nonbinary students.
8. Support an annual convening of education agencies, including the Department of Early Education and Care, Massachusetts Department of Elementary and Secondary Education, and Massachusetts Department of Higher Education, to collaboratively explore a continuum of support for LGBTQ students and families as they progress through the education systems in the Commonwealth.

FY 2026 Recommendations on Education to the Governor & Legislature

1. Support efforts for all schools in the Commonwealth to receive comprehensive training and professional development to increase the capacity of educators and administrators to support LGBTQ students, including BIPOC LGBTQ students.

The Commission recommends that schools at all levels provide training for all staff and educators on empathy building, inclusive curriculum, skill development for support, student leadership and development, and policy creation. This training should specifically address the unique needs of BIPOC LGBTQ students and include current information on the role of schools in preventing sexual violence against LGBTQ students. Moreover, the Commission advises that these trainings include interactive components on how to intervene in bullying incidents and educate youth on preventing bullying and discrimination, with special attention to supporting neurodivergent and disabled students.

Training and professional development (PD) for educators, administrators, and staff is critical to making safer school environments for LGBTQ students. One study found that training elementary school educators on LGBTQ-inclusive practices leads to lower rates of discipline for all students. This same study found that while schools with higher rates of low-income BIPOC students were less likely to offer LGBTQ-inclusivity trainings for their staff, these schools also saw a decrease in disciplinary rates when trainings did occur.¹ Providing professional development for schools serving low-income BIPOC students is a priority for the Safe Schools Programs for LGBTQ Students for the 2025-2026 academic year.

Current literature demonstrates that educators need increased opportunities for training that addresses the needs and experiences of LGBTQ youth.² As mentioned throughout this report, an intersectional approach to LGBTQ justice is critical. Data shows that students of color often feel unsafe at school because of their sexual orientation, gender identity, and race/ethnicity.³ The Safe Schools Program for LGBTQ Students recommends training for all educators in the Commonwealth that highlights the experiences of BIPOC LGBTQ students. To provide the best care for all LGBTQ students, educators must be able to support BIPOC LGBTQ students in culturally competent and sustainable ways.

According to research, key elements of successful gender and sexuality-focused PD for educators include having the entire school and community involved, active learning such as small group work and activities, and having a curriculum that occurs over an extended period of time.⁴

While it is not always possible for schools to adopt longitudinal training programs, the Safe Schools Program for LGBTQ Students operates with a goal of developing sustainable and lasting relationships with schools and districts so that training is offered on an annual basis and technical assistance is sought out as needed.

Survey evaluations collected by the Safe Schools Program for LGBTQ Students following professional development sessions for schools and districts show that participants learn to better understand the experiences of LGBTQ youth and often walk away with concrete tools and strategies to support LGBTQ youth in their classrooms and schools. This knowledge acquisition is demonstrated through written comments provided by educators:

- "The session provided practical strategies and resources that I can immediately implement to create a more inclusive and supportive environment for all students, particularly those who identify as LGBTQ."
- "I learned valuable communication techniques to better engage with students and parents on sensitive topics related to gender identity. "
- "The workshop clarified our school's policies and legal obligations regarding the protection of LGBTQ students. I feel more confident in my role and my ability to uphold these policies — while also advocating for students."
- "I left the workshop feeling empowered to take the needed steps in promoting a safe and affirming school culture. The training inspired me to take on initiatives that support LGBTQ students."

In addition to receiving professional development on the aforementioned topics, educators should also be trained on the current trends and challenges facing LGBTQ+ youth, trans youth in particular, and the ways the political climate can contribute to increased stress and other mental health challenges.⁵ At the time of writing this report in May 2025, the American Civil Liberties Union is tracking 575 anti-LGBTQ bills in state legislatures across the U.S., 258 of which are related to restricting student and educator rights.⁶ The impact of the current political climate on LGBTQ youth and supportive educators is significant.

Another primary area of concern in current literature is LGBTQ youth's experience with sexual violence and the role schools play in not only in interrupting this violence, but also in supporting survivors. LGBTQ youth experience higher rates of sexual violence than their heterosexual and cisgender peers, with transgender and gender non-conforming students at the highest risk.⁷

A recent national survey of 39,126 LGBTQ youth between the ages of 13-24 in the U.S. found that 11% of LGBTQ youth who were in a relationship in the past year experienced physical dating violence victimization and that physical dating violence victimization in the past year was associated with nearly 4 times rate of suicide attempts in the past year. LGBTQ youth with multiple marginalized identities, including being BIPOC and/or poor, were at increased risk to experience dating violence.⁸

To best support the most at-risk LGBTQ+ students, educators and school staff need intersectional training around gender, sexuality, sexual violence, and sex trading. This training should include “trauma-informed, healing-focused, and affirming approaches; having an understanding of sexual exploitation; responding in a nonjudgmental and non-pathologizing manner; and deconstructing and challenging dominant narratives and expectations of gender and sexuality.” A 2022 study of high school youth in Minnesota found that for 9th and 11th graders who completed the Minnesota Student Survey (similar to the youth risk behavior survey), 1.2% of cisgender boys, 1.3% of cisgender girls, and 5.9% of trans and gender diverse youth reported trading sex (exchanging sexual services for money, food, drugs/alcohol, shelter, etc.). Of the trans and gender diverse students who traded sex, over three quarters (75.9%) reported a lifetime suicide attempt, and 86.2% reported non-suicidal self-injury. Trans and gender diverse young people who reported trading sex were more likely to be BIPOC (23.3% Native, 10% Black), to identify as LGBQ (26.7% pansexual, 25% bisexual), and have experienced unstable housing. Cisgender and transgender youth who reported trading sex attended metropolitan and non-metropolitan schools at equal rates.⁹

One study found that LGBTQ students recommend the following for schools to better address and prevent sexual violence: (1) access to gender-neutral spaces such as bathrooms and locker rooms; (2) LGBTQ competency training for all school staff; (3) enforcement of school policies regarding sexual violence, anti-bullying, etc.; (4) mental health support that is LGBTQ competent; and, (5) comprehensive sexual health education that includes information about LGBTQ identities and experiences and sexual violence.¹⁰ As mentioned throughout this report, incorporating these recommendations into school policy, practice, and culture benefits all students, not only those who are LGBTQ. In FY 2024, the Commission was pleased to see updates from the Massachusetts Plumbing Board making long-awaited and much-needed updates to the state’s plumbing code which will better allow for the creation of gender-neutral bathrooms in new and existing buildings.

2. Provide professional development, mentorship, and support for advisors of GSAs, affinity spaces and similar student clubs, focusing on: creating consistent, affirming, resource-rich environments responsive to student needs; supporting youth leadership and advocacy; and providing structure to meetings.

It is essential for advisors of all student clubs to possess knowledge and skills in best practices for supporting youth leadership, running effective meetings, and creating supportive environments for young people. However, this is especially important for advisors of identity-based clubs, such as GSAs, who are responsible for creating co-curricular spaces that foster belonging and community for marginalized students. GSAs empower LGBTQ youth to build resilience, hope, and positive support networks, and tend to actively improve school culture. GLSEN found that students with active GSAs experienced nearly half as much in-person victimization for their sexual orientation or gender expression as their peers. Therefore, the Commission recommends providing training, mentorship, and support for GSA advisors in these areas, as well as allocating dedicated planning time during their workday specifically for club-related activities.

Given the positive impact that GSAs can have on mental health outcomes for LGBTQ youth, it is critical that all LGBTQ have access to GSAs or other spaces that fulfill similar goals. GLSEN studies found that Black and Latine students who attended majority-white schools were more likely to have a GSA than those in majority-Latine schools.¹¹ Given this disparity, the Commission recommends that the State looks to invest more intentional support and resources to create safe and supportive spaces, as well as to foster and develop LGBTQ student leadership in schools that are not majority-white. Furthermore, the State should provide more intersectional professional development opportunities for educators to better foster learning on how to be effective advisors of school clubs.

However, we must look beyond simply whether youth have access to or attend GSA meetings but pay attention to the specific happenings of those meetings to have a greater understanding of mental health outcomes for LGBTQ young people. For example, youth reported feeling greater positive affect and decreased negative affect after GSA meetings where they were more behaviorally engaged, compared to meetings where they were less engaged. Furthermore, youth reported less negative affect after meetings where their GSA advisor was more involved and responsive.¹² However, GSA advisors report receiving no training or mentorship of how to serve in this role.¹³ Furthermore, the Commission has received reports from students and educators about GSAs, particularly those in smaller schools, struggling with attendance and engagement, as well as support from school administration.

A longer number of years as an advisor, increased time given to the GSA on a weekly basis, and more structured meetings yielded greater increases in advocacy from LGBTQ students in the GSA during the year. In addition, although research shows that GSAs are effective mental health interventions, many school staff are minimally compensated for advising GSAs (if they are compensated at all), creating issues with retaining advisors and keeping clubs operational. As such, schools should give GSA advisors time during their work day to devote to the GSA, as well as provide professional development and mentorship related to supporting LGBTQ youth, youth leadership development, and how to structure GSA meetings.¹⁴

3. Encourage administrators and educators to actively express their support for materials on race and LGBTQ topics and establish statewide guidelines and best practices for addressing challenged curricula and conducting book reviews.

As the trend of attacking school-based content related to race and LGBTQ+ topics continues throughout the Commonwealth, a concerted effort should be made to develop strategies and best practices for addressing challenges related to curricula and books, and to provide support and resources to administrators, educators, and librarians. The Commission recommends that administrators proactively voice their support of LGBTQ materials, in line with the Principles for Ensuring Safe and Supportive Learning Environments for LGBTQ Students.¹⁵ Furthermore, as discussed throughout this annual report, schools and libraries are seeing an unprecedented increase in book challenges, particularly against LGBTQ and BIPOC affirming books and materials. The Commission recommends that the state determine thoughtful processes for reviewing any books and curricula that are challenged.

GLSEN's 2021 National School Climate Survey found that LGBTQ students in schools with LGBTQ-inclusive curriculum experienced a variety of positive outcomes compared to LGBTQ students in schools without LGBTQ-inclusive curriculum. For instance, they were less likely to hear homophobic comments, had less absenteeism as a result of feeling unsafe or uncomfortable, they felt an increased sense of belonging to their school communities, and reported better mental health experiences (higher self-esteem, lower rates of depression, and lower rates of suicidality).¹⁶ Massachusetts-specific data from the same survey found that in the Commonwealth, only 31% of LGBTQ students surveyed were taught positive representations of LGBTQ+ people, history, or events ("inclusive curriculum"), 54% said they had access to inclusive library resources, and 15% of LGBTQ+ students in Massachusetts reported receiving LGBTQ+-inclusive sex education at school.¹⁷

However, mere inclusion of LGBTQ perspectives, people, topics, etc. is not sufficient to make the type of liberatory educational change the Commission advocates for. Intersectional curricular inclusion of queer and trans perspectives (i.e., curricular content that examines the intersections of race, class, gender, sexuality, ability, immigration status, etc.) is required to work towards schools as liberatory environments for all LGBTQ students,¹⁸ including populations such as BIPOC LGBTQ students, LGBTQ students who are immigrants, disabled LGBTQ students, and LGBTQ students with multiple marginalized identities. As such, administrators should proactively voice their support of and seek out intersectional LGBTQ-affirming curriculum and educational materials, as supported by the Principles for Ensuring Safe and Supportive Learning Environments for LGBTQ Students.¹⁹

Furthermore, policymakers and educators should ensure that the contributions of LGBTQ people be included in all subject areas through the statewide frameworks, and that BIPOC perspectives and histories are represented accurately in all subject areas. *An Act relative to LGBTQ inclusive curriculum (S.336/H.599)* would ensure that all students receive "sufficient instruction on the histories, roles, and contributions of lesbian, gay, bisexual, transgender, and queer people in the history of this country and this Commonwealth."

Intersectional LGBTQ-affirming curriculum refers not only to classroom content, but also to books available in the library and posters, bulletin boards, and other visual displays found around the school. For example, according to GLSEN, LGBTQ students who reported seeing Safe Space stickers and posters in their schools were more likely to report having one or more supportive adults at school, as well as had more positive mental health outcomes.²⁰

Given the efficacy of this approach, it is concerning that some schools and school committees in recent years have provided unclear or oppositional guidance to staff about affirming displays, such as a recent (unanimously rejected) proposal to the Pembroke School Committee that would've prohibited educators from displaying Pride flags or other activist symbols in their classroom.²¹ Such an example from the Pembroke School Committee is only one instance among dozens of challenges that Massachusetts school districts have seen in the last couple of years. In 2024, the Boston Globe conducted a survey of 291 public school districts in Massachusetts about book challenges experienced over the last five years. It was found that eight books accounted for almost a third of all challenges received, and a majority of the eight texts were graphic novels addressing issues of gender and sexuality.²² In December 2023, police officers searched a classroom in a Great Barrington middle school after a complaint from a school staff member about an LGBTQ educator teaching the book *Gender Queer*, alleging it was pornographic.²³ Furthermore, in July 2023, the Joint Task Force for Intellectual Freedom (which includes members from a variety of library associations around Massachusetts), conducted a survey to understand the impact of book challenges.

The Task Force found nearly 25% of school and public librarian respondents reported being harassed on social media, 22% reported being harassed via email, and 18% reported being harassed in-person regarding book or program challenges. Additionally, 48.5% of school library respondents reported reconsidering displays, books, or featured items due to negativity and controversy around book challenges.²⁴ The Safe Schools Program for LGBTQ Students provided support to several districts in the 2024-2025 school year around the issue of book bans. However, some school districts do not have a clear review policy; school committees and superintendents should assist school districts and determine thoughtful processes for reviewing any books that are challenged.

4. Ensure that all subject areas are reflective of LGBTQ & BIPOC individuals, historical events, and concepts.

The Commission recommends that policymakers and educators broaden their focus on gender, sexuality, and race inclusive curricula and materials by ensuring that all state subject frameworks include LGBTQ and BIPOC individuals, historical events, and social concepts. In particular, the Commission highlights the necessity of updating arts, and music curricula frameworks to include LGBTQ and BIPOC contributions. The Commission supports *An Act Relative to LGBTQ+ Inclusive Curriculum (S.259/H.498)*, though highlights the limitations of the bill as its current filed draft only targets inclusivity in history curriculum. Additionally, the Commission advises that schools - preK-12 and colleges - should provide resources and professional development opportunities for educators to support instruction in these areas. This includes integrating LGBTQ topics and narratives across all subjects and grade levels to foster a more inclusive and supportive educational environment for all students.

5. Invest in resources for family liaisons and provide professional development opportunities for all school staff related to family engagement and acceptance.

Family engagement and LGBTQ acceptance are crucial for a positive school climate, leading to improved student outcomes such as higher academic achievement, better attendance, and enhanced social-emotional well-being. Schools that actively promote LGBTQ acceptance create safer and more inclusive environments, reducing bullying and discrimination. Specialized training should be provided on best practices in family engagement, particularly for diverse families, including those with LGBTQ members. Additionally, mandatory professional development for school staff should cover cultural competence, family engagement strategies, and LGBTQ acceptance. Schools should review and update their policies to explicitly support family engagement and LGBTQ inclusion, provide guidance on effective implementation, and integrate LGBTQ-inclusive content into the curriculum to emphasize diversity and acceptance in all subjects.

6. Collect data to better understand the experiences of LGBTQ BIPOC students, who are disproportionately represented and involved in multiple systems, and often lack comprehensive, aligned support.

Education agencies should prioritize collecting comprehensive data to better understand the unique experiences of LGBTQ BIPOC students, who are disproportionately represented and often involved in multiple systems. These students frequently lack comprehensive and aligned support, which can impact their academic and social-emotional well-being. By gathering detailed and nuanced data, education agencies can identify the specific needs and challenges faced by these students, enabling the development of targeted interventions and resources. This data-driven approach will help create more equitable and supportive educational environments for LGBTQ BIPOC students.

An extensive review of literature on protective factors for LGBTQ youth in schools revealed seven support systems that have positive impacts on LGBTQ youth's socioemotional, behavioral, and educational outcomes: family, curriculum, school professionals and teachers, peers, school policies, GSAs and programs, and school climate.²⁵ School climate is defined as "the quality and character of school life...based on patterns of students', parents', and school personnel's experience of school life and reflects norms, goals, values, interpersonal relationships, teaching and learning practices, and organizational structures"²⁶ Educators, administrators, and policymakers should actively work towards creating positive school climates for all marginalized students because LGBTQ youth experience lower risk of suicidality and fewer depressive symptoms when in schools with positive climates.²⁷

Specific attention should be paid to the needs and experiences of BIPOC LGBTQ youth in creating a positive school climate. Recent GLSEN research on LGBTQ youth of color in K-12 public schools demonstrates that BIPOC LGBTQ youth experience feeling a lack of safety in school because of their sexual orientation, *and* race or ethnicity. For example:²⁸

- 54.9% of Latine students felt unsafe at school because of their sexual orientation, 44.2% because of their gender expression, and 22.3% because of their race or ethnicity
- Latine LGBTQ students born outside the US were more likely to feel unsafe about their race/ethnicity than those born in the US (29.1% vs 21.8%)
- 65% of Native LGBTQ students felt unsafe at school because of their sexual orientation, 51% felt unsafe because of their gender expression, and 19.7% felt unsafe because of their race or ethnicity
- Feelings of unsafety based on race/ethnicity differed significantly among Native students. 5.9% of students who identify as white and Native felt unsafe because of race/ethnicity, compared to 18.9% of students who identified as only Native, and 34.4% of other multiracial Native students

- 51.6% of Black LGBTQ students felt unsafe because of their sexual orientation, 40.2% because of their gender expression, and 30.6% because of their race or ethnicity
- 30.4% of Black LGBTQ students reported missing at least one day of school in the last month because they felt unsafe or uncomfortable

These intersections of oppression, based specifically on sexual orientation, gender expression, and race/ethnicity, and their cumulative impacts are experienced differently or not at all by white LGBTQ students and thus deserve specific consideration. Educators and administrators should engage in consistent professional development (i.e., trainings, workshops, professional learning communities, etc.) related to gender, sexuality, race, ethnicity, and their intersections, including self-reflection and skill building for supporting BIPOC LGBTQ students.

Additionally, inclusive policies should be crafted with BIPOC and other marginalized LGBTQ youth in mind, striving to create safe, affirming, and celebratory educational environments for the most marginalized students. According to the National Education Association and Centers for Disease Control and Prevention respectively, culturally responsive and racially inclusive education benefits all students²⁹ and in schools with LGBTQ supportive policies and practices, all students experience less emotional distress, less violence and harassment, and less suicidal thoughts and behaviors.³⁰ If Massachusetts schools are welcoming for BIPOC, disabled, poor, and/or immigrant LGBTQ youth, they will be welcoming for all students. However, not much is known about the specific experiences of BIPOC LGBTQ youth in the Commonwealth. As such, administrators and policymakers should dedicate resources to collecting data on these students' experiences with school climate in Massachusetts so that they can be better understood and addressed.

Although BIPOC LGBTQ youth have a higher chance of being at risk for negative mental and physical health outcomes than white LGBTQ youth, it is critically important to note that Black LGBTQ+ youth (and BIPOC LGBTQ+ youth in general) are not only victims, but are fully agentic, even when intentionally deciding to conceal their queer and trans identities at school for safety and security. One study found that when able to exist in spaces outside of those governed by whiteness, cisnormativity, heteronormativity, etc., such as in ballroom spaces, Black LGBTQ+ youth can access "a radical Black LGBTQ+ creative imagination" that is transformative for themselves and others.³¹

7. Support education efforts to expand policies and update guidance surrounding support for transgender and nonbinary students.

Education agencies should support efforts to expand policies and update guidance to better support transgender and nonbinary students. This includes implementing comprehensive policies that protect the rights and well-being of these students, ensuring access to gender-affirming facilities and resources, and providing professional development for staff on gender inclusivity and sensitivity. By creating a safe and inclusive environment, education agencies can promote the academic and social-emotional well-being of transgender and nonbinary students, fostering a school climate of belonging that values and respects all identities.

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. Data on anti-LGBTQ bullying from the 2021 MYRBS (2023 MYRBS data is not yet analyzed) demonstrates the continued need to address this bias in schools to protect vulnerable students, prevent the negative health consequences of bullying, and improve educational outcomes.

However, 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, as mentioned above, 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 thus the specific experiences and needs of BIPOC LGBTQ youth, the Commission recommends that these trainings be approached using an intersectional antiracist framework. Beyond staff training, students also need more education to prepare them to prevent and respond to bullying, bias, and mistreatment. The Commonwealth should also strengthen existing requirements that schools provide age-appropriate instruction on bullying prevention, to ensure that the state is monitoring evidence-based instruction at every level.

Furthermore, in a series of listening sessions that were hosted by the Commission in April and May 2024, 20 students attending a K-12 school from Springfield to Medford to South Hadley all expressed significant concerns about bullying from their peers and a significant lack of response from school administration. Additionally, several students at the sessions shared that even though they had reported bullying several times to their schools, little to no action was taken by the school - nor did the school support the student when they faced significant retaliation from their peers for reporting the bullying. Schools must have clear antibullying policies that address these noted issues and ensure that a system of transparency and accountability is in place.

LGBTQ youth who participate in school sports demonstrate increased well-being and higher rates of school belonging. However, LGBTQ youth report wanting to participate in sports, but avoid doing so because of homophobic comments and feeling unsafe. Participation in sports has been linked to higher self-esteem and school belonging and less depressive symptoms. Notably, the same research suggests that gender expansive youth do not always know that local and state policies already protect them.³²

LGBTQ students reported their desire for increased coed sport options, gender-inclusive changing facilities / safer changing facilities, the ability to wear uniforms that are gender-affirming, and increased LGBTQ competency training for physical education teachers.³³ Coaches and administrators can play a supportive role by ensuring that policies are clear, publicly known, and enforced. For example, MIAA has developed a supportive policy that asserts that students should be able to participate in the sports team that aligns with their gender identity.²⁹ Administrators and athletic staff should make sure this policy is adhered to.

In 2022, the Commission published a special report on LGBTQ inclusive education policy, which examined whether more than 1,700 Massachusetts public schools include LGBTQ-specific language in their 2021-2022 student/caregiver handbooks. The review found that about one-fifth of include “gender identity” as a protected class in their handbooks. In 2023, a follow-up review examined whether district-level policies of Massachusetts public schools include guidance around supporting transgender/nonbinary students. These policies provide language beyond the required inclusion of “gender identity” in the district’s anti-discrimination statutes, or the commonplace anti-bullying provision that acknowledges the disproportionate rates of bullying among LGBTQ students. This review was able to locate 1,842 of 1,851 (99%) Massachusetts public schools’ district policies for the 2022-2023 school year. 358 of 1,842 schools (19.4%) are subject to specific district-level policies related to gender identity and supporting trans/nonbinary students; these policies are maintained by 25 public school districts and 8 public charter schools/districts across the Commonwealth.

Studies have consistently found a correlation between lower bullying rates and the existence of school anti-discrimination and harassment policies;³⁴ though it is important to note that some studies found no correlation.³⁵ This means that enumerated policies that are inclusive of sexual orientation, gender identity, and gender expression are useful, but cannot be the only mechanism in place to support LGBTQ students in our schools. LGBTQ-inclusive curriculum and a positive school climate for marginalized students are among other areas that require the attention of policymakers, school administrators, educators, and support staff.

8. Support an annual convening of education agencies, including the Department of Early Education and Care, Massachusetts Department of Elementary and Secondary Education, and Massachusetts Department of Higher Education, to collaboratively explore a continuum of support for LGBTQ students and families as they progress through the education systems in the Commonwealth.

Support an annual convening of education agencies, including the Department of Early Education and Care, the Massachusetts Department of Elementary and Secondary Education, and the Massachusetts Department of Higher Education, to collaboratively explore and develop a continuum of support for LGBTQ students and their families as they move through the education systems in the Commonwealth. This convening should focus on identifying and addressing the unique challenges faced by LGBTQ students at each educational level, ensuring seamless support and resources from early education through higher education. By fostering collaboration and sharing best practices, these agencies can create a cohesive and inclusive educational environment that promotes the well-being and success of LGBTQ students throughout their academic journeys.

The Commission envisions an education system in the Commonwealth, including early childhood education (ECE) through higher education, where LGBTQ students feel safe, affirmed, and have what they need to do their best learning. While it is important to focus on providing safe and welcoming K-12 school environments for LGBTQ students and families, it is also critical that attention be given to early childhood and higher education to work towards seamless transitions for students and families as they move from ECE to K-12 to higher education in the Commonwealth.

Much of the rhetoric being used in current attacks on LGBTQ-inclusive education claims that young children are being taught about gender and sexuality in ways that are not age appropriate. However, according to the Mayo Clinic, children can label their own gender around the age of 3.³⁶ This is not to suggest that all transgender people know they are trans at the age of 3. Rather, it is to demonstrate that children are aware of and thinking about gender during early childhood years, thus it is developmentally appropriate for ECE programs to engage with age-appropriate material on topics of gender. One of the Commission's goals for the 2025-2026 academic year is to deepen relationships with ECE centers and providers around Massachusetts to continue to provide training and technical assistance for educators, administrators, students, and families.

While many strides have been made at colleges and universities across the country, trans and nonbinary students, as well as BIPOC LGBTQ students, still report lower rates of belonging and have lower graduation rates.

However, there is incredible work being done at higher education institutions in the Commonwealth by faculty and staff to support these students to have equitable educational opportunities as they are afforded to white and/or non-LGBTQ students. To bridge the gaps between ECE, K-12, and higher education, the Commission advocates for an annual convening of the Department of Early Education and Care, the Massachusetts Department of Elementary and Secondary Education, and the Massachusetts Department of Higher Education to develop and sustain a continuum of support for LGBTQ students and families as they move through the education system in Massachusetts.

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Acknowledgments: The Commission sincerely appreciates the significant research contributions of previous authors of this section - Hillary Montague-Asp (2024)

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Destigmatizing Public Health

The public health crises facing LGBTQ youth are largely not because of individual risk factors, but rather systemic issues that affect how LGBTQ youth navigate the spaces in which they exist.

Overview

LGBTQ youth often live in environments hostile to their existence, whether because of the current political climate, unsupportive families, or a lack of LGBTQ community and role models. The future is uncertain for many youths, and it can be difficult for them to envision a world where they are able to exist freely and safely as queer and trans adults. However, despite the hostility, LGBTQ youth continue to resist, challenge, and change the relationships, communities, institutions, and systems that act as oppressive forces. Public health has an obligation to support and uplift LGBTQ youth as they resist unjust and oppressive structures. In doing so, policymakers, providers, and educators can better pave the way for a future where all LGBTQ youth thrive.

Unfortunately, when it comes to the health outcomes of LGBTQ youth, there are glaring data gaps in most surveys and studies. Few, if any, surveys include data about intersex youth outside a biomedical and medicalized context. Aromantic, asexual, and pansexual youth are largely left out of survey data, although some organizations have begun to include a more inclusive array of sexualities for study participants to choose from. Most studies have a very small number of non-white participants. Data regarding disability and neurodiversity is rarely, if ever, collected in surveys. Many data sets simply do not consider the intersecting identities that LGBTQ youth may hold, nor the intersecting systems of oppression that LGBTQ youths may live under. LGBTQ youths are often treated as a monolith, rather than a group of unique individuals with their own identities, risk factors, and protective factors.

To combat these gaps, public health research must be deliberate in its data collection. There are several professional and non-profit organizations that have produced recommendations, including the Massachusetts Department of Public Health, Juvenile Justice Policy and Data Board,¹ the Human Rights Campaign,² and the National LGBTQIA+ Health Education Center.³ Beyond just collecting SOGIE (sexual orientation and gender identity/expression) data, it is also extremely important to collect data regarding program participation. Without capturing this vital data, it is incredibly difficult to understand whether interventions and resources are appropriately serving LGBTQ youth. Without knowing this information, public health practitioners cannot successfully implement improved interventions. Of course, not every intervention will be appropriate for every youth, but programming and community resources should be designed with the needs of the youth with the most barriers to access in mind. Keeping them at the core of any public health intervention will allow the maximum number of youth to be supported.

1. Create and expand community-informed public health programming to support underserved youth and communities.
2. Increase funding to organizations that support LGBTQ survivors of intimate partner violence.
3. Ensure that public schools, colleges, and universities have comprehensive anti-bullying, anti-cyberbullying, and anti-harassment policies.
4. Decriminalize sex work, and increase resources to programs working with youth at risk of commercial sex trafficking.
5. Continue to increase access to sexually-transmitted infection screenings, prevention, and treatment.
6. Expand community-based substance use treatment supports for LGBTQ youth, particularly in rural areas.

FY 2026 Recommendations on Public Health to the Governor & Legislature

1. Create and expand community-informed public health programming to support underserved youth and communities.

The Commission recommends that Massachusetts continue to explore and develop accessible programming for youth to eliminate public health disparities, with particular attention to youth in rural areas, Deaf and hard of hearing youth, multilingual youth, and QTBIPOC youth. As detailed below, Massachusetts employs a wide array of programming services to support public health, including harm reduction, prevention, and recovery services, as well as support for survivors of intimate partner violence and sexual exploitation. The need for trauma-informed and culturally aware is essential, particularly for QTBIPOC youth who often lack sufficient access to programs that are both LGBTQ-affirming, multilingual, and anti-racist. Additionally, by creating more peer-led education programs, it is more likely that youth will become engaged and build skills needed to address public health disparities in their own communities.

LGBTQ youth have a right to be involved in the creation of the programs meant to support their well-being. No matter the public health issue, it is important that the voices and opinions of LGBTQ youth are included in any kind of program development and implementation. LGBTQ youth know best what resources they need and how they can best be supported, oftentimes more so than the adults in their lives who may be unaware or uninformed about the issues faced by LGBTQ youth.⁴ Peer health education programs, whether for dating violence, substance use, or bullying, have been highly successful.⁵ Peer education finds its success in the fact that peer-to-peer education is often less awkward, and peer educators understand the current social, cultural, and political landscape that youths navigate on a day-to-day basis. Beyond peer support, peer education programs and youth-led advocacy allow peer health educators to become content experts for a particular public health topic, increase communication with parents and other adults, and inspire peer educators to play a role in their community's long-term wellness.⁶

There are already a number of models for incorporating youths into advocacy efforts, from peer health education programs to youth representatives and councils. For example, the International Planned Parenthood Federation passed a resolution in 2001 that strongly encouraged member organizations to aim for at least 20% youth participation in their leadership structures.⁷

Across Massachusetts, some examples – though not the only – of this model would be the Start Strong program hosted by the Boston Public Health Commission, a high school peer leadership program designed to promote healthy relationships and change attitudes towards teen dating violence through peer education.⁸ Advocates for Youth, a youth-led and adult-supported sexual health and reproductive justice advocacy group, continues to lead the charge on today's most relevant and pressing reproductive justice issues.⁹ Lastly, Winthrop CASA, a local organization that supports youth through community engagement, has a public health Youth Advisory Board that helps develop CASA's programming.¹⁰ The Commission highlights the important need of funding and supporting LGBTQ-specific youth groups and advocacy organizations, as there remain very few in the more rural and underserved areas of the state.

Finally, as we have learned throughout the COVID pandemic, expanding programming and support services to a virtual format can have a significant impact on youth who would otherwise be unable to engage with critical resources.¹¹ Rural LGBTQ youth and LGBTQ youth with disabilities, in particular, may find virtual resources particularly helpful. Moving forward, public health professionals should embrace the technology that was developed and improved upon over the course of the pandemic to better serve diverse populations of LGBTQ youth.

2. Increase funding to organizations that support LGBTQ survivors of intimate partner violence.

The Commission recommends that Massachusetts continue to increase funding to organizations that support LGBTQ youth who are survivors of intimate partner violence, and ensure that laws and services currently in place are working as intended to protect and support survivors, rather than placing an undue burden on them. Intimate partner violence, also known as relationship violence, dating violence, or domestic violence, affects an alarming percentage of LGBTQ youth. Intimate partner violence is a serious public health issue that can have long-term negative effects on survivors' physical, emotional, mental, and social well-being. For youth, experiencing intimate partner violence at a young age can affect "lifelong health, opportunity, and well-being"¹² and make youth survivors more vulnerable to intimate partner violence as adults.

While the Commission has not yet fully analyzed the 2023 MYRBS data, the 2021 Massachusetts Youth Risk Behavior Survey showed that 17.8% of LGBTQ youth have experienced sexual dating violence within the last twelve months, and 13.9% of LGBTQ youth experienced physical dating violence within the last twelve months.

Additionally, the 2021 MYRBS shows that among LGBTQ youth of color, 17.8% have experienced sexual dating violence within the last twelve months, with the highest rates among Hispanic/Latinx (25.0%) and multiracial Hispanic/Latinx (20.3%) respondents; and 13.8% have experienced physical dating violence within the last twelve months, with the highest rates among Hispanic/Latinx (27.8%) and multiracial non-Hispanic/Latinx (20.0%) respondents.¹³

For trans and gender expansive individuals, the numbers of intimate partner violence and sexual assault are even higher. According to the 2015 U.S. Transgender survey (more detailed data having yet to be released from the 2022 version), which collects data for transgender and gender-nonconforming individuals ages 16 and up, 47% of transgender and gender-nonconforming individuals have ever experienced sexual assault during their lifetime. Nonbinary people assigned female at birth (58%), trans men (51%), and American Indian (65%), Middle Eastern (59%), and Multiracial (58%) individuals had the highest rates of experiencing sexual assault. Additionally, transgender and gender-nonconforming individuals who had participated in sex work (72%), had ever been unhoused (65%), and are disabled (61%) had the highest rates of experiencing sexual assault. Furthermore, 54% of respondents to the survey indicated that they have experienced some form of intimate partner violence in their lifetimes. Transgender and gender-nonconforming individuals who had participated in sex work (77%), had ever been unhoused (72%), are undocumented (68%), or are disabled (61%) had extremely high rates of experiencing intimate partner violence.¹⁴

Like with sexual assault, research shows that American Indian (73%), Middle Eastern (62%), and Multiracial (62%) trans and gender-nonconforming individuals have the highest rates of experiencing intimate partner violence.¹⁵ For youth attending 2- and 4-year undergraduate institutions, transgender and gender expansive individuals consistently experience intimate partner violence at higher rates than their cisgender peers. According to the National College Health Assessment, conducted by the American College Health Association, 10.8% of trans and gender-nonconforming undergraduate students have experienced emotional or verbal intimate partner violence, 3.8% have experienced physical intimate partner violence, and 5.7% have experienced sexual intimate partner violence.¹⁶ Intimate partner violence is often depicted as physical violence, but intimate partner violence can manifest in a variety of forms beyond the physical. For young people in particular, intimate partner violence often presents as emotional, verbal, or psychological abuse, with an increasing amount of harassment and violence taking place on digital platforms.¹⁷

Intimate partner violence is a multi-faceted issue that requires intervention on numerous fronts. Generally, these interventions occur at the individual or interpersonal levels of the SEM, with the long-term goal of shifting cultural norms and values around intimate partner violence perpetration and victimization. The majority of successful youth intimate partner violence interventions fall under one of three categories: 1) school-based dating violence interventions, 2) community-based gender equity interventions, or 3) parent-focused relationship-building interventions. Additionally, results from meta-analyses show that long-term programs with multiple sessions and multiple methods of engagement are more successful than single-day, single-method interventions. By far the most popular type of intervention is a school-based dating violence intervention, which may take the form of group education, peer mentorship, and/or bystander intervention training.¹⁸

In addition to school-based education, studies have shown that access to LGBTQ-inclusive support resources are key in supporting survivors of intimate partner violence. According to a survey of queer and trans Massachusetts survivors, survivors want support from resources where they feel respected, safe, and comfortable, and where they will not have to explain their identities or face discrimination from a service provider. Black survivors and trans survivors, in particular, expressed a desire for LGBTQ-specific resources, stating that they appreciate when support resources understand their identities and offer culturally competent support.¹⁹ Although LGBTQ individuals tend to experience intimate partner violence at slightly higher rates than the general population, there are few organizations that are dedicated to serving LGBTQ individuals, and fewer still that can offer culturally humble support services to LGBTQ survivors of color. Additionally, many intimate partner violence or sexual violence support resources are located in larger cities, making them largely inaccessible to LGBTQ youth who lack consistent access to transportation and/or who are living in more rural areas of the state. Oftentimes, these organizations are chronically underfunded and do not receive enough support at the state level. This prevents organizations from doing targeted outreach to underserved populations.

3. Ensure that public schools, colleges, and universities have comprehensive anti-bullying, anti-cyberbullying, and anti-harassment policies.

Despite the adverse physical, emotional, mental, social, and educational outcomes that can occur from youth who are victims of bullying, confusion remains on the recourse that many students and educators have to address incidents of bullying.

The Commission recommends that public schools, college, and universities examine their anti-bullying and anti-harassment policies to ensure that: 1) there is a clear and detailed plan that supports victims of bullying, and offers training and appropriate consequences for perpetrators of bullying; 2) there is a clear definition of the role of school staff and educators on addressing bullying, and recurring scenario-based professional development trainings are available on an annual basis; 3) there is a clear and impartial review process to examine disciplinary incidents occurring from bullying; 4) bullying policies include anti-cyberbullying provisions with lessons available for students and educators on appropriate technology usage.

Bullying and cyberbullying are another significant issue faced by LGBTQ youth and a major concern for public health practitioners. Like intimate partner violence, bullying and cyberbullying can have severe and lifelong consequences. Bullying can lead to adverse physical, emotional, mental, social, and educational outcomes, as well as increase the likelihood of substance use, suicidal ideation, and experiencing violence later in life.²⁰ Bullying can take the form of verbal, physical, or psychological aggression, with an increasing amount of bullying occurring digitally.

Data from the 2023 GLSEN School Climate Survey has not yet been released. However, in the 2021 snapshot of Massachusetts from GLSEN, 54% of LGBTQ students have experienced verbal harassment due to their sexuality, 17% have experienced physical harassment, and 8% have experienced physical assault. Additionally, 46% of Massachusetts LGBTQ students have experienced verbal harassment due to their gender, with 14% having experienced physical harassment and 7% having experienced physical assault; 68% of Massachusetts students regularly heard homophobic remarks, and 64% regularly heard negative remarks about transgender people.²¹ Furthermore, 49.5% of students nationally frequently heard negative comments regarding ability, and 32.1% frequently heard racist comments. When it comes to cyberbullying nationally, in 2021 47.1% of LGBTQ students experienced some form of online harassment, with 34.6% of these students indicating that the harassment took place via social media direct message (DM), 20.4% indicating that the harassment took place via text, and 19.1% indicating that the harassment took place via a public social media post.²²

Furthermore, broken down by race, LGBTQ/Two-Spirit Native American and Indigenous students had the highest rates of in-person victimization for both sexual orientation (86.0%) and gender expression (82.8%), followed by LGBTQ Middle Eastern and North African (MENA) students (67.7% and 61.5%, respectively) and LGBTQ Latinx students (63.4% and 60.9%, respectively).

LGBTQ/Two-Spirit Native American and Indigenous students experienced the highest rates of in-person victimization based on race and ethnicity (63.8%), followed by LGBTQ Asian American and Pacific Islander (AAPI) students (62.8%) and LGBTQ Black students (55.2%). Online, LGBTQ Native American and Indigenous students experienced victimization based on sexual orientation (60.8%) and gender expression (59.7%) at significantly higher rates than any other racial or ethnic group.²³

Regarding digital technology, social media is a multi-faceted and complex tool that can affect LGBTQ youth both positively and negatively. According to the Trevor Project's 2021 National Survey on LGBTQ+ Youth Mental Health, LGBTQ youth stated that social media had both "positive (96%) and negative (88%)" effects on their mental health, though this variable has not yet been updated in subsequent surveys.²⁴ On one hand, social media allows youth to connect with LGBTQ peers when they may otherwise have no safe physical space to engage with their community. For example, youth may use social media to explore their identities, chat with other LGBTQ youth, or find reprieve from a stressful home or school situation. LGBTQ youth living in rural or remote areas, in particular, expressed that social media was a vital tool to avoid feelings of isolation. Additionally, meta-analysis has shown that positive social media use can lead to a reduction in mental illness symptoms and improvement in overall well-being. On the other hand, social media allows bullies easy access to vulnerable youth.²⁵

There are a number of interventions that can be taken to both prevent bullying and cyberbullying, as well as mitigate their negative long-term effects. Because bullying and cyberbullying involve so many actors (the bullies, the bullied, and the bystanders), these issues are often tackled through interventions at multiple levels of the SEM. Fostering an inclusive school climate is widely regarded as a crucial primary component to bullying prevention. This can be done through a variety of methods, including supporting GSAs, implementing anti-bullying policies and inclusive practices, and providing anti-bullying training to students, faculty, and staff. Likewise, GSAs have been shown to have a profoundly positive impact on LGBTQ youth, particularly trans and gender expansive youth, and serve as protective factors against a variety of public health concerns. GSAs have been shown to make schools safer for LGBTQ students by creating positive changes to school climate, allow students to more easily identify safe and supportive faculty and staff members, and lower the frequency of absenteeism due to harassment or discrimination.²⁶

However, another important factor to consider is that GSAs have historically served larger numbers of white youth, while community-based organizations have historically served larger numbers of youth of color.²⁷

Ensuring that all LGBTQ youth have spaces to explore their identities and connect with other LGBTQ youth will be key in fostering inclusive school environments. Furthermore, it is extremely important to have comprehensive anti-bullying policies, as well as comprehensive LGBTQ inclusion policies in place in schools, as these play a key role in promoting a school climate that is welcoming towards LGBTQ students.

4. Decriminalize sex work, and increase resources to programs working with youth at risk of commercial sex trafficking.

The Commission continues to recommend the decriminalization of sex work for youth over the age of 18 to better address public health disparities, increase housing access, and reduce criminal legal system involvement for LGBTQ youth. By decriminalizing sex work, resources are better diverted to effectively address supporting youth at risk of commercial sexual exploitation and trafficking. Further, the state must invest more resources to programs specifically working with youth at risk of commercial sexual exploitation, with particular attention to LGBTQ youth and cisgender boys who are often left out of conversations around sexual exploitation and trafficking. Additionally, broadening its understanding of how to reduce incidents of youth exchanging sex to meet their financial or material needs is critical. For example, programs providing gender-affirming care products have the potential to reduce risk of engaging in sex work - and thus also decreasing risks of commercial sexual exploitation - by supporting trans and gender expansive youth who may engage in sex work for funds to purchase items such as wigs, binders, packers, and makeup. Programs that already receive funding to address human sexual exploitation, or funding to support youth at risk, should explore plans to increase funding to services that provide gender-affirming products to LGBTQ youth.

Traffickers often target marginalized individuals who have previously experienced violent victimization, who lack strong family or friend support, or who are experiencing financial hardship. Some youth are exploited by romantic partners, while others are exploited by family members or employers.²⁸ Youth who have experienced intimate partner or sexual violence, bullying or discrimination, and involvement in the child welfare system are particularly vulnerable.²⁹ Additionally, unhoused youth, transgender youth of color, and youth with substance use disorders are at an increased risk for sexual exploitation. Some LGBTQ youth may fall into one or all of these categories, increasing their risk of commercial sexual exploitation. Although there is little data regarding the number of LGBTQ youths who experience commercial sexual exploitation each year, experts estimate that it is likely extremely underreported. An estimated 19-41% of unhoused LGBTQ youth have experienced commercial sexual exploitation.³⁰

Among LGBTQ youth of color, Black youth of any gender are most likely to be criminalized and arrested for being sexually exploited. Additionally, while LGBTQ youth likely make up a high percentage of sexually exploited minors, there are very few services that focus on the particular support needs of LGBTQ youth.³¹

However, when considering interventions to address sexual exploitation and trafficking for youth over the age of 18, it is essential to avoid conflating exploitation/trafficking with sex work. The Commission finds it necessary to define the differences between the terms trafficking and sex work, as many advocacy materials and media use the terms interchangeably, which inaccurately captures and conflates the disparate realities faced by those engaging in sex work over the age of 18.³¹ Sex work, by definition, is consensual, though many individuals who engage in sex work may also be victims of trafficking and exploitation.³² LGBTQ youth over the age of 18 may engage in sex work to meet their needs due to financial necessity, particularly if they have been kicked out of their home due to their gender identity or sexuality or have been unable to find employment due to harassment or discrimination.³³ As noted throughout this report, the Commission defines ‘youth’ as under 25, but when discussing sex work, the Commission is discussing youth 18 and over; any instance of youth under 18 trading sexual contact for a fee is trafficking, and interventions should be targeted accordingly while centering minors with support and resources rather than punitive measures; federal law defines youth under 18 as victims of trafficking. The Commission understands the reality that there are minors exchanging sexual contact with other minors for money or goods, which is a nuanced conversation currently outside the scope of this report, and is legally still unlawful. Per Massachusetts law (MGL c.265, § 23) - as noted later in the criminal justice section of this report - it is unlawful for persons under 16 to engage in sexual intercourse, even if the other person is also under the age of 16.

Historically, sexually exploited youths have been treated as perpetrators and criminals in the juvenile justice system, rather than victims and survivors in need of care. This practice stems from a culture of control, where both sexually exploited youth and adults engaging in sex work were viewed as deviants in need of reform.³⁵ Decriminalizing sex work has long been thought to be a major part of the solution to end sex trafficking and commercial sexual exploitation. By decriminalizing sex work, youth who are experiencing commercial sexual exploitation will be able to come forward, report any abuse, and receive care without fear of being criminally prosecuted. Furthermore, youth who are engaging sex work to meet their needs will be able to report any violence they experience from their clients, rather than being silenced out of fear of prosecution for engaging in sex work. Decriminalization further destigmatizes sex work and helps youth who may have had to participate in survival sex work resist further marginalization.³⁶

Furthermore, despite having laws that punish youth under 16 for engaging in consensual sexting, Massachusetts does not have any laws that protect victims over the age of 16 against revenge porn (the purposeful, non-consensual spreading of explicit images by the receiving party), sextortion (extortion for money with threats of sharing explicit images), or sexual deepfakes (edited photos or videos that falsely show a person engaging in a sex act).¹⁴² For example, minors who consensually send explicit images to each other will likely face equal punishment as a minor who purposefully and non-consensually shares another minor's explicit images, or an adult who digitally exploits minors.³⁷ Even worse, victims of revenge porn and digital commercial sexual exploitation are usually punished to the same, or sometimes even greater, extent as the perpetrator.³⁸ Although these kinds of laws may not seem directly related to commercial sexual exploitation, they foster a hostile environment around sexuality and make youth feel uncomfortable or even unsafe coming forward to reveal sexual exploitation or sexual violence for fear of punishment and criminalization.

When examining interventions to prevent commercial youth sexual exploitation and support survivors/victims, there are notable gaps in Boston when it comes to trauma-informed health care and access to mental health services that specialize in supporting commercially sexually exploited youth. Care providers need more training, as well as more funding, to appropriately and adequately support sexually exploited youth;³⁹ training service providers on how to better support survivors of sexual exploitation is also key to ending stigma.⁴⁰ Instead of taking a carceral view of youth commercial sexual exploitation, a cultural shift must occur in how providers view survivors/victims of sexual exploitation and how victims/survivors are supported and connected with resources, rather than criminalized and punished.⁴¹ Furthermore, it is important to involve survivors/victims in intervention creation, as survivors/victims have largely been left out of leadership positions and have been further exploited as talking-points for organizations, rather than uplifted and supported.⁴² Without taking into account the needs of victims/survivors, it will be impossible to create successful outreach programs.

5. Continue to increase access to sexually-transmitted infection screenings, prevention, and treatment.

The Commission appreciates the dedication that Massachusetts policymakers, agencies, and advocates have given to increasing access to PrEP and PEP for LGBTQ youth across the state; HIV rates have continued to lower for Massachusetts youth aged 0-29 over the last decade. However, other STI transmission rates have risen for youth across the Commonwealth, and barriers to accessing prevention and screening for HIV continues to occur.

The Commission recommends that the state boost its partnerships with community organizations to create more grantee and sub-grantee agreements to increase access to screening and prescriptions for PrEP and PEP. While the focus should be holistic, we are seeing a rise in STI rates in the LGBTQ community across the Commonwealth and therefore resources should not be diverted from meaningful STI screening, prevention, and treatment.

Sexually transmitted infections (STIs – also known as sexually transmitted diseases or STDs) have long been considered a public health crisis, particularly for the 15 to 24 age group. According to the Centers for Disease Control and Prevention, nationally, youths ages 15 to 24 make up almost half of new STI infections each year.⁴³ In Massachusetts, chlamydia and gonorrhea are the two most common STIs for this age group, although public health officials closely monitor rates of HIV, Hepatitis A-B-C, and syphilis, as well.⁴⁴ If left untreated, STIs can cause several long-term health conditions, making STI prevention and treatment of particular interest to public health officials. Unfortunately, although STIs are largely preventable and treatable, many LGBTQ youths are not able to access STI testing, treatment, or prophylactic measures. LGBTQ youth of color, transgender youth, low-income LGBTQ youth, and LGBTQ youth at the intersection of these identities, are at an increased risk for STI infection and lack of access to testing and treatment.⁴⁵

There are a number of reasons why STI rates remain so high among youths ages 15 to 24. One such reason is a lack of knowledge about STIs and how to prevent them.⁴⁶ Like with intimate partner violence, LGBTQ youth are simply not receiving the quality education that they need to be able to make informed and safe decisions about their sexual health. LGBTQ youth are at a particular disadvantage, as only 6.7% of youth nationally report receiving LGBTQ-inclusive sex education in school.⁴⁷ In Massachusetts, as of the 2021 MYRBS, only 40.2% of LGBTQ youth have ever received education in school about how to correctly use a condom. While school is not the only place that youth may learn about safer sex practices, this lack of education likely contributes to low rates of prophylactic use. Among Massachusetts LGBTQ youth of color, only 38.9% of respondents used a condom during the last time they had sexual intercourse. Condom use was lowest among Hispanic/Latinx (28.6%) and multiracial Hispanic/Latinx (16.3%) respondents.

At the individual and interpersonal levels, the most effective intervention has been comprehensive sexuality education that includes not only information about STIs, barrier methods, PrEP, and testing, but also information and skill building around how to negotiate safer sex with a partner.⁴⁹

However, high rates of STIs are not only due to individual knowledge, but also due to structural access issues; LGBTQ youth may know how and when to use particular safer sex supplies, however they may find the cost of these prophylactic measures to be prohibitive. When they are able to find safer sex supplies for free at a local community health clinic or youth program, those facilities may not stock the kinds of safer sex supplies LGBTQ youth are looking for, such as dental dams.⁵⁰ Having access to free or reduced-price safer sex supplies allows LGBTQ youth to make decisions about their sexual health, without being limited by monetary cost.

Access to STI testing and treatment may be equally prohibitive.⁵¹ LGBTQ youth, particularly, low-income youth, unhoused youth, undocumented youth, and rural youth, may lack consistent access to healthcare.⁵² LGBTQ youth who are still on their parents' health insurance may be reluctant to seek STI testing and treatment due to fear of being outed to their parents or due to the stigma of receiving STI testing.⁵³ In Massachusetts, all youth over the age of thirteen have the right to receive STI testing without parental consent.⁵⁴ However, this service is not widely advertised, and many youths may not take advantage of this important service. LGBTQ youth may also avoid seeking testing or treatment due to prior negative experiences with a healthcare provider. If healthcare providers are unwilling to acknowledge the identities of their LGBTQ patients or simply make assumptions about the kinds of sex their LGBTQ patients are having, LGBTQ youths are unlikely to feel comfortable discussing STI risk reduction and testing options. One possible solution to this is offering STI testing outside a traditional healthcare setting, such as through mobile testing vans, community-based testing sites, or mobile technologies and telehealth.⁵⁵ Ensuring that clinics have youth-focused services and LGBTQ-competent clinicians can increase the likelihood that LGBTQ youth are able to access testing and treatment options on their own terms in a safe space.

Pre-Exposure Prophylaxis (PrEP) is another widely underutilized and highly successful HIV prevention method. PrEP is approved for use by the FDA for anyone over twelve years of age weighing 77 pounds or more. PrEP, since it must be prescribed by a health care provider, can be particularly difficult for youth to access – although 93% of healthcare providers are aware that PrEP exists, only 64.8% prescribe PrEP to adolescents. Additionally, although the rates of PrEP use have not been studied specifically for LGBTQ youth, studies of the general LGBTQ population indicate that PrEP use is lowest among Black, Hispanic/Latinx, and Asian individuals and cisgender women.⁵⁶ Stigma and discrimination may prevent LGBTQ youth from accessing PrEP or continuing PrEP once they have started a regimen. LGBTQ youth of color may face additional medical discrimination due to their race or ethnicity, and a lack of culturally-relevant materials about PrEP may increase mistrust in the drug.⁵⁷

Digital, peer-led interventions via social media platforms have proven successful in increasing PrEP use, positive attitudes towards using PrEP, and adherence to a PrEP regimen. Digital interventions are additionally helpful for advertising locations to acquire PrEP, particularly community-based locations.⁵⁸

It is equally important that any PrEP materials should be culturally relevant, community-created, avoid stigmatizing language, and include identity-labels that are commonly used by the priority populations. By using inclusive language and avoiding negative language about PrEP use, LGBTQ youth will be more likely to seek out PrEP, adhere to a PrEP regimen, and discuss PrEP use positively with friends and other LGBTQ youth.⁵⁹

In 2022, Massachusetts passed legislation, fulfilling a previous recommendation from the Commission, which allowed individuals under the age of 18 to access PrEP without caregiver consent and prohibited the release of medical records related to PrEP without the minor's written consent. Despite this increase in access, there remains the risk of low adherence demonstrating the need for culturally tailored follow up efforts and assistance with the structural barriers to health experienced by LGBTQ youth, especially young transgender women. Moreover, providers in New England continue to struggle with low PrEP knowledge, limited time for visits, and competing clinical priorities.

6. Expand community-based substance use treatment supports for LGBTQ youth, particularly in rural areas.

The Commission recommends that Massachusetts improve the accessibility of holistic and community-based substance use reduction, prevention, and recovery programs. The Commission supports *An Act Relative to Preventing Overdose Deaths and Increasing Access to Treatment (S.1393/H.2196)*, which would allow for the creation of a 10-year pilot program establishing overdose prevention centers - also known as supervised consumption sites or harm reduction sites - to increase access to health and education services.

Substance use is a major public health crisis in Massachusetts. While opioid-related overdose deaths in Massachusetts decreased in 2023 by 10% from a record high in 2022, there is still a significant amount of work to be done.⁶⁰ Although there is no data regarding the gender identities or sexualities of these individuals, it is likely that several of them were LGBTQ youth. Beyond opioids, public health practitioners have been pushing for more regulation on the tobacco and alcohol industries for decades, in the hopes of mitigating both the short-term consequences (such as drunk driving), as well as the long-term (such as lung cancer from secondhand smoke) for youths and adults.

Substance use and substance use disorders stem from a variety of factors including victimization (experiencing harassment, discrimination, or physical violence), a lack of support for LGBTQ identity (at home, in the community, or at school), psychological stress due to personal experiences or current events, and a lack of secure and stable housing.⁶¹ Transgender and gender expansive youth are particularly vulnerable to these factors due to increased victimization and discrimination.⁶² In regard to tobacco products, 16.2% of Massachusetts LGBTQ youth in grades 9-12 report having ever smoked a cigarette compared to 11.1% of straight/cisgender youth, while 37.2% reporting having ever used a vape product compared to 28.6% of straight/cisgender youth. Likewise, 26.9% of LGBTQ youth in grades 9-12 reported drinking alcohol within the last 30 days, and 38.7% of LGBTQ reported ever having used marijuana compared to 27.6% of straight/cisgender youth.⁶³

LGBTQ youth have a number of protective factors that can reduce their risk of substance use. For example, fostering a supportive and inclusive school environment, including positive teacher-student mentoring relationships, is associated with lower rates of tobacco, alcohol, and marijuana use. Youth-focused organizations, whether in-school (like GSAs) or community-based, foster connections between LGBTQ youths and give LGBTQ youths the opportunity to engage with their peers in a sober space.⁶⁴ These organizations can also be used to foster youth-adult mentorship relationships, as well. Additionally, research has shown that the higher the number of LGBTQ specific school and community resources available to LGBTQ youth, the lower the rate of substance use among LGBTQ youth. Whether youths actually use the resources, just knowing that there is a strong community network and that there are supportive resources readily available serves as a key protective factor against substance use.⁶⁵

LGBTQ youth of color often express interest in community-based healing, LGBTQ youth-specific treatment and healing spaces, and more holistic/less medicalized treatment options. Low-income youth and undocumented youth in particular may have trouble accessing traditional, clinic-based substance use disorder recovery care.⁶⁶ While not studied specifically for LGBTQ youth, both peer-led substance use recovery and prevention programming are highly successful and more effective than adult-led programming. Youths expressed that they found “peer-led sessions more enjoyable,” and were more willing to actively engage with peers, rather than adults.⁶⁷ Ensuring that LGBTQ youth have access to community-based safe consumption sites and needle exchange programs can reduce the number of overdoses, as well as the number of cases of HIV and Hepatitis C.⁶⁸ These have shown great promise in many cities and towns across Massachusetts, but are oftentimes inaccessible to young people, especially those who are still in school or who live in more rural areas of the state, including parts of central Massachusetts.⁶⁹

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Acknowledgments: The Commission sincerely appreciates the significant research contributions of previous authors of this section - Alexandra Gago (2023)

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Supporting Mental Health

The personal is political – and that includes mental health. Across the Commonwealth, LGBTQ youth mental health is in crisis, and mental health services that are evidence-based, intersectional, and trauma-informed are needed more than ever.

Overview

Against the backdrop of an ever-changing society following the COVID-19 pandemic, growing social and political hostility, and a growing shortage of affordable and accessible mental healthcare, the state of LGBTQ youth mental health continues to deteriorate.

In the Trevor Project's 2024 survey on LGBTQ youth mental health, 39% of Massachusetts youth seriously considered suicide within the past year, with 11% of youth attempting suicide. These numbers are worse for transgender and nonbinary youth, who have seen an uptick in targeted attacks and stigmatization over the last several years; 47% of transgender and nonbinary youth report suicidal ideation in Massachusetts, with 14% of transgender and nonbinary youth attempting suicide. Furthermore, 68% of Massachusetts LGBTQ youth (73% of transgender and nonbinary youth) report symptoms of anxiety, and 50% (58% for transgender and nonbinary youth) report symptoms of depression. Despite these alarming statistics, 42% - a slight decrease from the 2022 survey - reported that they wanted mental health care but could not access the necessary care.¹

To understand LGBTQ youth mental health, decision-makers should first look at the world in which they live. To begin, 2023 saw 588 anti-LGBTQ bills filed across the U.S. currently being track by the ACLU, with the majority targeting gender expansive people.² More than half of LGBTQ youth (53%) in Massachusetts reported being negatively impacted by recent politics by a lot, and 39% percent only sometimes - only 9% of youth report that they have never been negatively impacted by recent politics.³

Roughly 1 in 2 LGBTQ youth identified that their homes and schools were an LGBTQ-affirming space. However, 65% of LGBTQ youth reported low or moderate support from their families in the past year (this number goes to 71% when separated by transgender and nonbinary youth), with the majority of support (74% for LGBTQ youth overall, and 73% for transgender and nonbinary youth) coming from friends within the past year. More than 1 in 2 youth (57%) aged 13-17 shared that they experienced bullying within the past year, and 54% of youth reported experiencing discrimination.⁴

Considering the hostility that youth face in their homes, communities, and country, it is no surprise that LGBTQ youth mental health is in crisis. For decades, researchers have shown that anti-LGBTQ cultural, political, and societal conditions have the power to erode LGBTQ people's physical,⁵ mental,⁶ and financial health, an experience often called minority stress. Many studies have explored how minority stressors (like bullying, negative media depictions, and hostile legislation) are directly related to mental health challenges (like depression,⁷ anxiety, PTSD, and suicide attempts).⁸

1. Promote and invest in culturally competent mental health services for QTBIPOC, immigrant, and disabled youth.
2. Invest in recruitment, retainment, and professional development for mental health professionals.
3. Invest in creative mental health resources for LGBTQ youth.
4. Expand mental health services for youth in state systems, such as education and the child welfare system.

FY 2026 Recommendations on Mental Health to the Governor & Legislature

1. Promote and invest in culturally competent mental health services for QTBIPOC, immigrant, and disabled youth.

Queer and transgender BIPOC (QTBIPOC) youth do not just experience minority stress through LGBTQ-phobia, but also through racism – which “is not an abnormal experience, but an everyday occurrence.”⁹ For instance, GLSEN’s 2021 National School Climate Survey found that nearly 81% of LGBTQ youth heard racist remarks in school at least “sometimes.” Meanwhile, many QTBIPOC youth have reported being harassed or assaulted based on their race or ethnicity – either at school (over 1 in 2 youth) or online (over 1 in 4).¹⁰

Racism is not just interpersonal. Systems such as housing and employment create and maintain generational inequities in income and health, leading to minority stress; mental healthcare and social service systems are not exempt. Research shows that BIPOC youth across the board do not get the mental healthcare they need more often than their white peers, partially due to barriers like cost, insurance, parent and youth work or childcare responsibilities, and transportation. Importantly, youth may also avoid or distrust providers who use Eurocentric theories and treatment models that focus on the individual, “other” non-white clients’ values or experiences, and ignore or misaddress issues of power, culture, poverty, race, and racism.¹¹ For example, mounting evidence shows that Black and Latine male youth are significantly more likely than their white peers to be misdiagnosed with disruptive behavioral disorders rather than trauma, ADHD, or autism, partially due to clinician bias.¹²

In addition to the double burden of everyday oppression, some QTBIPOC people report feeling doubly isolated. That is, they feel unseen and unprotected in both LGBTQ and racial/ethnic affinity spaces.¹³ One well-known example is the “no fats, no femmes, no Asians” line that Asian men who date men report encountering on dating apps, on top of the stigma that they face in cultural affinity spaces.¹⁴ Double isolation is also more common among youth who have limited access to LGBTQ and racial/ethnic spaces, such as youth in the juvenile justice system, the child welfare system, or rural areas.

Given the everyday, systemic, and isolating nature of intersectional oppression, it is not surprising that research shows that QTBIPOC youth have elevated rates of anxiety, depression, suicidality, school discipline, and substance use. These challenges can be seen as a human response to long-term exposure to multiple forms of traumatic discrimination.

QTBIPOC youth may also experience minority stress when they have personal or family experience with being an immigrant, refugee, or undocumented person. Structural inequalities, discriminatory comments or policies, xenophobia in political debates and acts, and cross-cultural stressors can all impact LGBTQ immigrant youths' mental health on a day-to-day basis. For example, GLSEN's 2021 National School Climate Survey found that 18% of student participants said they hear biased remarks about immigration status "often" or "frequently," while 16% hear them "sometimes."¹⁵

There is scarce research about LGBTQ foreign-born youth, and the findings about mental health are mixed.¹⁶ Overall, risk factors include poverty, lack of social support and stable housing, risk of detainment and deportation, discriminatory experiences, dehumanizing public discourse and policy, and barriers to care, such as waiting periods to access public health insurance. However, immigrant youth have also been found to have similar or better physical and mental health outcomes than native-born peers, a phenomenon called the "immigrant health paradox."¹⁷ This advantage levels out over generations, not just due to acculturation, like shifts in diet and exercise, but also through the wear-and-tear of minority stress.

With these mixed results in mind, the Commission recommends that supporters seek to understand LGBTQ foreign-born youths' mental health in the context of their position in the US immigration system. It is additionally important to highlight that not all foreign-born youth have the same privileges and stressors. The Trevor Project found that LGBTQ youth with at least one immigrant parent had higher odds of attempting suicide when they worried about deportation (63% more likely) or faced immigration-based discrimination (2.5 times more likely.)¹⁸ Supporters should also consider how anti-LGBTQ sentiment and xenophobia shape youths' past and current experiences. For instance, LGBTQ youth may flee trauma in their first countries only to face intersectional discrimination in the US, such as pressure to conform to Western LGBTQ labels while seeking asylum or refugee status.¹⁹

Despite these diverse stressors, foreign-born youth have also always invented their own strategies to survive and thrive. For instance, they are significantly more likely than their peers to befriend other foreign-born individuals from the same generation, and less likely to report negative health behaviors and outcomes when they do so.²⁰

Because same-generation immigrant peer support protects youths' mental health, care providers and youth workers should address differences in immigration status in their services. For instance, services for LGBTQ youth can create space for immigrant, refugee, asylee, and undocumented youth to build relationships and advocate for themselves, while also connecting them with immigrant community networks.

In 2022, the Trevor Project found that youth from all non-white racial and ethnic groups were 4 to 10 times more likely than their white peers to feel that care providers would not understand their culture, and did not access mental healthcare because they faced mental health stigma in their communities or worried that providers would not understand the impact of racism and culture in their lives. Middle Eastern/North African (MENA) (21%), AAPI (18%), and Black youth (13%) reported most often that they felt care providers would not understand their cultures, followed by Latine and Indigenous (9% each), multiracial (8%), and white (2%) youth.²¹ By investing in providers and services who are culturally representative and multilingual, the Commonwealth expands language access, which helps connect LGBTQ youth with critical services.

LGBTQ youth who are disabled, Deaf, or neurodivergent are often left out in research addressing LGBTQ mental health, yet 1 in 3 LGBTQ adults and more than half of transgender adults reported having a disability in 2020.²³ These identities are common among youth as well; for instance, one recent study found that autistic children were 400% more likely to have a gender dysphoria-related diagnosis than their peers.²⁴ Additionally, in 2021, GLSEN found that 73% of participants hear biased ability-focused remarks in school "often" or "frequently." Meanwhile, 34% stated that they were harassed or assaulted at school within the last year based on their actual or perceived disability, and 17% reported experiencing this online.²⁵ Other research shows that disabled gender expansive people experience heightened discrimination within employment, housing, and social services such as mental health centers, rape crisis centers, and domestic violence shelters. Disabled LGBTQ people have been found to face depression and suicidality at higher rates than peers, yet inequitable policies can prevent them from accessing mental healthcare. This includes inaccessible services, a shortage of professionals who accept public insurance, and policies that revoke lifesaving SSI or SSDI benefits should recipients get married or hold over \$2,000 in assets.²⁶

2. Invest in recruitment, retainment, and professional development for mental health professionals.

The Commission recommends that the Commonwealth continue to prioritize and invest in mental health professionals, and ensure that K-12 schools, higher education, juvenile justice programs, and the child welfare system are able to provide effective and affirming mental health services for youth in their care. The Commission urges the legislature to explore innovative ways to invest in mental healthcare professionals, including at the student level, by providing funding opportunities and easing barriers to access for BIPOC and LGBTQ social work students to licensure.

The severe shortage of mental health professionals – especially those who are LGBTQ and culturally competent – is another significant barrier to care; trainees such as social work students often provide life-affirming mental health support in internships across Massachusetts. However, many are required to provide this unpaid labor for roughly half of the work week over two years in order to graduate – and pay increased tuition for these placements. Combined with already-high tuition, living costs, and loan interest rates, this financial burden mirrors the low wages and overwhelming caseloads that mental health professionals face after graduation. These conditions fuel high rates of burning out, turning over, and leaving the field entirely, as it is already difficult for mental health professionals to graduate, let alone find meaningfully-paid work.

Community mental health centers and clinicians who do accept insurance have increasingly long waitlists, as some mental health professionals do not insurance due to clawbacks, audits, lack of control over session length and content, and lengthy wait times for low reimbursement.²⁷ Additionally, while remote mental health care opportunities are increasing, some professionals still require youth to commute to receive in-person, individual support from professionals with years of expensive training. This makes care inconvenient, slow, and harder to find – especially for youth with rural areas, childcare or work responsibilities, or non-affirming guardians.

3. Invest in creative mental health resources for LGBTQ youth.

Suicide prevention includes professional mental healthcare, but it is not limited to it. Protective legislation, supportive school policies, mental health literacy initiatives, comprehensively funded MHP and youth worker positions and programs, intersectional and trauma-informed services, and all the other interdisciplinary recommendations made in this report – these, too, are suicide prevention.

Many of the recommendations in this report, like GSAs, summer camps, and activist programs, have been shown to increase hope. For instance, a recent study showed that GSAs foster hope by helping youth discover and work toward their goals, leading to fewer symptoms of depression and anxiety by the end of the year.²⁸ LGBTQ youth survive, heal, and thrive when they have supportive people as well as each other. Chosen family and peer support are resources to which LGBTQ people have always turned, and they continue to be effective interventions for mental health. However, even though LGBTQ youth face high levels of trauma and fear about the future, a wealth of research shows that factors like family acceptance, peer support, and relationships with supportive school staff can uplift youth mental health.²⁹ GLSEN found that when youth experienced discrimination or higher levels of in-person victimization, they were nearly twice as likely not to have plans to attend college or trade school. On the other hand, in schools with inclusive curricula, protective anti-discrimination policies, and GSAs, students had higher self-esteem, less depressive symptoms, and were more likely to aim to pursue higher education. Supportive people, especially adults, will always be vital members of support networks for LGBTQ youth.³⁰

While not reflected in its 2024 Survey, The Trevor Project's 2022 National Survey concluded with a list of sources of joy for LGBTQ youth, from therapy and medication to laws that protect LGBTQ rights; from all-gender restrooms to hope and excitement for the future; from music and dance to video games and cooking.³¹

Overall, while individual-based professional mental healthcare urgently deserves funding and reform, community-based programs can also significantly improve LGBTQ youth mental health. Investing in peer support workers, mental health first aid trainings, and mental health literacy campaigns are proven strategies for reducing mental health stigma, and reducing the stress on limited resources.³²

Arts, body-based, and activist programs are also leading mental health interventions for LGBTQ youth, especially trauma survivors. To begin, arts programs are engaging for many LGBTQ youths because self-expression is a celebrated value in US LGBTQ culture and a key developmental goal for young people. They also build self-esteem and identity by helping youth connect, perform, redefine, and be who they are despite discrimination.³³ Arts programs can be done anywhere – for instance, a community-based mural project or a Hip Hop Therapy group in a juvenile detention facility. Somatic (body-based) interventions are increasingly popular among professionals and survivors because of mounting evidence that they are uniquely effective in treating trauma. Research further shows that activism-based programming connects LGBTQ to a sense of community and purpose.³⁴

Activism also directly meets three of SAMHSA's principles of LGBTQ trauma-informed care – Empowerment, Voice and Choice, and Cultural, Historical, and Gender Issues. Activism helps youth build personal resources for resilience, like self-pride and hope, as well as social resources, like community belonging;³⁵ activism is also cathartic, and can be uniquely helpful for multiply-marginalized LGBTQ youth. For instance, research demonstrates that activism among LGBTQ women of color reduces the likelihood of feeling emotional distress about sexism.³⁶ It has also been shown to be a useful coping mechanism and source of meaning after sexual assault – which many LGBTQ youths, especially gender expansive youth, experience.³⁷ At the same time, activism does not always decrease anxiety or depressive symptoms, especially when it leads youth to take on more responsibilities, burn out, or feel hyper-aware of issues facing the community.³⁸ Thus, any activism-based programming for LGBTQ youth should avoid placing the burden of legislative, policy, and cultural change upon youth. Rather, adult decision-makers should keep primary responsibility for driving reform, tapping youth to be the guiding voices and supporters of these causes.

Finally, virtual groups can provide brief, evidence-based clinical interventions such as CBT or DBT, but they can also be based around socializing, peer support, activism, common interests, and more, acting as safe oases where youth feel more implicitly understood and accepted than in other areas of life. Research suggests that youth feel more comfortable sharing personal experiences via text than face-to-face,³⁹ as this lessens fears about outing or social discomfort. Online groups are also more accessible for youth who lack reliable transportation, live in rural areas, or are not allowed to travel (such as those in juvenile justice systems). Furthermore, they are useful for providing affinity-based spaces for LGBTQ youth with specific identities or experiences across far distances, since youth may not find others with the same intersectional identities in-person.

Overall, though QTBIPOC and LGBTQ youth face concerning mental health disparities, they also have many personal, family, and cultural strengths. Their intersectional identities do not just expose them to harm; they are great sources of connection, coping, and pride – and supporters should tap into and celebrate them. Research highlights multiple tools that youth use to cope with discrimination: chosen family and community-building, self-advocacy, and cultivating ethnic or racial identity pride.⁴⁰ Specifically, QTBIPOC youth also often cope with LGBTQ-phobic bullying using skills they first learned from family and friends to cope with racism.⁴¹ Since peer validation is such a strong buffer against racial minority stress, the Commission recommends investing funding and resources into promoting LGBTQ-friendly racial and cultural affinity spaces in schools and communities, as well as specific racial/cultural affinity spaces in LGBTQ youth groups (like GSAs). These are unique spaces where QTBIPOC youth can develop identity pride, discuss intersectional experiences and strengths, safely unload experiences of oppression, and advocate for themselves and one another.

4. Expand mental health services for youth in state systems, such as education and the child welfare system.

Affirming policy can promote LGBTQ youths' mental health. School policy is one example: GLSEN found that students in schools with GSAs, positive curriculum about LGBTQ people, and more supportive school staff had higher self-esteem and lower levels of depression and suicidal ideation than peers who lacked these key supports.⁴² In-person peer programs have been popular for decades and have more evidence for improving mental health. GSAs are the quintessential example in schools – they empower LGBTQ youth to build resilience, hope, and positive support networks, and also tend to actively improve school culture. In 2019, one study found that more frequent meetings and more mental health discussions in GSAs predicted less depressive and anxiety symptoms. Additionally, when students engaged more with the GSA over the school year, they reported higher perceived levels of peer validation and self-efficacy to promote social justice.⁴³ Accordingly, GLSEN found that students with active GSAs experienced nearly half as much in-person victimization for their sexual orientation or gender expression as their peers.⁴⁴

Additionally, LGBTQ youth in the child welfare system require professionals who are LGBTQ-affirming and trauma-informed, as well as culturally responsive to differences in race and ethnicity. Nationally, LGBTQ youth are twice as likely to report being unfairly treated by the child welfare system, explaining why rates of placement run-away, school absenteeism, discipline, and dropout are so high; LGBTQ foster youth nationwide are nearly three times as likely to be hospitalized for emotional reasons – yet when they age out of services, many are left on their own.⁴⁵

Finally, youth who are involved in the juvenile and criminal justice systems also often have multiple marginalized identities. In Massachusetts, DYS Annual Report 2022 reports that 7.4% of youth in the juvenile justice system identify as LGBTQ, though 83% of its detained juvenile population identifies as BIPOC.⁴⁶ Many LGBTQ youths with experience being incarcerated are survivors of childhood abuse and trauma, were unemployed or homeless before incarceration, and experience violence, sexual assault, and human rights abuses within the gender-segregated justice system. National research shows that arrest rates are higher for BIPOC (especially Black, Latine, and Indigenous) and transgender youth, due at least in part to prejudice, poverty, and inequitable laws such as criminalization of sex work.

Overall, the child welfare and juvenile justice systems should ensure that policies and programs supporting LGBTQ youth include supporting youth and families to prevent removal or detainment in the first place.

Additionally, recognizing trauma responses rather than simply maligning youth as aggressive; offering LGBTQ competency trainings for system employees and foster parents; extending eligibility for support services after youth exit the systems; offering trauma-informed, LGBTQ-specific social spaces and support services; and creating pathways for reporting and enforcing consequences for anti-LGBTQ discrimination all must be considered when examining policies and programming for youth in state services.

Citations & Acknowledgments

Acknowledgments: The Commission sincerely appreciates the significant research contributions of previous authors of this section - Max Tang (2023) & Apollo Correia (2024)

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Including Pediatric Health

The history of LGBTQ pediatric health is plagued by stigma, discrimination, and violence, and LGBTQ youth in the Commonwealth continue to face numerous challenges in accessing quality, culturally competent healthcare.

Overview

With the proliferation of anti-trans legislation and stigma that has swept across the nation, it is undeniable that the access of LGBTQ children to appropriate and affirming health care has significantly decreased, even in Massachusetts.

Gender-affirming care has been shown to be life-saving for children, reducing the incidence of suicidality and increasing access to healthcare services. Just as diabetes clinics were once separate and specialized clinics, so too does gender-affirming care remain largely isolated to specific clinics.¹ However, the history of gender-affirming care is one that is increasingly moving from urban academic institutions to mainstream primary care and medical home settings. Numbers of trans-competent or gender-affirming providers have been slowly but steadily increasing over time, particularly in states like Massachusetts.² Moreover, the vast majority of trans and gender expansive youth who socially transition do continue to identify in their affirmed gender.³ Unfortunately, despite this increase in access, many barriers to care remain including financial access, insurance coverage, lack of availability, and individuals' fears. Many youth and caregivers also report systemic barriers including bias, discrimination, and lack of provider education.⁴

The Commonwealth must address the social inequities that create health disparities amongst marginalized and underserved communities, focus on social determinants of health, and move away from an individualistic model of care.

1. Invest in access to culturally competent LGBTQ healthcare in rural and underserved communities.
2. Invest in substantial community-based, participatory, action-oriented research and improve SOGIE data collection standards.
3. Expand coverage of gender-affirming care and increase reimbursement to incentivize care.

FY 2026 Recommendations on Pediatric Health to the Governor & Legislature

1. Invest in access to culturally competent LGBTQ healthcare in rural and underserved communities.

The Commission recommends that the state invests in and broadens access to gender-affirming healthcare for transgender and nonbinary youth with a focus on rural and underserved communities, particularly as anti-LGBTQ attacks on trans-affirming care & providers continues to sweep the nation. Given the national attacks against gender-affirming care, it is likely that Massachusetts will see a significant increase in out-of-state patients needing gender-affirming care services - with LGBTQ youth in Massachusetts already struggling to access facilities with long wait times or high costs, it is essential that Massachusetts invests in building capacity for LGBTQ-affirming healthcare across the state.

LGBTQ youth face a number of factors influencing potentially negative health outcomes, such as discrimination and bullying at schools. Education spaces can typically serve as either a source of stress or a protective factor. In a recent study of LGBTQ students in Massachusetts, students reported experiencing verbal, social, and physical bullying, but school health professionals in turn reported a low awareness of this bullying.⁵ In a separate study, LGBTQ students reported concerns related to the sexual violence against and harassment of transgender students, and racism directed towards students of color; students identified access to safe bathrooms, information on gender transition, and access to safe spaces as priorities. One example given of an existing safe space was the school nurse's office, suggesting that school nurses may play a key role in addressing LGBTQ student health needs.⁶

In addition to education, other socioeconomic factors can influence a child's access to safe spaces and resources. Research has established an association between community size and resources for sexual and gender minority youth, with larger metropolitan areas having more resources. Conversely, LGBTQ youth in suburban and rural areas expressed a need and desire for more spaces to socialize and meet other LGBTQ youth.⁷ In particular, rural LGBTQ youth experience higher rates of depressive symptoms and PTSD compared to their urban peers due to heightened levels of minority stress.⁸ Despite the clear need for competent health services, rural youth typically lack access to competent and affirming health care because of the general shortage of healthcare professionals in rural areas. This shortage is particularly acute for LGBTQ specialty services, which are often located in larger cities, an example clearly seen by the locations of LGBTQ organizations, programs, and services in Massachusetts.

One method for bridging this gap is telehealth, which has been shown to expand access to LGBTQ health in rural areas.⁹ Telehealth has also proven to be a high-quality strategy for pediatric health access and can be delivered in nontraditional settings such as schools and community centers.¹⁰ A study of rural parents of children with special health needs found that parents using telehealth were less likely to experience common barriers to health access, such as traveling over an hour for appointments or missing work.¹¹ A pediatric gender-affirming clinic reported that telehealth increased access to care during the COVID-19 pandemic, and that many patients continued to request telehealth appointments even after social distancing guidelines were relaxed.¹² Despite concerns that telehealth could raise healthcare costs and claims by insurance companies that telehealth lowers costs, preliminary research shows that telehealth is cost-neutral in that it does not reduce operating costs.¹³ Overall, the Commission recommends that the Commonwealth make a systemic investment in telehealth services and create parity in primary care telehealth insurance reimbursement.

2. Invest in substantial community-based, participatory, action-oriented research and improve SOGIE data collection standards.

Comprehensive research on the needs of underserved youth is essential to better understand needs and gaps in service provision. The Commission urges decision-makers to invest in new community-based research and needs assessments that prioritize the experiences of QTBIPOC youth, families, and providers across the state. Through this outreach, these partnerships can engage sustainable participation, and ultimately create long-lasting, community-driven interventions.¹⁴ The lack of existing guidelines for collecting sexual orientation and gender identity (SOGI) data in the pediatric population remains a profound issue.

Recent recommendations for collecting SOGI data published in New England take into consideration children's developmental stages, the role of caregivers, and the need to protect the privacy of this information.¹⁵ The Commission further recommends that the state advance its SOGIE data collection practices to take a broader understanding of the disparities in healthcare. More inclusive data collection, including inclusive electronic health records (EHRs), can be life-saving.¹⁶

Additionally, there is a significant and concerning lack of information at the national and state level about the experiences of intersex youth in healthcare spaces. As some intersex youth identify with the LGBTQ community, the Commission urges the Commonwealth to increase its research efforts to better understand the unique needs of intersex youth. Existing research shows that many intersex youth face difficulty communicating with healthcare professionals about their specific needs,¹⁷ and are often kept in the dark about their intersex status by providers and caregivers.¹⁸ As a result, many intersex individuals report high rates of healthcare avoidance and thus poorer physical and mental health outcomes. Intersex youth are often subject to non-consensual medical interventions to alter their genitalia as infants,¹⁹ a practice that is condemned by the United Nations,²⁰ and closer to home, by the Massachusetts Medical Society.²¹ Intersex youth are also more likely than non-intersex LGBTQ youth to report experiencing suicide ideation, and are also more likely to have undergone conversion therapy.²² Significantly more research needs to be done in this area to better understand the challenges experienced by this subgroup of youth.

3. Expand coverage of gender-affirming care and increase reimbursement to incentivize care.

In 2022, Massachusetts Governor Charlie Baker signed a law defining the legality of and protections for gender-affirming care in Massachusetts; the law also protected providers and patients from legal action from other states.²³ This is one of the most robust LGBTQ laws Massachusetts has passed to date, as it declares that gender-affirming care is legally protected healthcare, regardless of the patient's location. A bill was filed in the Senate in early 2025 to potentially strengthen this law. Certain states, like California, have gone further, introducing legislation to support transgender youth and families fleeing states with anti-transgender policies, laws, and pending legislation.²⁴ The Commission strongly recommends that the Massachusetts legislature explore further legislation to protect LGBTQ youth and their families fleeing to Massachusetts, which has already begun to occur.

There are multiple tenets of gender-affirming care; as defined by the World Health Organization, gender-affirming care includes social, psychological, behavioral, and medical interventions that affirm a patient's gender identity and expression

Therefore, gender-affirming care coverage should include, though not be limited to, hair removal, voice therapy, and increased access to family-building services. The Commission recommends that the Commonwealth consider codifying the provisions of the 2021 DOI Bulletin²⁵ prohibiting discrimination in health insurance on the basis of gender identity and gender dysphoria, with the addition of a private right of action. It is essential that the state works to better integrate gender-affirming health care into the modern health care environment, and combine with primary care, mental health, and community services.

Access to gender-affirming care and capacity for existing facilities is limited; the Commission recommends that, instead of being relegated to specialty clinics, pediatric providers and clinicians in all facilities should be trained to provide gender-affirming care. In tandem with this, there must be more resources and education devoted to the pursuit of better care for neurodiverse individuals who are more likely to identify as LGBTQ. Furthermore, the Commission recommends that primary care, mental health, and community services be integrated under one roof, in line with the medical home model that many integrated LGBTQ health centers have begun to adopt. While much of the funding for LGBTQ health has been focused on STI screening, prevention, and treatment, more can be done to focus on the holistic needs of the LGBTQ community. This includes hiring more diverse clinicians and investing in a trauma-informed work environment.

Access to competent, culturally sensitive healthcare remains a pressing issue for LGBTQ youth.²⁶ Many healthcare providers do not feel informed about the specific health needs of the LGBTQ community,²⁷ and report receiving little to no training on the topic of LGBTQ youth.²⁸ A 2021 from the Center for American Progress noted that, in the last year, one-third of transgender respondents reported having to teach their doctor about transgender people in order to receive adequate care.²⁹

Despite gender-affirming care being a right in Massachusetts and expansive MassHealth policies being enacted over the last few years to increase access to gender-affirming care, patients continue to face barriers that include insurance exclusions, inconsistent coverage, wrongful denials of care, burdensome prior authorization processes, and low reimbursement rates leading to less economic incentive to provide this care. More research needs to be done to examine how LGBTQ youth in Massachusetts are being impacted, and what additional insurance barriers exist beyond exclusions, such as prior authorizations and denials.

Citations & Acknowledgments

Acknowledgments: The Commission sincerely appreciates the significant research contributions of previous authors of this section - Dallas Ducar, Shannon Collins, Mel DeSilva (2023), Apollo Correia (20

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Improving Sexual & Reproductive Health

“Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.”

“Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity.”

- *World Health Organization*

Overview

The Commission was founded in the early 1990s to address the significant disparities in LGBTQ youth mental health occurring during the AIDS epidemic. Since then, the Commission has dedicated much of its work and resources to supporting LGBTQ youth sexual health through supporting policies increasing access to PrEP and PEP; advocating for comprehensive sexual health education; addressing factors leading to disparities around sexual victimization; and more. While Massachusetts remains a leader in many areas of LGBTQ legal protections, there still remain a concerning number of areas where the state has failed to stay ahead and ensure that the unique gaps in resources, education, and services for LGBTQ youth are addressed.

To this day, across the state and the nation, LGBTQ youth remain at a higher risk for STIs, HIV, and sexual violence. Furthermore, LGBTQ youth are often left out of conversations around national and statewide conversations involving pregnancy, abortion access, and gynecological health, but often face significant disparities in access and care. Compounding these issues, LGBTQ youth frequently encounter barriers to accessing contraceptives, affirming medical care, and inclusive sexual health education. Across the nation, 29 states and D.C. mandate sexual health education in schools, though only 7 states require curricula to include information on sexual orientation and gender identity - Massachusetts mandates neither.¹

This year, the Commission combines its previously separate sections on sexual health and pregnancy and gynecological health in order to better address the overall conversation of improving youth's sexual and reproductive health.

1. Ensure that all youth have access to age-appropriate, LGBTQ-inclusive, and consent-based sexual health education, and that educators are provided with implementation support.
2. Improve research capturing experiences of LGBTQ birthing people, and improve access to gender-affirming health care services.
3. Create and fund community birthing centers across the Commonwealth, and increase access to culturally competent doula services.
4. Increase access to critical reproductive and sexual health items, such as contraceptives and menstrual products.
5. Continue to explore paths to increase access to abortion services.
6. Expand LGBTQ cultural awareness, anti-bias, and racial equity trainings for public hospital providers and staff.
7. Invest in initiatives to address high rates of sexual victimization among LGBTQ youth.

FY 2026 Recommendations on Environmental Justice to the Governor & Legislature

1. Ensure that all youth have access to age-appropriate, LGBTQ-inclusive, and consent-based sexual health education, and that educators are provided with implementation support.

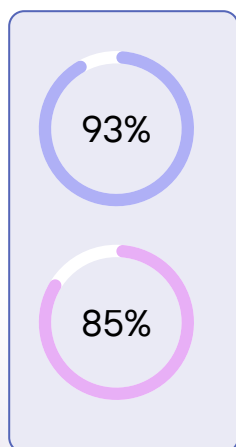
Comprehensive sexual health education gives youth the tools they need to avoid situations where they might have unprotected sex, subsequently reducing STIs, HIV/AIDS transmission, and unintended pregnancy rates.

All youth are entitled to medically-accurate knowledge about their own bodies, how to build healthy relationships, and how to give and ask for consent; all of these areas are core factors of comprehensive sexual health education.² Unfortunately, LGBTQ youth are often less likely to receive adequate and accurate education compared to their cisgender and heterosexual peers, with QTBIPOC youth further reporting disparate experiences in seeing appropriate and inclusive information pertaining to race, ethnicity, and culture in sexual health education.³ As a result, youth often turn to find information in schools and, failing that, seek to learn from peers or the Internet – both of which are likely to provide inaccurate and harmful education. Furthermore, most sexual health curricula fails to appropriately educate youth on the basis of consent, particularly youth in elementary school who often do not receive any education around correct names for body parts. Without this basic education, LGBTQ youth of all ages are at a greater risk of sexual victimization.

The Commission commends the recent passage of the Department of Elementary and Secondary Education's Comprehensive Health and Physical Education Frameworks in August 2023. Through its Safe Schools Program partnership with DESE, the Commission has been grateful for the opportunity to advise on the development, and now implementation, of the frameworks across the Commonwealth. However, it is critical to emphasize that these frameworks are *not* mandatory and act as guidelines rather than requirements.

Sexual health education must be legally mandated in all schools across the state, for a number of reasons. First, schools often do not receive enough support – financial and/or otherwise – from the state and local communities to offer or prioritize appropriate sexual health education. The Commission understands from its own conversations with advocates and schools that constant challenges and attacks against school curriculum have left Massachusetts schools wary of improving – and even discussing – their sexual health curricula, or giving youth the appropriate space to process and understand the information being provided. While the released frameworks from DESE have proven to be incredibly helpful, Massachusetts educators need legal backing from the state to ensure that their schools are providing appropriate education.

Many of the opposing arguments around mandating sexual health education in schools centers around a parent's right to have these conversations in the home – or, rather, only in the home.



However, it is important to highlight the fact that most parents - in fact the majority of parents - are not opposed to sexual health education in schools, with 93% of parents of high school students reporting that teaching about sexual health in schools is important. Furthermore, 85% of the same parents supported including sexual orientation as a sexual health topic in schools;⁴ though given the widespread cultural shifts in the last eight years since this 2017 survey was completed, the Commission suspects that this number has continued to rise.

By not passing a mandate for sexual health education or specific funding for curriculum updates, many lower-income schools, and areas with limited financial and community support may stop teaching sexual health topics altogether. This issue is particularly concerning as QTBIPOC youth, who are more likely to face sexual violence than white youth, are also more likely to attend underfunded schools where sexual health education may not be a priority.⁵

The Commission supports the implementation of *An Act Relative to Healthy Youth (S.340/H.656)*, also known as the Healthy Youth Act, which would ensure that all schools that elect to teach sexual health education update their curriculum materials to include age-appropriate, consent-based, and LGBTQ-inclusive information. Furthermore, the Commission advises the state to examine all curriculum being taught to youth in state custody and services - with particular attention to the Department of Children & Families (DCF) and Department of Developmental Services (DDS). The Commission has appreciated the attention of some state agencies, particularly the Department of Youth Services, for its commitment to updating and expanding its LGBTQ-inclusive education materials for its young people.

2. Improve research capturing experiences of LGBTQ birthing people, and improve access to gender-affirming health care services.

As discussed throughout this section, there remains a critical lack of SOGI data collection as it relates to pregnancy and abortion services, as well as mortality rates for birthing people. Without this information, it is difficult to accurately capture the experiences of LGBTQ individuals across the state who seek reproductive health care. The Commission recommends that agencies explore ways to include SOGI data collection where appropriate to better understand the need for LGBTQ-inclusive health care in all areas. States vary in degrees of disparity due to the availability of programs and policies for pregnant people.

For Massachusetts, the maternal mortality rate is 15.3 per 100,000 births, ranking 45th in the nation, but with significantly higher rates of severe maternal morbidity for Black non-Hispanic birthing people (2.5 times higher than White non-Hispanic birthing people).⁶ A first-of-its-kind report from the Department of Public Health highlighted critical health disparities for Black birthing people, noting that a large percentage of maternal deaths were reported to have been preventable.⁷

Additionally, Massachusetts has a Maternal Mortality Review Committee that reviews maternal deaths, studies pregnancy complications, and makes recommendations to improve maternal outcomes and prevent mortality.⁸ This is a step in the right direction in addressing maternal mortality inequities, as a study has shown that states with maternal mortality review committees play an integral role in understanding preventable causes of maternal mortality. They also apply a health equity approach to understand the structural drivers of racial, ethnic, and geographic inequities in maternal deaths.⁹ However, there is little to no data published on potential disparities among LGBTQ individuals, potentially missing critical areas of improvement.

3. Create and fund community birthing centers across the Commonwealth, and increase access to culturally competent doula services.

In a 2022 national poll from the American Association of Medical Colleges, 51% of LGBTQ birthing people reported that the quality of their birthing experiences was negatively impacted by bias or discrimination.¹⁰ For many people, birthing centers provide a more comfortable space for people with low-risk pregnancies to give birth, especially for transgender or gender expansive people who may be more likely to face discrimination in a hospital setting. Additionally, doulas can alleviate health inequities and provide greater physical, emotional, and informational support for birthing people, particularly for Black LGBTQ birthing communities who face greater health risks, bias, or discrimination when birthing in hospital spaces.¹¹ Aside from birthing doulas, abortion doulas and gender doulas can alleviate health inequity outcomes and aid LGBTQ youth with navigating the healthcare system when seeking other reproductive healthcare. Overall, doulas who specialize in LGBTQ issues can be helpful for LGBTQ individuals who need support navigating a health care system where they might often face discrimination.¹²

Unfortunately, in Massachusetts, only one community birthing center currently exists - Seven Sisters Midwifery & Community Birth Center - and, though the Commission is pleased to note that the center offers gender-affirming care, there remains a critical need for more LGBTQ-affirming, community birthing centers across the state.

However, in August 2024, Governor Healey signed an expansive bill to expand midwifery coverage, birth centers, doulas, and screening/treatment measures for postpartum depression. The Commission is grateful for this comprehensive maternal health bill and looks forward to seeing the expansion of critical services for LGBTQ birthing people across the state.

4. Increase access to critical reproductive and sexual health items, such as contraceptives and menstrual products.

Research shows that healthcare providers are less likely to discuss birth control options with LGBTQ youth patients.¹³ LGBTQ youth patients deserve equal access to contraceptives and health care providers need to inform them of their options whether it be for pregnancy prevention, menstrual suppression or both; oral contraceptives, IUDs, contraceptive patches, vaginal rings, Depo injections, implants, and the emergency contraceptive pills are viable options for LGBTQ youth, especially for transgender and gender diverse patients who were assigned female at birth.¹⁴ Access to contraceptives helps LGBTQ youth prevent pregnancy and manage menstruation, two biological functions that might cause distress and gender dysmorphia. Having access to contraceptives also guarantees that the Commonwealth will see much lower rates of sexually- transmitted infections, diseases, and unwanted pregnancy rates.

Some transgender men and genderqueer youths assigned female at birth may lack sufficient knowledge around contraceptives and their reproductive capacity when undergoing testosterone therapy, which is why it is essential for LGBTQ youth to have access to LGBTQ-competent healthcare providers and facilities. Although testosterone reduces fertility, it is still possible for transgender individuals with female reproductive capacity on testosterone therapy to become pregnant. Consequently, this can lead to unintended pregnancies in transgender men undergoing testosterone therapy. A 2019 study found that one-third of pregnancies for trans men were unplanned and that usage of contraceptives prior to pregnancy was lower for transgender individuals who were using testosterone gender-affirming therapy compared to those who had not had testosterone.¹⁵

Additionally, despite misconceptions, LGBTQ youth - particularly bisexual girls - are more likely to have an unintended pregnancy; lack of education, cost, stigma, and discrimination provide significant barriers to contraceptive access for youth. Far too often, the conversations around contraception with youth are limited to external condoms as the primary option for contraceptive devices - an approach that often ignores alternative, and sometimes more relevant, LGBTQ-inclusive contraceptive devices.

Condoms - both external and internal - are highly effective at reducing infections, HIV transmission, and unintended pregnancies, and are the most accessible as they can often be purchased at convenience stores. However, cost, safety, transportation, mobility, and fear of stigmatization can often be challenging barriers to overcome, particularly for youth still living with their parents, who may opt out of purchasing condoms altogether and participating in unprotected sexual behaviors.

Besides distribution, education to reduce misinformation about condom usage — such as loss of pleasurable sensation and misconceptions that someone has an STI if they ask to use one — should be provided as part of sexual health education, as should lessons on how to negotiate condom use and risk factors involved; internal condoms are 95% effective at preventing STIs and pregnancy if used correctly, but end up being 75-95% correctly because of tears, spillage, placement, or other issues,¹⁶ whereas external condoms are often noted as 98% effective at preventing pregnancy but, in reality, are only about 87% effective due to improper use.¹⁷

Overall, transgender and gender expansive youth may also avoid using contraceptive devices that may cause gender dysphoria, though contraception can also be used as a key facet of gender-affirming care.¹⁸ Similarly, contacting a medical provider for an IUD insertion or a birth control injection, or picking up birth control or Plan B at a pharmacy, can often be complicated and inaccessible choices for individuals who are transgender or gender expansive due to fear of stigmatization or medical discrimination.¹⁹

The state should explore funding programs and services to provide free contraceptives to youth in public buildings and hospitals, as well as conduct awareness campaigns to educate the public on types of contraceptives and proper use. Recent decisions by some universities - including Boston University - to establish contraceptive vending machines for students should be replicated, expanded, and funded by the state.

Finally, the Commission continues to recommend the implementation of An Act to Increase Access to Disposable Menstrual Products (**S.1549/H.2483**), also known as the 'I AM' bill, which would require that disposable menstrual products be provided to all youth in schools, prisons, and homeless shelters. The Commission further advises that the state explore increasing funding to libraries and community centers to provide similar access. Another way to expand access to menstrual products is through the Supplemental Nutrition Assistance Program, the federal nutrition program that aims to reduce food insecurity for low-income communities. Surveys have shown that more than 1 in 4 lesbian, gay, and bisexual individuals aged 18-44 participated in SNAP, compared to 20% of heterosexual participants.

Most federal surveys do not sufficiently measure participants' gender identity, but studies have shown that transgender individuals have struggled with food insecurity more so than their cisgender counterparts.²⁰ At the federal level, menstrual products are not covered by SNAP benefits. However, the Commonwealth can introduce legislation that can allow SNAP recipients to purchase period products with their benefits, similar to what Illinois implemented in January 2022.²¹

5. Continue to explore paths to increase access to abortion services.

With the fall of the Supreme Court decision *Roe v. Wade* in the summer of 2022 and continued subsequent attacks against abortion access across the nation, Massachusetts has done well to rapidly implement stronger protections to ensure that residents - and non-residents traveling into the state - continue to receive appropriate medical care and control over their own bodies. The Commission appreciates the recent April 2023 actions from Governor Healey to protect access to mifepristone, and encourages the state to continue to explore further actions that ensure that underserved communities - particularly youth of color - do not lose access to this critical medication.

LGBTQ women, girls and nonbinary youth (as high as 46.6%) are more likely to become pregnant than straight, cisgender youth.²² Research indicates that unintended teen pregnancy rates have been shown to be higher for youth who are Black, Latinx, Native, Pacific Islander, living in foster care, homeless, or have an intellectual disability.^{23,24,25} Further potential disparate factors for unintended pregnancies include childhood abuse, increased rates of sexual assault, bullying, family's low income, and lack of access to appropriate sexual health education.²⁶ Consequently, LGBTQ youth are more likely than cisgender, heterosexual youth to seek access for abortion services; one national study indicated that bisexual teens were three times more likely than heterosexual teens to have an abortion.²⁷ In a 2021 national study of transgender, nonbinary, and gender expansive people assigned-female-at-birth or intersex who were mostly under 30 years old, 21% who had been pregnant had gotten an abortion.²⁸ Similar barriers to contraception access also exist for abortion access, including cost, health insurance coverage, transportation, medical discrimination and racism, unsupportive caregivers, and immigration status.

The ROE Act was codified into law by the Massachusetts legislature in 2022, expanding abortion access in the Commonwealth, preventing criminal action against out-of-state individuals seeking abortion care in Massachusetts. After the ROE Act became law, it repealed the parental consent provision for older teens aged 16 and 17 years old. It also made it official for judicial bypass hearings to take place virtually rather than in person.

The Commission supports the a new bill filed in 2025 **(S.2522)** suggests potential expansions to the 2022 ROE Act, providing stronger protections for abortion providers and expand access and safety for those seeking gender-affirming care in Massachusetts.

6. Expand LGBTQ cultural awareness, anti-bias, and racial equity trainings for public hospital providers and staff.

Given the alarming disparities and structural racism faced by Black birthing people in Massachusetts, the Commission strongly recommends that the Commonwealth explore the expansion of mandated trainings to reduce incidents of discrimination, bias, and racism faced by LGBTQ and BIPOC individuals across the state. Agencies should examine professional development practices where relevant in public hospitals and facilities to ensure that medical providers and staff are receiving frequent and mandatory opportunities for LGBTQ cultural awareness, anti-bias, and racial equity trainings.

Finally, the Commission supports the passage of *An Act providing for safe and consensual sensitive examinations (S.1485)*, which would ban the common practice employed by teaching hospitals – of which Massachusetts has several – by allowing medical students to perform pelvic examinations on unconscious patients without their consent. While most research and advocacy is directed towards cisgender women without distinction to intersex status,²⁹ the Commission is seriously concerned about the implications of such practices for women of color, transgender men, and intersex individuals, particularly given the medical profession’s history of medical racism, transphobia, and disregard for ethical care for intersex patients. The Commission advises that Massachusetts pass a gender-neutral ban on these invasive practices, and set up accountability systems and educational campaigns to ensure that patients who suspect that such a practice might have occurred have a reporting method easily available to them.

7. Invest in initiatives to address high rates of sexual victimization among LGBTQ youth.

LGBTQ youth, particularly QTBIPOC youth, are at a much higher risk of sexual violence compared to white, cisgender, and heterosexual youth. Stigmatization and hypersexualization of LGBTQ people, racism, sexism, transphobia, homophobia, and other forms of marginalization are some of the factors that lead to these concerning disparities, and also make it less likely that LGBTQ youth will report sexual violence incidents or assaults to law enforcement.³⁰ In the 2023 Massachusetts YRBS survey, 16% of LGBQ youth indicated they were forced to have sex when they did not want to.³¹

The Trevor Project reports that nearly 2 in 5 LGBTQ youth (39%) experienced forced sexual activity in their lifetime, with 13% of youth reporting that it had happened within the last year. These rates were higher for transgender boys and men (49%) and nonbinary youth (45%) compared to cisgender youth.³² Additionally, Black women and girls are significantly more likely to face sexual violence or coercion, with 40-60% of Black women reporting being subjected to coercive sexual contact by the age of 18; 1 in 4 Black girls will be sexually abused before the age of 18.³³ However, 53% of Black trans women report experiencing sexual violence, and are killed at higher rates than any other population.³⁴

Across college campuses, research has long demonstrated that sexual violence is a pervasive issue that LGBTQ youth experience sexual violence at disproportionate rates. The Commission commends the recent actions of Massachusetts advocates, legislators, and campus officials for prioritizing campus safety for youth across the state, but urges campuses to continue to explore ways to support LGBTQ youth. Within carceral and education institutions, as well as shelters and transitional housing units, LGBTQ youth experience disproportionately higher rates of sexual violence.³⁵ There is no recent research capturing sexual violence in carceral institutions, but in a 2014 survey, 40% of transgender people reported being sexually assaulted or abused in a carceral institution, which is nearly ten times the rate of cisgender incarcerated people³⁶, and it is likely that the U.S. will still see similar rates in 2025. Additionally, transgender youth who are housed in single-sex environments that do not match their gender identity are more likely to be at risk of sexual assault from other residents and facility staff.³⁷

When looking at sexual victimization prevention strategies, including in bystander intervention methods training, it is important to take specific societal and cultural considerations for LGBTQ and QTBIPOC youth into account. For example, one way a well-meaning bystander may try to intervene is by calling the police to mediate an incident. However, police intervention for QTBIPOC youth can sometimes be particularly dangerous, given the disproportionate rates of police hostility, harassment, and violence.³⁸

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Acknowledgments: The Commission sincerely appreciates the significant research contributions of previous authors of this section - Karina Sumano (2023) & Apollo Correia (2024)

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Examining Homelessness & Housing Instability

Multiple risk factors contribute to experiences of homelessness including family rejection, poverty, systemic racism, mental health challenges, and bullying. Although the Commonwealth has made tremendous strides in combatting the youth homelessness crisis, LGBTQ youth populations continue to need additional support and services.

Overview

Across the nation, LGBTQ youth are at an increased risk of experiencing homelessness and housing insecurity, and in the 2024 Massachusetts Youth Count, 26.3% of unaccompanied homeless youth (of 661 respondents) identified as LGBTQ+, and 5.6% specifically identified as transgender.¹ In 2022, The Trevor Project reported that 28% of youth nationwide have experienced homelessness or housing instability at some point in their lives.²

Currently, there is no single definition of youth homelessness defined federally, making it difficult to assess the extent of youth homelessness and develop appropriate responses and resources. The Commission defines youth as individuals under the age of 25 (therefore highlighting recommendations targeting both youth and young adults), and uses the definition of youth homelessness from the Massachusetts Unaccompanied Homeless Youth Commission which states that youth experiencing homelessness are individuals who are not in the physical custody of a parent or legal guardian, and who lack a fixed, regular, and adequate nighttime residence.³

1. Increasing funding for drop-in centers, shelter spaces, and living programs for youth, with particular attention to services for transition-aged foster youth.
2. Implement the recommendations highlighted in the Unaccompanied Homeless Youth Commission's revised 2025 report on young adults exchanging sex to meet their needs.
3. Improve access to rental assistance and stabilization programs.
4. Mandate LGBTQ cultural engagement trainings and LGBTQ-inclusive nondiscrimination policies and procedures in shelters.
5. Improve multicultural, LGBTQ-affirming housing resources for immigrants and refugees.
6. Pass legislation improving access to services for LGBTQ youth experiencing homelessness.
7. Establish a pool of funding to distribute to agencies, programs, and shelters in the case of rescinded federal funding due to "DEI-initiatives" or policies supporting transgender youth.

FY 2026 Recommendations on Homelessness & Housing Instability to the Governor & Legislature

1. Increasing funding for drop-in centers, shelter spaces, and living programs for youth, with particular attention to services for transition-aged foster youth.

Historically, LGBTQ youth experiencing homelessness have cited numerous barriers to accessing state and community services, including fear of discrimination, lack of LGBTQ-specific or -competent services, and lack of appropriate spaces (such as lack of gender-neutral spaces in shelters).

In Massachusetts, there are only a handful of young adult shelters in the state, and even fewer spaces that serve youth under 18. Adding to concerns, in the first few months of 2025, the Commission has heard several reports across the Commonwealth of community programs and shelters who rely on federal funding removing 'DEI'-related language from websites or materials, and beginning to pull back on outwardly LGBTQ-affirming services or events. The Commission recommends that Massachusetts policymakers heavily invest in community resources across the state focused on providing drop-in spaces for youth experiencing homelessness; the development of youth-specific shelter spaces; and independent living programs.

Consistently, as noted in the 2024 Youth Count, long-term and transitional housing services are prevalent needs for youth experiencing homelessness; while the Youth Count highlights that its LGBTQ youth respondents are among the most likely groups to receive needed services in Massachusetts, it is critical that the state continues to invest in LGBTQ-affirming services, policies, and resources across the state, particularly given the concerning federal climate and potential impacts on program funding for programs centering LGBTQ youth.⁴ By limiting program reliance upon federal funding, the state can better ensure the continuation of necessary programming and policy enforcement in critical spaces such as shelters. Specifically, the Commission recommends continued funding for the state's EOHHS Homeless Youth Services line item (4000-0007), which directly supports many of the programs relied upon by youth experiencing homelessness. Additionally, continued state investment in DMH Access Centers—which provide low-barrier, youth-centered drop-in spaces—is essential; the Chelsea Access Center's "Youth Elemento" serves as a strong example of an intentionally affirming model that explicitly offers support for LGBTQ youth.

Furthermore, by investing in community programs and services, the state can encourage the development and expansion of interconnected services to support the overall well-being of youth experiencing homelessness. Once homeless, or while experiencing housing instability, LGBTQ youth are at a heightened risk of experiencing negative physical, mental, and behavioral health outcomes; transgender and nonbinary youth, in particular, face an increased risk of depression and suicidal ideation, especially given the increase anti-trans rhetoric that has overtaken mainstream media. In the Trevor Project's 2021 national report, 68% of LGBTQ youth currently experiencing homelessness reported that they had engaged in self-harm; 62% reported having seriously considered suicide in the past year; and 35% reported a suicide attempt in the past year.⁵

At a time when the Massachusetts Department of Mental Health, and other critical services, are receiving significant budget cuts, the Commission is deeply concerned about access to mental health services for our most vulnerable populations. However, in 2024 Youth Count data shared from the Unaccompanied Homeless Youth Commission, 62% of LGBTQ individuals expressed a need for mental health assistance, and 3 in 5 received this assistance; as a group, LGBTQ youth were more likely to need help, but also more likely to get all or some of the help they needed in Massachusetts.

2. Implement the recommendations highlighted in the Unaccompanied Homeless Youth Commission's revised 2025 report on young adults exchanging sex to meet their needs.

The 2024 Youth Count highlights that, overall, 44.3% of its LGBTQ+ respondents had ever exchanged sex or sexual content for basic needs. Also typically classified as survival sex work, youth engaging in this practice are often at a higher risk of exploitation and trafficking, highlighting the critical need for programs and services who are trained to identify and support at-risk youth; 26.7% of Youth Count respondents who reported exchanging sex or sexual content for basic needs also shared that someone else was keeping or holding the profits for the youth - 43% of these respondents identified as LGBTQ+.⁶

The Unaccompanied Homeless Youth Commission's reissued 2025 report on young adults who experience homelessness or housing instability and exchange sex to meet their basic needs highlighted five findings:

1. Youth Homelessness Service Providers are not consistently meeting the sexual health needs of young adults who are experiencing homelessness or housing instability.
2. Young Adults experiencing homelessness have limited financial resources, and exchanging sex allows them to attain funds to meet basic and other needs. Marginalized populations, including young adults of color, trans-identified young adults, or those without legal status, face compounded challenges of obtaining income.
3. Providers serving youth experiencing homelessness are not consistently identifying YA-ESN, and young adults should not need to disclose ESN to receive appropriate support.
4. Young Adults, especially YA-ESN, struggle to obtain and sustain housing for reasons that include the existence of a criminal record and the need to document their income. Landlord prejudice and racism may exacerbate these issues.
5. Young Adults, especially YA-ESN, struggle to obtain appropriate and accessible behavioral health (mental health and substance use) support.

Each of these findings then highlighted a number of recommendations for the Commonwealth to implement. Many of these recommendations match other recommendations throughout this annual report, including trainings for providers; increased access to safer sex supplies; stronger interagency connections to support youth transitioning out of state systems with warm hand-offs and increased access to benefits; addressing barriers to homelessness; and increased mental health services support.⁷

The Commission overwhelmingly supports the recommendations issued by the UHYC and strongly encourages urgent implementation.

3. Improve access to rental assistance and stabilization programs.

In October 2023, the Healey Administration announced The Affordable Homes Act, the largest housing investment in state history, which was signed into law August 2024. Notably, the bill did not repeal the ban on rent control in the Commonwealth, therefore not directly addressing a major issue that contributes to housing insecurity in the Commonwealth. However, in Governor Healey's proposed FY 2026 Budget, a proposed ban on tenant-paid broker's fees was included, which would ensure that tenants or prospective tenants would not be required to pay a broker fee as a condition of rental. Given that payment of broker's fees is often named as a top barrier to LGBTQ youth finding affordable housing, as highlighted in previous Commission reports, the Commission hopes to see these provisions pass into the final budget - as of April 2025, the House had included this provision in its budget version.

The issue of access to affordable housing is complex, and the Commission continues to recommend the passage of two bills supporting rent stabilization and an upstream approach to addressing homelessness: *An Act enabling cities and towns to stabilize rents and protect tenants*, S.1447/H.2328, and *An Act providing upstream homelessness prevention assistance to families, youth, and adults*, presented by Senator Crighton and Representative Decker, S.1961/H.1488.

However, neither of these bills address some of the other barriers to housing stability, such as the need for increased resources for parenting youth, employment services, and financial assistance. Holistically addressing the needs of LGBTQ youth experiencing homelessness requires approaches that address both systemic factors and the unique challenges that LGBTQ youth face; far too frequently, as highlighted in the 2024 Youth Count and in previous annual reports, state systems and services are confusing to navigate, often hold systemic gaps for youth moving between state systems, and fail to meet intersectional needs, especially for QTBIPOC youth.⁸ It is essential that agencies and programs, such as health care services, public health programs, and shelters, collaborate to better holistically address the needs often youth experiencing homelessness; and that municipalities work to not only address and increase access to rent stabilization programs, but also comprehensive supports for employment, childcare, and health care services.⁹

4. Mandate LGBTQ cultural engagement trainings and LGBTQ-inclusive nondiscrimination policies and procedures in shelters.

LGBTQ youth experiencing homelessness and housing insecurity require interventions and services that promote supportive social networks to combat stigma and discrimination and provide accessible housing services; a positive social support network is a protective factor, since relationship breakdowns for LGBTQ youth and loss of a sense of belonging are some of the most common drivers of homelessness.¹⁰ Efforts to combat discrimination and promote inclusive environments are crucial for fostering resilience and ensuring the well-being of LGBTQ youth.

However, for years, youth experiencing homelessness, community advocates, and the Commission have uplifted concerns about discrimination and a lack of LGBTQ-affirming, safe shelters in Massachusetts. In FY 2025, the Executive Office of Housing and Livable Communities (as highlighted in its agency recommendation's section) began reviewing its funded shelters' policies and procedures for LGBTQ inclusivity. Additionally, the Commission and EOHLC are currently partnering on a shelter training initiative to provide free trainings on LGBTQ inclusivity through EOHLC-funded shelters beginning in early FY 2026. However, EOHLC does not oversee all shelters in Massachusetts, and does not currently fund or have oversight of any youth-specific shelters.

As HUD begins to potentially rescind its 2016 Equal Access Rule, and in fact halted enforcement in February 2025, Massachusetts must ensure that it continues to enforce its anti-discrimination and public accommodation laws to ensure that transgender and nonbinary youth are supported when seeking shelter. Nationally, transgender and nonbinary youth report higher instances of discrimination within shelter systems, especially given the often used binary male and female procedures utilized in shelters, ultimately putting transgender and nonbinary youth at an increased risk for discrimination and victimization.¹¹ These issues are often compounded by race, as Black and brown youth report higher instances of homelessness than white youth, and research has shown that systemic racism often exacerbates and extends experiences of homelessness.¹² The 2024 Youth Count reported that 65% of respondents identified as Black, Latino, Asian, and multiracial.¹³

Funding and incentives for shelter staff to engage in LGBTQ cultural engagement trainings, and trainings on racial equity and intersectionality, is critical, particularly as the housing crisis for families and immigrant youth increases across the state. The Commission recommends that policymakers, housing agencies, and community advocates collaborate to create a clear strategic plan to support trainings in shelters, LGBTQ-affirming resource and program development, and advisories on best practices for programs currently receiving federal funding who could potentially face budget cuts due to 'DEI-related' initiatives.

Furthermore, the Commission recommends that shelters public share out on their nondiscrimination policies, and transparent procedures for accountability and reporting instances of discrimination. A report detailing best practices for homeless shelters, services, and programs in Massachusetts serving transgender, nonbinary, and gender non-conforming guests was revised in 2023 by the Massachusetts Transgender Political Coalition (MTPC), and serves as a model for shelter staff trainings.¹⁴ To help address additional gaps, the MA Unaccompanied Homeless Youth Commission released Improving Adult Shelters for Young Adults: Collaborative Strategies for Safe Transitions, a guide offering strategies to make adult shelters safer and more housing-focused for young adults, including a section on supporting transgender and nonbinary youth, referencing the MTPC guide.

5. Improve multicultural, LGBTQ-affirming housing resources for immigrants and refugees.

Over the last few years, Massachusetts has experienced a significant uptick in migrant families and youth, refugees, and asylum seekers, including LGBTQ youth. Over FY 2025 and into FY 2026, Massachusetts has continued to rapidly address the housing crisis for new arrivals, proposing changes to the right-to-shelter law, imposing new limits on length-of-stays in shelters for families, and investing in rental assistance and programs to support immigrant families. Since the initial surges in 2023, Massachusetts data has indicated a decrease in the number of families seeking shelter each day (from around 40 to an average of 15 in 2024/25).¹⁵ As more LGBTQ immigrants, refugees, and asylee seekers arrive in Massachusetts, it is critical that the state examine its existing services and the clear gaps in LGBTQ-affirming, multilingual resources available.

As the Commission highlights in the agency recommendations for the Office of Refugees and Immigrants (ORI) and its section on LGBTQ-inclusivity for immigrants, refugees, and asylum seekers, far too few providers in Massachusetts are openly affirming for LGBTQ individuals, with only one specific organization (the LGBT Asylum Task Force) available in Central Massachusetts. While the Commission works to provide resources and trainings for providers through ORI, Massachusetts must expand its investment into existing programs actively serving LGBTQ clients, and encourage the expansion of available resources in the state.

6. Pass legislation improving access to state identification cards and civil rights protections for youth experiencing homelessness.

Access to state identification continues to be a barrier for youth experiencing homelessness in the Commonwealth, denying youth access to basic services such as health care. The 2021 Massachusetts Youth Count found that 35% of unaccompanied youth experiencing homelessness had issues accessing housing services due to not having proper identification or documentation to access services. As highlighted for several years in previous annual reports, *An Act to provide identification to youth and adults experiencing homelessness*, would remove financial barriers to obtaining a Massachusetts state ID, and would allow persons without a permanent address to use the address of a shelter or other program where they receive care; this bill has previously passed the Senate, but stalled in the House. Currently, 16 states have successfully implemented services that offer free or reduced-fee cards for individuals experiencing homelessness, making the Commonwealth of Massachusetts lag on advancements and protective measures for youth experiencing homelessness and housing instability.¹⁶

Additionally, *An act establishing a bill of rights for individuals experiencing homelessness (S.1120/H.274)* would affirm the rights of people experiencing homelessness, such as the right to move freely in public spaces, provide additional civil rights protections, and amend the Commonwealth's voting laws to affirm the right to vote without a permanent address.

7. Establish a pool of funding to distribute to agencies, programs, and shelters in the case of rescinded federal funding due to "DEI-initiatives" or policies supporting transgender youth.

As shown in the below table, HUD distributed approximately \$125 million to Massachusetts Continuum of Care regions through homeless assistance grant funding; as of April 2025, there is no data available on its 2024 funding initiatives.¹⁷

CoC Region	Amount	CoC Region	Amount
Balance of State	\$31,762,597	Quincy, Brockton, Weymouth, Plymouth City, and County	\$10,838,488
Boston	\$47,706,835	New Bedford	\$2,293,066
Springfield/Hampden County	\$7,534,592	Cape Cod Islands	\$2,445,777
Worcester City & County	\$9,632,887	Attleboro, Taunton/ Bristol County	\$1,017,524
Pittsfield/Berkshire, Franklin, Hampshire Counties	\$0	Lynn	\$3,026,164
Cambridge	\$6,404,386	Fall River	\$2,251,028

U.S. HUD Data of FY2023 Funding for Homelessness Assistance Programs in Massachusetts CoCs

As the federal government begins to slash significant funding sources from programs using the grants for equity-based initiatives, such as supporting LGBTQ youth homelessness, the Commission has serious concerns about the ability of such programs to continue critical supports for LGBTQ youth experiencing homelessness in Massachusetts while maintaining transparency and accountability. As a number of legal challenges begin against the federal government's decisions to withdraw or reject grants based on the inclusion of equity-based programs for marginalized communities, the Commission advises that Massachusetts stakeholders examine the likely need for creating a funding pool for programs to utilize to ensure that any such initiatives are state-funded, rather than carried out with federal funds to protect the integrity of such programs and the agencies and organizations.

8. Evaluate and improve coordinated entry tools to center an equitable approach to increase access to housing opportunities for QTBIPOC youth in the Commonwealth.

The Commission congratulates the Commonwealth on receiving the recent HUD-funded Youth Homelessness System Improvement (YHSI) Grant, awarded to EOHLC in partnership with EOHHS-Homeless Youth Services. This important investment provides a valuable opportunity to evaluate the coordinated entry assessment and prioritization tools currently being utilized by each Massachusetts Continuum of Care. The Commission encourages that this work center youth, with particular attention to the diverse needs of QTBIPOC young people, and emphasizes the importance of including contributions from young people with lived experience in the homelessness system when making recommendations and improvements.

9. Address issues occurring from youth shifting between Continuums of Care.

Over the last two years, the Commission has engaged in conversations with EOHLC and providers to help address systemic barriers that can prolong experiences of homelessness for young people. One particular issue that has been noted is the penalties that some young people, oft unknowingly, face when moving between Continuums of Care (CoCs). As highlighted in the EOHLC recommendations since FY 2024, youth who travel within shelters between CoCs - such as from Boston to Salem - can be subject to a systemic error that disrupts their count of 'days of homelessness', thus potentially moving them down on the priority list for a housing voucher.

While EOHLC has informed the Commission that a new coordinated care component has been created to better track the comings and goings of individuals, it also notes that this component is not widely utilized - nor does EOHLC have the authority to require CoCs to utilize the component. The Commission emphasizes its concerns that this problem continues to unfairly penalize youth and expresses the necessity of state to commit to its responsibility to ensure that young people and providers have the needed tools and information to reduce instances of homelessness. As of April 2025, EOHLC is working on reviewing with CoCs to understand current rates of utilization.

Citations & Acknowledgments

Acknowledgments: The Commission sincerely appreciates the significant research contributions of previous authors of this section - Sean Hanwell (2024). The Commission is additionally grateful for the feedback received from Dr. Alice Colegrove, Director of Homeless Youth Services at EOHHS.

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Advancing Justice

The Commission on LGBTQ Youth defines 'youth' as individuals younger than 25 years old. In formulating recommendations regarding LGBTQ youth within Massachusetts' criminal legal system, it is important to note that the Commission's report covers both juvenile and adult legal systems.

Overview

This section will rely on the phrase "criminal legal system" instead of "criminal justice system" throughout to more accurately describe the inequitable and often harmful U.S. institutions of policing, prosecution, courts, and corrections. This preference stems from a critical examination of the criminal legal system's historical, discriminatory roots and its ongoing disproportionate impact on marginalized communities, particularly people of color as well as individuals experiencing poverty.¹ The U.S. criminal legal system since its inception has been and continues to be deeply intertwined with racism and perpetuates inequality and injustice, evident in practices like racial profiling, disparities in bail accessibility, and harsher sentencing of Black and Latinx individuals compared to their white counterparts.² Furthermore, the criminal legal system's failure to address or mitigate crimes of poverty, alongside the imposition of fines and long-lasting financial consequences post-incarceration, highlights its inefficacy in promoting fairness.³ By referring to it as the "criminal legal system," we acknowledge its fundamental flaws and the need for reform, emphasizing that justice, in its truest sense, remains elusive for many caught up within this system.

Nationally, LGBTQ youth are twice as likely to enter the juvenile legal system as their non-LGBTQ counterparts, with LGBTQ youth of color and transgender individuals facing even more profound disparities.⁴ Specifically, transgender youth of color are four times more likely to be incarcerated.⁵ Despite lack of recent research on the experiences of LGBTQ youth who are incarcerated, one study suggests that up to 28% of youth incarcerated across the nation in the juvenile legal system identify as LGBTQ.⁶

in Massachusetts, approximately 6% of youth in DYS custody identify as LGBTQ.⁷ Risk factors such as truancy, bullying, and homelessness, often exacerbated by discrimination, further propel LGBTQ youth, particularly transgender youth and youth of color, towards the criminal legal system.⁸ These issues are deeply intertwined with systemic racial disparities, with national studies showing that compared to white youth, Black youth are four times, Native American youth are nearly three times, and Latinx youth are 1.5 times more likely to be incarcerated.⁹ Despite progress towards creating safer and more affirming environments within the Department of Youth Services (DYS), much remains to be done across both legal systems in Massachusetts to reduce disparities faced by youth of color in the legal system.

1. Increase collection of data on sexual orientation and gender identity to identify and reduce disparities throughout the juvenile and criminal legal systems.
2. Eliminate common night-walking laws and increase funding for programs serving LGBTQ youth at-risk of sexual exploitation.
3. Improve conditions of confinement for incarcerated LGBTQ and intersex individuals.
4. Support initiatives to promote diversion of youth by all stakeholders.
5. Invest in homelessness and transitional housing resources for LGBTQ youth.
6. Support legislative initiatives to improve the Massachusetts legal system.
7. Actively involve justice-involved youth in government decision affecting them, ensuring their experiences directly inform policies and programs designed to serve their needs.
8. Disrupt the school-to-prison pipeline by removing police from schools.
9. Limit the use of force by law enforcement and correctional officers and establish community-based response systems to reduce police intervention.

FY 2026 Recommendations on Advancing Justice to the Governor & Legislature

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

Without comprehensive data, the state has little insight to the widespread disparities experienced by LGBTQ youth in the Commonwealth. The Department of Correction does not currently collect or publicize sufficient sexual orientation, gender identity, and gender expression (SOGIE) data on incarcerated people in Massachusetts. This data gap severely limits the understanding of the disparities faced by LGBTQ youth and hinders the development of targeted interventions. As such, the Commission recommends that SOGIE data be recorded and analyzed for LGBTQ populations within the criminal legal system. In 2018, the legislature created the Juvenile Justice Policy and Data Board (JJPAD) which was tasked with collecting data to identify disparities and make recommendations on how to improve the experience of youth in the juvenile legal system.

The Department of Youth Services (DYS) tracks the sexual orientation, transgender status, and intersex status of young people in their care, including during pretrial detention. For 2023 pre-trial detention admissions, DYS found only 6% (47 individuals) identified as LGBTQ, lower than national averages.⁹ However, there are still further improvements to be made in the collection of SOGIE data in the criminal legal systems, including by mandating the collection of SOGIE data in the adult legal system. One such path forward would be for the legislature to pass *An Act to Promote Rehabilitation Including Guaranteed Health, Treatment, and Safety for Incarcerated LGBTQI+ People*, also known as the RIGHTS Act (**S.1660/H.2656**), which would collect data on LGBTQI prisoners held in restrictive housing. Additionally, the Commission advises that the legislature should pass *An Act Improving Juvenile Justice Data Collection* (**S.1054/H.2028**), which would mandate inclusion of sexual orientation and gender identity in the collection and reporting of juvenile data to identify and evaluate policies to reduce racial disparities in the juvenile justice system. By addressing these gaps in data and fostering an environment of inclusivity and support, the Commission aims to significantly reduce disparities and improve the lives of LGBTQ youth involved in Massachusetts' juvenile and adult criminal legal systems.

2. Eliminate common night-walking laws and increase funding for programs serving LGBTQ youth at-risk of sexual exploitation.

As reiterated throughout other sections in this annual report, the Commission steadfastly advocates for the decriminalization of sex work for individuals over 18, as decriminalization would alleviate public health disparities, enhance housing accessibility, and diminish the entanglement of LGBTQ youth in the criminal legal system. Furthermore, decriminalization enables a more strategic allocation of resources towards effectively safeguarding vulnerable youth from commercial sexual exploitation and trafficking. This strategic redirection of resources is imperative, as the conflation of sex work with sex trafficking often leads to ineffective and inefficient programs, further stigmatizing and criminalizing both consensual sex workers and sexually exploited victims alike.¹⁰

The Commission recommends that the Commonwealth explore a path to the decriminalization of sex work for youth over the age of 18, through bills such as *An Act to Study the Decriminalization of Sex Work* (**H.2467**) and *An Act to Promote the Health and Safety of People in the Sex Trade* (**H.1980**). For years, research has shown that the criminalization of sex work has made sex workers more vulnerable to violence and discrimination from police, and leads to poorer public health outcomes. Furthermore, due to increased likelihood of experiencing homelessness and financial insecurity, LGBTQ youth are more likely to exchange sex to meet their financial and material needs, than their heterosexual, cisgender peers, as well as more at-risk of sexual exploitation and trafficking. As discussed thoroughly in the public health section of this annual report, too often, law enforcement officers and policymakers conflate 'sex work' with 'sex trafficking' which leads to ineffective policy implementations, and increased criminalization of LGBTQ youth.

Furthermore, the Commission recommends a substantial investment in programs tailored to address the vulnerabilities of youth susceptible to commercial sexual exploitation, with a specific focus on LGBTQ youth and cisgender boys, who are frequently overlooked in discussions concerning sexual exploitation and trafficking. Additionally, the state is urged to broaden its approach to youth sex work away from the criminal legal system and instead towards assisting youth that engage in sex work to meet their financial or material needs. For instance, initiatives providing gender-affirming care products could significantly mitigate the risks associated with engaging in sex work by supporting transgender and gender expansive youth who may turn to sex work to afford essential items such as wigs, binders, packers, and makeup.

3. Improve conditions of confinement for incarcerated LGBTQ and intersex individuals.

Nationally, LGBTQ and intersex individuals are overrepresented among prison inmates in the adult legal system, 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. As noted above, the Commission strongly urges the state to pass and enact the RIGHTS Act (**S.1660/H.2656**) to ensure stronger protections of LGBTQI incarcerated youth in the adult criminal legal system, as well as conduct research studies to better understand the experiences of LGBTQ individuals being detained across the state.

LGBTQ youth face systemic challenges and discrimination throughout the pre-trial, trial, and incarceration phases within both juvenile and criminal legal systems.¹¹ National research, including findings from the Williams Institute, reveals that LGBTQ youth, particularly those of color, endure longer periods within the juvenile legal system and are at a higher risk of facing discrimination and violence while detained or incarcerated.¹² Extended time in detention can disrupt a young person's access to ongoing mental and behavioral health services within the community, undermine the effectiveness of rehabilitation programs, postpone the process of taking accountability, and may even lead to premature death.¹³

Despite legislative efforts to protect LGBTQ youth in incarceration settings, the implementation of these protective standards has been inconsistent; this inconsistency sometimes exacerbates the challenges LGBTQ youth face, including higher rates of abuse and harassment.¹⁴ Specifically, the Bureau of Justice Statistics reports that, nationally, incarcerated gay, bisexual men, and transgender women in the adult legal system are approximately ten times more likely to suffer sexual victimization than their heterosexual counterparts.¹⁵ Solitary confinement or “administrative segregation” remains a critical issue for detained and incarcerated LGBTQ youth across the nation,¹⁶ though there is no recent research capturing the experiences of LGBTQ individuals who are incarcerated in Massachusetts.

4. Support initiatives to promote diversion of youth by all stakeholders.

The Commission supports the expansion of access to judicial diversion for youth who commit low-level offenses in order to better support diverting youth away from the juvenile system, as proposed in *An Act Promoting Diversion of Juveniles to Community Supervision and Services* (**S.1051/H.1695**). Diversion programs offer a way to stop young people from getting a criminal record by guiding them to service-oriented alternatives that keep them out of the court process.¹⁷

These programs provide several benefits, such as being more cost-effective, lessening trauma with healing approaches, and providing ongoing support for the youth even after their involvement with the juvenile and criminal legal systems ends. While the specifics of diversion programs can differ greatly, they work best when the help and opportunities they provide are optional, non-punitive, and easy to access. While diversion doesn't completely negate the harmful impact of a young person's initial encounter with the criminal legal system, it can significantly reduce the lasting damage of being formally charged with a crime.

In October 2021, the Massachusetts Department of Youth Services (DYS), in collaboration with the Office of the Child Advocate (OCA), initiated the Youth Diversion Learning Lab. This initiative seeks to divert youth from the formal juvenile legal system, an approach increasingly recognized across the Commonwealth for its negative impact on youth well-being. The Diversion Learning Lab program was crafted with several key aims at its core. First, it seeks to decrease the probability that young individuals will commit offenses again, thereby contributing to greater public safety. Second, the program encourages youth to take accountability for their actions. It aims to nurture positive youth development, focusing on cultivating beneficial qualities and skills in young people. Lastly, a fundamental goal of the Diversion Learning Lab is to guarantee fairness and equity throughout the program's processes, ensuring all participants are treated justly and equitably. While there is a variety of diversion practices across the state, the overarching goal is to adopt evidence-based methods to improve outcomes for youth involved in the juvenile legal system.¹⁸

The Diversion Learning Lab aims to reduce future offending, enhance public safety, hold youth accountable, support their development, and promote equity in the diversion process. The program model, crafted by the JJPAD Board's Community-Based Interventions Subcommittee and outlined in the Model Program Guide, emphasizes collaboration among various stakeholders, including law enforcement, judges, and community organizations. The program offers voluntary participation, comprehensive service provision including risk and needs assessments, individualized case plans, and active case management. It also maintains communication with referrers to monitor progress and addresses any challenges, thereby supporting the youth and their families in accessing necessary services and overcoming barriers to success.¹⁸

In August 2024, the Massachusetts Office of the Child Advocate (OCA) released an updated progress report of the Youth Diversion Learning Lab over seven sites (3 launched in 2021, 2 in 2022, and 2 in 2023).

From 2022 to 2024, 471 youth were referred to the initial pilot sites based in Essex, Middlesex, and Worcester, with 82% of the referrals having an intake date by May 2024. Across the intakes, 7% identified as LGB youth, and less than 1% identified as transgender or nonbinary. When surveyed, 88% of youth felt that they could stay out of trouble in the future.¹⁹

5. Invest in homelessness and transitional housing resources for LGBTQ youth.

The Massachusetts 2024 Youth Count showed that, over the past few years, approximately one out of every three or four youth experiencing homelessness identifies as LGBTQ. As a result of these experiences, LGBTQ youth may turn to sex work or selling drugs to survive, which can often lead to some type of involvement with the criminal legal system, including incarceration.²⁰ The state's shelter system, especially for LGBTQ youth, is under-resourced and often unsafe, forcing youth out into public spaces and increasing their interactions with law enforcement. Traditional emergency homeless shelters can be dangerous environments for LGBTQ youth due to several intertwined factors. These facilities may lack staff trained in LGBTQ care, leading to an environment where discrimination, harassment, and even violence against LGBTQ youth can occur unchecked. Furthermore, shelter policies and practices may not respect the gender identities of transgender and nonbinary youth, forcing them into accommodations that do not align with their gender identity and exposing them to heightened risks of abuse and trauma.²¹ This situation creates a vicious cycle where homelessness contributes to criminalization, which in turn, exacerbates the challenges faced by these youths. Improving LGBTQ-friendly shelter availability and the safety of emergency shelters, particularly for those under 18, are crucial steps toward addressing the systemic failures that funnel LGBTQ youth into the criminal legal system.

Additionally, after release from incarceration, many returning youth struggle to find stability and often face homelessness. The Commission strongly recommends that the Commonwealth allocate funding to the development of and expansion of transitional housing resources for formerly incarcerated LGBTQ youth, particularly for those aged 22 to 24 who may not be eligible for other state services. An example of this transitional housing program is offered by the Transgender Emergency Fund Transitional Housing Program, which houses up to eight transgender and gender expansive individuals currently experiencing homelessness.

6. Support legislative initiatives to improve the Massachusetts legal system.

There are numerous proposed policy frameworks being debated in the 194th General Court of Massachusetts; the Commission highlights a few relevant bills that would work to help reduce youth engagement with the criminal legal system.

Despite considerable reforms within the juvenile and criminal legal systems, much remains to be accomplished in safeguarding LGBTQ individuals older than 18. Although it is possible to expunge non-serious offenses committed before the age of 21 from a person's record, this procedure is not automatic and often involves a complex and protracted process. Those who are eligible for expungement or sealing of their criminal record must face lengthy processing times (sometimes over a year) and, many struggle to afford an attorney to assist them in filing.²² LGBTQ youth frequently encounter discrimination in areas such as employment, housing, and accessing social services; the presence of a criminal record, even for minor offenses, can significantly worsen these challenges, and studies indicate that sealing records can significantly enhance job access and wages.²³ To help mitigate these challenges, the Commission supports the expansion of access to record sealing, and the automatic sealing of eligible juvenile and adult records within 90 days, as proposed in *An Act Requiring Clean Slate Automated Record Sealing* (**S.1114/H.1811**).

Additionally, the Commission recommends that the legislature raise the age of the juvenile justice system to gradually include 18- to 20-year-olds to improve public safety and improve outcomes for the teens as proposed in *An Act to Promote Public Safety and Better Outcomes for Young Adults* (**S.1061/H.1923**), also known as 'Raise the Age.' Massachusetts is well-known to have better outcomes for youth in the juvenile justice system through the Department of Youth Services and for youth over the age of 18, these formative years are particularly important for LGBTQ youth who often struggle with mental health issues.

7. Actively involve justice-involved youth in government decision affecting them, ensuring their experiences directly inform policies and programs designed to serve their needs.

The inclusion of young people with lived experience in state systems is critical to ensuring real and effective change in initiatives to improve the criminal legal system. The Commission strongly recommends that policymakers, agencies, and community stakeholders actively work to provide paid, meaningful opportunities for justice-involved youth to participate in new initiatives, programs, and policy development. Including youth with lived experience as partners in policy and system reform is essential for creating more effective and equitable juvenile and criminal legal systems. This approach is also supported by the National Council of Juvenile and Family Court Judges (NCJFCJ), which has highlighted the need for engaging individuals who have firsthand experience with the carceral system to ensure that policies and practices are truly person-centered. Those with lived experience offer unique insights that can lead to more impactful reforms, challenging existing practices and driving substantial change.²⁴

Partnerships with youth with lived experience should be based on mutual respect for the lived expertise these individuals bring, facilitating shared leadership and decision-making.²⁵ This collaborative approach ensures that the voices of those most affected by policies are not only heard, but are seen as integral to the formulation and implementation of those policies. Engagement must be genuine and involves preparing and supporting youth to participate meaningfully in discussions and decisions; this includes providing orientation about system changes, training in public speaking, and ensuring that their contributions do not negatively impact their personal cases or future. Moreover, recognizing and compensating these individuals for their time and insights acknowledges the value of their contributions, aligning with the principles of equity and respect.

Effective engagement involves including youth with lived experience throughout the entire process—from planning and design to implementation and evaluation.²⁶ This ensures that programs are responsive and truly meet the needs of the communities they aim to serve. It also helps in identifying potential unintended consequences of policies and programs. Moreover, engagement should be rooted in empowerment and equity, focusing on giving these individuals not just a voice but actual decision-making power. This approach helps rectify power imbalances and ensures that the engagement is transformational rather than transactional. For engagement to be impactful, it must be sustained and meaningful. This involves setting clear roles and expectations, and compensations that acknowledge the value of the contributions made by individuals with lived experience. Successful engagement requires appropriate infrastructure and resources, including dedicated staff to facilitate engagement, adequate funding, and support systems that help mitigate risks like secondary trauma for those with lived experience. Engagements must also be culturally sensitive and trauma-informed, respecting the diverse backgrounds and experiences of participants. This approach not only enhances the effectiveness of the engagement but also fosters a safer environment for participants.

Engaging youth in crafting policies, especially those related to juvenile legal reform, is crucial because they are often the most directly affected by these policies. Young people bring invaluable assets to reform efforts, such as unique perspectives derived from personal experience, passion, and creativity. When youth are involved, they not only contribute to the development of more effective and relevant policies but also gain personal growth opportunities that help them develop into responsible, active members of their communities. The engagement of youth in policymaking helps break stereotypes and compels a broader audience to confront the realities of the juvenile justice system and its impact on real lives. Providing youth with platforms to advocate for change enables them to influence systemic reform meaningfully. This involvement enhances their self-efficacy and connectedness to their communities, offering them significant leadership and advocacy experiences that foster their development into capable adults.²⁷

To the extent possible, organizations that rely on youth with lived experience should offer them the option to include their advocacy or research contributions for the organization on any future employment documents, including resumes, and support them with recommendations for additional future opportunities.

Moreover, youth involvement in policy reform aligns with the principles of youth development, which advocate for young people to feel connected to and responsible for their community's well-being. By engaging youth, not only are the policies improved, but the youth themselves benefit from the empowerment and skills they gain through active participation. This approach challenges traditional views of system-involved youth, recognizing them as valuable contributors rather than just offenders. And data shows that programs integrating lived experience not only result in better outcomes but also foster greater community trust and connectedness.²⁸ Youth engagement in policymaking is not just beneficial but essential for creating just effective, and empathetic juvenile and criminal legal policies and systems.

8. Disrupt the school-to-prison pipeline by removing police from schools.

In the 2024 Trevor Project Massachusetts snapshot, 20% of LGBTQ youth are reported to have experienced physical threats or harm based on their sexual orientation or gender identity in the past year, while 54% of youth had experienced discrimination. Additionally, 57% of LGBTQ youth aged 13-17 experienced bullying in the past year.²⁹

LGBTQ youth frequently cite fears of repercussions or doubts about receiving adequate assistance, leading them to not report bullying or harm to school authorities. This lack of trust is further exacerbated by the patterned, negative treatment of LGBTQ youth who do report the harassment. LGBTQ youth who endure bullying or harassment find themselves facing more severe disciplinary actions than the perpetrators themselves. In some cases, LGBTQ youth have even been suspended after reporting incidents of bullying.

This harm is exacerbated in schools with the presence of School Resource Officers (SROs), where LGBTQ youth are more likely to be referred to law enforcement for disciplinary infractions.³⁰ Research shows that these interactions with law enforcement contribute to the school-to-prison pipeline, in which punitive policies and practices within the education system disproportionately funnel students, particularly those already at risk, out of classrooms and into the juvenile and criminal legal systems.³¹ Once involved in the juvenile legal system, students often face numerous barriers to re-entering traditional schooling; many of these students never graduate from high school, further limiting their opportunities for future success and increasing their likelihood of incarceration or re-incarceration.

9. Limit the use of force by law enforcement and correctional officers and establish community-based response systems to reduce police intervention.

In 2020, Massachusetts passed several police reform bills following the murders of George Floyd and Breonna Taylor at the hands of police, as well as countless other instances of police brutality. Since 2020, there has been no further major evolutions in Massachusetts law, and the 2020 reforms fell short in several areas, including: failing to (1) restrict the government's use of dangerous, racially-biased and transphobic 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. In particular, the Commission strongly recommends that the State examine all local practices and policies as it relates to police responses to emergency calls to ensure that youth are protected from violence and discrimination when in crisis. The Commission further recommends that Massachusetts ban the use of facial surveillance technology, such as suggested in *An Act to Implement the Recommendations of the Special Commission on Facial Recognition Technology* (**S.1053/H.1946**). As discussed below, facial surveillance technology has been shown to increase the likelihood of false arrests and criminal charges against QTBIPOC individuals.

Nationally, studies show that prejudice and discrimination can guide the actions of law enforcement, leading to LGBTQ youths, especially girls and those of color, being disproportionately targeted.³² LGBTQ individuals, especially those from minority backgrounds, often encounter adverse reactions from police. A national survey discovered that 31% of LGBTQ victims of hate-driven violence experienced hostile responses from the police officers they approached, and 35% reported police indifference towards their victimization. Transgender victims of hate crimes notably faced higher instances of violence from police compared to others, with Black LGBTQ individuals experiencing police use of force nearly three times more frequently than other victims.³³ In addition, it is likely that many hate crimes go unreported, as there exists significant differences between recorded hate crime statistics and reports from victims. LGBTQ individuals often hesitate to report hate crimes due to fears for their safety and the anticipated negative response from law enforcement.³⁵ Law enforcement officers may be hesitant to investigate these crimes due to unease in dealing with LGBTQ individuals and a lack of definitive instructions on hate crime case protocol. Unfortunately, there is little current research and data on the relationships between LGBTQ youth and law enforcement in Massachusetts, but policymakers and law enforcements should ensure that all proposed and enacted policy initiatives are intersectional.

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Acknowledgments: The Commission sincerely appreciates the significant research contributions of previous authors of this section - Kimberly Rhoten (2024)

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Expanding Inclusive Service Provision for LGBTQ Immigrants, Refugees, and Asylum Seekers

Many LGBTQ foreign-born youth can face significant barriers to accessing affirming services for housing, healthcare, and legal, education, and employment services. While very little state-specific research and data exists, there remains a great need for affirming services, particularly in the areas of mental health care and housing support.

Overview

In the United States, little information is available about the number or characteristics of LGBTQ immigrants. Roughly 1 in 6 of Massachusetts residents are foreign-born (almost 1.2 million people, or 16.9% of the population) and another 1 in 7 are U.S.-born with at least one foreign-born parent. Representative information about LGBTQ foreign-born youth specifically is largely missing for the U.S. population because large surveys conducted by the U.S. Census Bureau, such as the American Community Survey and Current Population Survey, do not collect data about sexual orientation and gender identity or expression (SOGIE).¹ Additionally, neither federal nor state agencies collect SOGIE data in its immigration programs, making data on this population scarce.² Beyond the given estimates in this report, not much is reported about the number of or specific experiences of foreign-born LGBTQ youth in Massachusetts; all the data presented in this report stems from national research, as there is little to no accessible state-level data available on foreign-born LGBTQ youth in Massachusetts.

Using data from the Pew Research Center, the 2017 Gallup Daily Tracking Survey, and the U.S. Census Bureau's American Community Survey, UCLA's School of Law Williams Institute estimates that there are approximately 1,274,500 LGBT foreign-born adults in the U.S., including 289,700 (22.7%) who are undocumented and 984,800 (77.3%) who are documented. Their report found the following: relative to all undocumented immigrants, LGBT undocumented immigrants are more often male, between the ages of 18 and 29, and Latino/a; the same holds true for LGBTQ documented immigrants.³

Similarly, using data from The Trevor Project's 2020 National Survey on LGBTQ Youth Mental Health, researchers found that nearly 1 out of 4 LGBTQ youth (24%) in their sample indicated that they are a first-generation youth.⁴ However, more research needs to be done to capture the national and state number and characteristics of first-generation LGBTQ youth, and their experiences in state systems.

Additionally, in research, scholars of immigration and sexuality have suggested a profound heteronormativity in immigration scholarship and a clear assumption of LGBTQ people possessing citizenship in their country of residence.⁵ These blind spots in scholarship often lead to the erasure of the lives, experiences, and needs of those who are LGBTQ and not a citizen of the country where they reside.

1. Establish an LGBTQ Immigrant & Refugee Task Force.
2. Improve the availability of multilingual, LGBTQ-affirming services for foreign-born residents, and increase funding for existing programs.
3. Expand education opportunities for first-generation and undocumented youth.
4. Increase access to LGBTQ-affirming, multilingual, culturally competent health care, particularly mental health services.
5. Protect and support undocumented youth.

FY 2026 Recommendations on Inclusive Service Provision to the Governor & Legislature

1. Establish an LGBTQ Immigrant & Refugee Task Force.

Individuals choose to immigrate or seek asylum in the United States for a variety of reasons, such as work opportunities, access to education and medical services, and other conditions that influence an individual's quality of life.⁶ LGBTQ individuals often migrate to the U.S. to escape persecution and oppression due to their sexual orientation or gender identity. Currently, 64 countries around the globe criminalize homosexuality, and roughly 13 actively criminalize transgender people.

The Commission recommends that Massachusetts explore the creation of an LGBTQ Immigrant & Refugee Task Force composed of LGBTQ refugees, families, first-generation youth, and advocates to inform services at the state and local levels. As demonstrated for three decades by the Commission, having a dedicated voice at the state level to oversee policy development and service improvement is essential. By establishing a specific task force, those who are often left without a voice in Massachusetts decision-making are able to influence effective change.

Furthermore, as the Commission works to better understand the experiences of foreign-born LGBTQ youth in Massachusetts, the staggering lack of available data and research at the local, state, and national levels presents a significant barrier. The Commission strongly recommends that all state agencies, including a potential Task Force, explore ways to safely increase their data collection and outreach efforts to better capture the experiences of all LGBTQ youth across the state. The Commission acknowledges that open data collection and sharing is a sensitive and potentially harmful topic under the current federal administration and encourages stakeholders to explore potential solutions to safely increasing research on immigrant experiences.

2. Improve the availability of multilingual, LGBTQ-affirming services for foreign-born residents, and increase funding for existing programs.

It is clear that organizations currently working to serve LGBTQ immigrant, refugee, and asylee populations have limited capacity and funding to meet the demand for their services. For example, the LGBT Asylum Task Force, based in Worcester, is one of very few LGBTQ-specific asylum seeker support programs in the whole of the United States, and provides long-term rental assistance to asylum seekers who by law cannot work for at least 180 days after entering the U.S.

The first, and sometimes most prevalent, barrier to many LGBTQ foreign-born youth participating in services is often language access. In fact, roughly 1.2 million foreign-born Massachusetts residents have limited English proficiency (LEP). Alarming, research has shown that people with LEP are more likely to live in poverty, making access to basic services critical.⁷

Yet without language access resources, it is difficult for these individuals to locate and use services. Similarly, LEP has been linked to poor health outcomes; on a practical level, not speaking English proficiently and needing interpretation services are two major barriers to accessing and remaining in health care services, including mental health care.⁸ The inability to communicate in the dominant language of care space influences health outcomes by producing social isolation, insecurity, lack of access to relevant information, and difficulty establishing social relationships, which in turn impacts self-esteem and position within the family and other social systems.

The Commission supports *An Act Relative to Language Access and Inclusion*, **(S.2125/H.3384)**, which would require state agencies to provide public materials and information in the primary languages spoken by Massachusetts residents aside from English. Additionally, to avoid unnecessary obstacles, service providers should ensure that forms are clear to non-native English speakers, and that ID or citizenship information is not required to access services not dependent on immigration status. Organizations can also improve accessibility by hiring and appropriately compensating bilingual staff, providing materials and signs in multiple languages, and fostering relationships with interpreting services to improve service provision for non-English-speaking clients.

Research indicates that LGBTQ people are disproportionately impacted by homelessness, and LGBTQ foreign-born youth are more likely to face challenges in gaining access to housing services. Unfortunately, very little research attempting to understand experiences of LGBTQ undocumented individuals experiencing homelessness does not currently exist. Most of these individuals turned to other family members or friends as opposed to any service agencies or providers; other than through friends, most participants had no information about where to seek help if they found themselves without housing. This problem can be compounded for those with limited English language skills or knowledge of U.S. culture.⁹

To mitigate experiences of homelessness and housing instability for immigrant youth, the Commission recommends that the Massachusetts legislature pass *An Act Providing Upstream Homelessness Prevention Assistance to Families, Youth, and Adults* **(S.961/H.1488)**, to protect all low-income state residents, which includes LGBTQ foreign-born youth, from eviction or foreclosure by codifying and streamlining access to DHCD's homelessness prevention program, Residential Assistance for Families in Transition (RAFT), and restoring critical COVID-era protections.

3. Expand education opportunities for first-generation and undocumented youth.

Unfortunately, little research exists examining the experiences of undocumented youth with Massachusetts public schools. All children have the right to attend public school, and immigration status cannot be used as a condition of enrollment, nor are students required to provide social security numbers or birth certificates for enrollment. Furthermore, schools must provide support to youth who may not speak English as a primary language. However, one study on Massachusetts Latino youth enrollment in high school indicates that undocumented youth still may evade school enrollment for fear of deportation, misinformation about their educational rights, and the need to work to support their families.¹⁰

There is a critical need for increased research on the specific education needs of undocumented youth, and particularly LGBTQ undocumented youth, who may face increased risk of marginalization due to bullying and discrimination based on sexual orientation, gender identity, and/or immigration status.

For undocumented youth in Massachusetts higher education, the Deferred Action for Childhood Arrivals (DACA) program provides temporary protection from deportation for Dreamers, the term used to refer to people who would have been protected by the yet-to-pass federal “Dream Act” which would protect undocumented youth who migrated to the U.S. as children, but may be vulnerable to deportation.¹¹ Since the program was established in 2012, DACA recipients have been able to pursue higher education, participate fully in the labor force, purchase homes and cars, and support their families. For DACA recipients who identify as LGBTQ, the program has meant even more: it has allowed them to openly be themselves, free from the daily fear of deportation.

While there is little to no recent research, the Williams Institute estimated in 2020 that around 36,000 LGBTQ people may be enrolled in the DACA program;¹² and a previous 2017 survey found that approximately 10% of DACA recipients identified as LGBTQ. DACA has helped LGBTQ young people improve their economic security and meet their education goals. According to the survey, 76.4% of LGBTQ respondents reported that, with DACA, they have been able to earn more money and become financially independent. In addition, 94.5% of LGBTQ survey respondents were currently employed, compared with 55.8% who were employed before they received DACA. Not only were more LGBTQ individuals able to obtain employment with DACA, but they also obtained higher-paying jobs with benefits. Average hourly wages rose 73.7%, and 63.4% of LGBTQ respondents had jobs with health insurance or other benefits since receiving DACA. Among those currently in school, 92.8% said that with DACA they could pursue educational opportunities they previously could not, and 49.2% were currently enrolled in school with 77.6% pursuing a bachelor’s degree or higher.¹³

As of 2023, Massachusetts now allows undocumented students to be eligible for in-state tuition and state financial aid, expanding educational opportunities. The Commission recommends that the state continue to explore potential areas of opportunity expansion for undocumented youth, including expanding English-learning programs, degree and credit-transference, and more grant/funding opportunities.

In recent years, the fate of DACA has been uncertain, receiving scrutiny from courts and government attempts to terminate the program.

The Trump administration ended the program in 2017, a decision overturned by the U.S. Supreme Court in June 2022,¹⁴ and as of May 2025, another lawsuit is pending before the Supreme Court that will determine the fate of DACA. If LGBTQ DACA recipients lose their protected status, not only will they no longer be able to work and thrive in the U.S., but they will also face deportation to countries they may not have set foot in since childhood and where their lives could be in danger. Before being deported, LGBTQ immigrants would likely spend time in a detention facility, an environment where horrific abuse is well-documented.

4. Increase access to LGBTQ-affirming, multilingual, culturally competent health care, particularly mental health services.

LGBTQ youth often receive a lower quality of care than their cisgender, heterosexual peers, particularly as many medical providers display a lack of sensitivity to the unique health care needs of LGBTQ communities. However, the problem is often even more severe for undocumented youth, as undocumented individuals are barred from accessing federally funded insurance plans, and even purchasing insurance in state exchanges.¹⁵ In Massachusetts, MassHealth does offer some healthcare coverage options for undocumented communities, but access is mostly limited to emergency services rather than preventative care.¹⁶ Nationally, as of 2021, roughly 1 in 4 lawfully present immigrants, and nearly 1 in 2 undocumented immigrants were uninsured, compared to 8% of non-elderly U.S.-born citizens.¹⁷

Between a lack of insurance, fear of discrimination and violence, and fear of being reported to immigration authorities, many LGBTQ undocumented youth go without adequate health and gender-affirming care. Furthermore, foreign-born communities also struggle to access care due to factors such as cultural misunderstanding and insensitivity, and a lack of translated health-related information held by and supplied to these diverse communities. Many immigrants either do not seek healthcare or find themselves subject to cultural insensitivity because services are not linguistically appropriate or fail to align with the immigrant group's cultural values.¹⁸

In early 2025, the previous rules requiring ICE to recognize health care centers as "sensitive locations" and preventing ICE from detaining Massachusetts residents at a hospital, doctor's office, health clinic, or urgent care center have been rescinded. Recommendations from the Massachusetts Attorney General's Office suggest that hospitals should enact comprehensive policies and procedures to protect individuals at-risk of deportation.²⁰

LGBTQ youth living in the U.S. represent a diversity of experiences, including first-generation and undocumented youth. Studies have shown, however, that foreign-born individuals often experience considerable stressors such as discrimination, acculturation stress, and immigration concerns that lead to poor health outcomes.²¹ Acculturative stress is the psychosocial strain experienced by immigrants in response to challenges encountered while adapting to cultural differences in a new country. These stressors result from circumstances such as immigration status, language barriers, economic deficiencies, disruption in family cohesion, and discrimination.²² Although the process of immigrating to a new country and acculturating to an unfamiliar set of cultural beliefs and societal practices presents challenges for immigrants regardless of gender identity or sexual orientation, research has shown that LGBTQ youth face unique challenges in this process. At the intra-individual level, some difficulties LGBTQ immigrants may face include racism-related stress and anxiety, chronic expectations of being negatively stereotyped by others, and being hyper-vigilant to potential threats related to their sexual identity.²³ At the interpersonal or intergroup level, conflicts between cultural values or pressures and personal beliefs may also present challenges for LGBTQ immigrants.

For example, traditional gender role expectations and norms of masculinity and femininity are particularly stringent within Latino communities. For gender non-conforming gay Latinos, the cultural value of “machismo”, a strict and idealized form of masculinity for men, may be a source of conflict and challenge.²⁴ Additionally, because of the varying values, norms, and expectations of their various communities, LGBTQ immigrants may encounter difficulties with different social groups and communities. For example, LGBTQ foreign-born individuals are often not welcomed or accepted in many ethnic communities, and may then be discouraged from accessing sources of support that might typically be utilized either in their ethnic community (e.g., family members) or in the LGBTQ community (e.g., support services and organizations) due to overt hostility or the perception of being unwelcome.²⁵

In the Trevor Project’s recent 2021 research brief “LGBTQ Youth from Immigrant Families,” researchers attempted to examine mental health at the intersection of these two identities; it was found that first-generation LGBTQ youth actually reported slightly lower rates of anxiety, depression, and suicidal ideation compared to LGBTQ youth whose parents were born in the U.S. However, researchers discovered that suicide risk among first-generation LGBTQ youth was more associated with worrying about themselves or a family member being deported due to immigration policies. Roughly 30% of first-generation LGBTQ youth worried “sometimes” or “a lot” about immigration-related detainment or detention compared to 5% of LGBTQ youth whose parents were born in the U.S. Immigration fears were reported most often by first-generation Latinx LGBTQ youth, followed by first-generation LGBTQ youth who are more than one race/ethnicity.²⁶

Overall, first-generation LGBTQ youth who reported being worried about themselves or a family member being deported had 63% greater odds of reporting a suicide attempt in the past year. Additionally, discrimination based on actual or perceived immigration status was reported by nearly 1 in 10 of first-generation LGBTQ youth compared to 2% of LGBTQ youth whose parents were born in the U.S. First-generation LGBTQ youth who faced discrimination based on their actual or perceived immigration status had more than 2.5 times greater odds of attempting suicide compared to first-generation LGBTQ youth who did not.²⁷

The Trevor Project study demonstrates the impact that a young person's immigration status can have on their mental health, or the immigration status of close family members. Additionally, LGBTQ immigrant youth are likely to avoid interaction with police and potentially with immigration officials like I.C.E. by avoiding activities such as seeking mental health, or even reporting discrimination or violence, as they may potentially have to reveal their immigration status. This constant self-monitoring and reluctance to seek mental health care as a way to stay under the radar from police and immigration officials, can increase stress and anxiety, and act as a barrier to mental health care.

As discussed in the New England-based MIRA Coalition's 2021 Annual Report, some foreign-born individuals hesitate to reach out even to local nonprofit organizations for resources, for fear of being turned over to ICE, highlighting the critical need of local and state agencies to be intentional about building outreach and trust with foreign-born individuals or families with mixed-resident status.²⁸ Additionally, researchers have found that immigrants with higher levels of residential segregation, such as Salvadorian, Dominican, and Indian immigrants, have greater access to non-profit resources. However, less spacially segregated immigrants such as Italian, Portuguese, and Vietnamese do not have as much access that specifically focuses on the needs of their ethnic identity.²⁹

Some cities in Massachusetts, such as Boston, have passed ordinances to clarify that it is not the responsibility of Massachusetts law enforcement agencies to enforce federal immigration law, and directs state law enforcement officers to not detain, arrest, or transport individuals for federal immigration purposes; some cities have also ended agreements through county sheriff's offices with ICE. These measures allow Massachusetts to make progress at creating a space where undocumented residents can live without fear of being deported by state law enforcement.³⁰ However, as hostility increases from the federal government towards immigrants and ICE investigations heighten, LGBTQ undocumented youth have expressed increased fear towards accessing state services, attending school, finding shelter while homeless, and accessing health care services.

5. Protect and support undocumented youth.

Increasingly, immigrant communities are being targeted across the country by federal, state, and local governments. The Commission recommends that Massachusetts continue to explore ways to increase protections and services for undocumented youth in the Commonwealth. Over the last few years, the state has taken numerous steps that work to address and improve the experiences of undocumented youth, including enacting municipal policies to prevent law enforcement from cooperating with ICE. However, as federal pushes against immigrant, refugee, and asylum seekers - as well as foreign students - continue to rise, Massachusetts must continue to evaluate strategies to ensure that the state is a safe haven for all youth.

To further extend protections and support to undocumented youth, the Commission recommends that the legislature pass *An Act to Protect the Civil Rights and Safety of all Massachusetts Residents* (**S.1681/H.2580**), also known as the Safe Communities Act, which would increase access to court and police protection for undocumented youth by ending local and state involvement in civil immigration enforcement. The Commission further supports *An Act to Ensure Equitable Health Coverage for Children*, (**H.1403**) which would broaden youth eligibility for MassHealth coverage.

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Acknowledgments: The Commission sincerely appreciates the significant research contributions of previous authors of this section - Karina Zeferino (2023) and Xóchitl Aguirre (2024)

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Understanding Environmental Justice

Research examining the environmental justice needs of LGBTQ communities is still emerging, but a growing body of evidence indicates that environmental justice is a key element of the complex web of inequities that impact the health and well-being of LGBTQ youth, particularly LGBTQ youth of color and Indigenous, immigrant, disabled, and low-income LGBTQ youth.

Overview

The necessity of examining the undue environmental burdens placed on LGBTQ youth is undeniable; exposure to environmental stressors such as air pollution and toxic chemicals exacerbates the health and economic inequalities LGBTQ communities already face. Those who hold multiple marginalized identities, such as QTBIPOC youth, experience compounding effects from multiple overlapping systems of oppression. Environmental justice describes the right of all people to be protected from environmental hazards and to enjoy the benefits of a clean, healthy environment. Historically, environmental justice organizing emerged out of grassroots activism that sought to address the unfair exposure of poor, Black communities to industrial pollution and hazardous land uses through the lens of civil rights.¹ Environmental justice is also inextricably tied to Indigenous rights and movements for Landback.²

One of the tenets of environmental justice as defined by the Massachusetts Executive Office of Energy and Environmental Affairs (EEA) is the “equal protection and meaningful involvement of all people and communities” in the environmental policymaking process.³ Environmental justice principles have been incorporated into policies and programs at the federal, state, and local level to help address the disproportionate share of environmental burdens experienced by low-income communities and communities of color and ensure a more equitable distribution of environmental assets, such as green space.⁴

While environmental justice has traditionally focused on the disproportionate burdens faced by low-income communities of color, researchers and activists are increasingly recognizing disparities in the environment based on many axes of oppression, such as gender, age, religion, immigration status, ability, and sexual orientation.⁵ Intersectionality reminds us that examining environmental injustice through the lenses of race and class alone is not enough – we must consider the unique environmental injustices that LGBTQ, Indigenous, immigrant, and disabled communities experience, and, most crucially of all, the compounding injustices experienced by people who hold multiple oppressed identities, such as QTBIPOC youth.⁶

1. Improve access to quality health care, affordable housing, and stable income.
2. Expand existing policies and programs addressing environmental inequities to include and address the unique impacts on LGBTQ and QTBIPOC youth across the Commonwealth.
3. Increase research on the impacts of environmental hazards on marginalized communities.

Background

Before we explore research on environmental inequities impacting LGBTQ youth, let's first consider a few frameworks from public health that may help us better understand the relationship between exposures to toxic chemicals in the environment and negative health impacts, particularly for communities facing multiple stressors such as LGBTQ youth. The relationship between exposure to pollution and the long-term impacts of that exposure on your health is rarely straightforward. First, there is often a time lag between the exposure and the development of a disease, which makes it difficult to link the two. Furthermore, the long-term health conditions that are caused by toxic chemicals and environmental hazards are often complex and influenced by many genetic and environmental risk factors, making it very difficult to prove that a specific exposure was the cause of a condition such as cancer or heart disease.

To make matters even more complicated, most people are exposed to many chemicals over the course of their lifetime, and health conditions might not be caused by one specific exposure, but they may rather be a result of the cumulative impact of all of these exposures added together over time.

There are also many socioeconomic factors that play important mediating roles in determining the level of risk posed by an exposure. For example, someone with stable access to food, housing, health care, and employment will likely be more resilient in the face of an exposure than someone who faces barriers to accessing these resources. So, in light of these complexities, how can we make sense of the impacts of the environment on communities facing environmental injustice?

Cumulative Impacts and Social Determinants of Health are two frameworks from environmental and public health that can help us understand the relationship between exposure to pollution and detrimental long-term health outcomes. The Cumulative Impacts model of environmental health highlights the fact that, in the real world, people are rarely exposed to a single pollutant at a high concentration, but rather accumulate multiple burdens of chemical exposures and non-chemical co-stressors from many different exposures over their lifespan. Non-chemical co-stressors refer to factors that can worsen the health impacts of exposure to pollution, such as access to health care, housing, and economic stability. The Cumulative Impacts approach reflects growing recognition that the health impacts of exposure to pollution must be examined in the context of socioeconomic status, preexisting health conditions, and other environmental stressors such as extreme temperatures and lack of access to green space which can exacerbate the effects of exposure.⁷ Communities experiencing a disproportionate burden of environmental health risks, often due to multiple environmental and socioeconomic stressors which act cumulatively to create persistent environmental health disparities, are sometimes referred to as “overburdened communities.”⁸

Social Determinants of Health is another framework that describes how inequitable social systems create conditions for health inequalities among marginalized populations.⁹ Due to their marginalized status, residents of environmental justice communities may both bear a disproportionate burden of environmental health risk, and face additional barriers and burdens that contribute to worse health outcomes after exposure.¹⁰ For example, inequitable social systems affecting LGBTQ youth impede economic stability, prevent access to health care, increase rates of homelessness, and contribute to preexisting mental and physical health burdens. These factors both increase the risk of exposure to harmful pollution and reduce the capacity to respond to environmental harm, such as by accessing necessary health care.¹¹

Social Determinants of Health reminds us that while it is important to examine disparities in who is exposed to pollution, exposure is only half of the story.

We must also consider who experiences the conditions for health and wellbeing, and who is at greater risk of harm due to the social and institutional marginalization that accompanies disproportionate exposure.

Who can take paid time off work due to a medical condition, and who might lose their source of income as a result?

Who has access to regular cancer screenings, and who might not have regular access to a doctor, resulting in a later diagnosis?

Who has greater access to green space, which has been shown to support mental and physical health?

Developing a more complete picture of the burdens and injustices faced by LGBTQ youth in Massachusetts, a population which itself holds great diversity, requires bringing intersectionality to the forefront and understanding the interactions between the multiple social, economic, environmental, and institutional systems that impact LGBTQ youth. As environmental justice and climate justice become increasingly high policy priorities in Massachusetts under the leadership of Governor Maura Healey, we must make sure that the needs of diverse LGBTQ communities are meaningfully incorporated into environmental and climate policymaking.

FY 2026 Recommendations on Environmental Justice to the Governor & Legislature

1. Improve access to quality health care, affordable housing, and stable income.

As detailed throughout the annual report, LGBTQ youth well-being is affected by a wide array of systemic inequities. In order to best address environmental well-being for LGBTQ youth, the state must simultaneously improve access to quality health care; increase access to affordable, accessible, stable, and safe housing; and address the significant wealth inequities disproportionately affecting BIPOC youth in Massachusetts.

First, supporting LGBTQ youth in securing stable housing and economic opportunities is crucial for climate justice. LGBTQ youth who are facing housing instability, experiencing homelessness, or living in less climate-resilient areas due to lower economic opportunities may face greater exposure to extreme heat, flooding, storms, and environmental disasters such as hurricanes and wildfires.

LGBTQ communities may also be more susceptible to the health impacts of climate change due to preexisting conditions and challenges accessing adequate health care. LGBTQ people who face barriers accessing medical care or who have preexisting health conditions such as HIV may be particularly impacted by extreme heat or poor air and water quality caused by environmental disasters. For instance, people with HIV may be more seriously affected by mold in their homes caused by water damage from flooding.¹² Environmental disasters and hardships due to climate impacts can also have immediate mental health impacts and may exacerbate existing mental health challenges LGBTQ populations face.¹³

There is growing evidence that ambient air pollution disproportionately affects LGBTQ youth because of the places LGBTQ people live. Due to higher rates of poverty compared to non-LGBTQ populations, LGBTQ people may be more likely to live in neighborhoods where they will face higher exposure to air pollution.

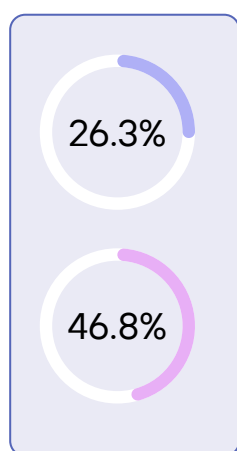
In 2021, survey data from the Behavioral Risk Factor Surveillance System (BRFSS) and the U.S. Census Household Pulse System (HPS) showed that 17% of LGBTQ people, 21% of trans people, and 25% of LGBTQ people of color lived in poverty in the U.S., compared to 12% of non-LGBTQ people and 20% of non-LGBTQ people of color.¹⁴ The last state-level analysis of LGBTQ poverty rates was completed in 2019 using BRFSS survey data from 2015-2017. In this dataset, the poverty rate was higher for LGBTQ people in Massachusetts (13%) than for cis straight people (9%), LGBTQ people of color (26%) had a higher poverty rate than white LGBTQ people (9%), and LGBTQ people aged 18-44 (16%) had a higher poverty rate than LGBTQ people aged 45 or older (8%).¹⁵

Disparities in exposure to ambient air pollution based on race and class are well-documented in Massachusetts and across the United States, further demonstrating that low-income QTBIPOC youth in particular face particularly disproportionate burdens of air pollution. There are many reasons why low-income and communities of color often face higher exposure to pollutants, including discriminatory housing policies and urban planning decisions that disproportionately locate hazardous land uses such as landfills, power plants, and major highways in lower income areas and communities of color.¹⁶

Research directly relating air pollution to the places where LGBTQ people live is limited, but two studies, one focusing on Houston, Texas, and one examining trends on a national scale, have used census data on same-sex couples to examine the relationship between same-sex enclaves and air pollution.¹⁷ These early analyses indicate that sexual orientation, even when accounting for race, is a strong indicator of living in an area with higher levels of air pollution.

Similar disparities may exist for different types of neighborhood environmental exposures, such as water and soil contamination, and should be studied further.

Higher rates of homelessness and housing instability among LGBTQ youth may also result in greater exposure to environmental hazards. People experiencing homelessness frequently face high exposure to ambient air pollution, soil contamination, and water pollution due to living outdoors, often near major roadways and other emission sources.¹⁸ Criminalization worsens exposures, as police sweeps may force people into more environmentally hazardous areas such as freeway underpasses.¹⁹



In the 2024 Massachusetts Youth Count, 26.3% of respondents identified as LGBTQ, with only 46.8% of those respondents reported being sheltered, leaving approximately 1 in 2 LGBTQ homeless youth not being consistently sheltered.²⁰ Working to decrease rates of homelessness and housing instability among LGBTQ youth and improve access to services is vital to reducing unjust environmental exposures faced by LGBTQ youth.

Health conditions linked to air pollution and secondhand smoke have been found at disproportionate rates among LGBTQ communities, including LGBTQ youth.

Multiple analyses have found that asthma and chronic obstructive pulmonary disease, two respiratory illnesses related to environmental exposures such as air pollution and smoking, disproportionately affect LGBTQ populations.^{21,22,23,24} One more recent study based on national YRBS data found that rates of asthma are significantly higher among LGBTQ youth (28%) compared to non-LGBTQ youth (21%);²⁵ YRBS data on asthma rates among Massachusetts youth is not currently available. Studies have also found higher rates of cardiovascular diseases linked to environmental exposures in some LGBTQ subpopulations.²⁶

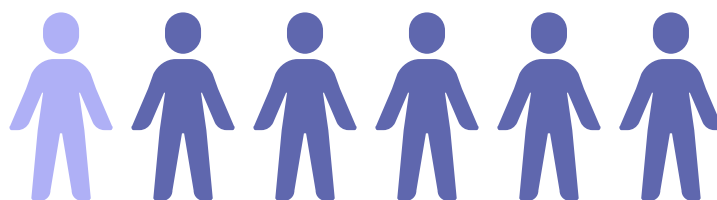
In addition to disparities in exposure, LGBTQ communities are likely to experience more serious health impacts from those exposures due to socioeconomic inequities and preexisting conditions. In epidemiology, effect modification refers to a situation where the impact that an exposure has on a health outcome is affected by a third variable, such as access to health care or a preexisting health condition. Not only do LGBTQ populations experience disproportionate exposure to environmental hazards, but they also likely experience more severe health outcomes from those exposures.

Underlying health conditions disproportionately affecting LGBTQ communities, challenges accessing health care, and stressors such as economic instability and housing insecurity may worsen the health impacts of exposure.²⁷ Black, Indigenous, immigrant, disabled, and low-income LGBTQ communities facing the combined burdens of heightened environmental exposures and structural racism, colonialism, ableism, and poverty are particularly at risk for health disparities. For example, research on the socioeconomic status of Two-Spirit and LGBTQ Indigenous people have found that 26% are unemployed, 55% experience food insecurity, and 23% live in extreme poverty due to discrimination, marginalization, stigmatization, and historical trauma.²⁸

Preexisting health conditions among LGBTQ+ populations, such as HIV, can worsen the health impacts of pollution. Since HIV compromises the immune system, people with HIV are particularly susceptible to negative health consequences of exposure to environmental hazards such as air pollution. Numerous studies have investigated how exposure to air pollution exacerbates HIV; air pollution can cause and worsen conditions like pneumocystis pneumonia and tuberculosis (TB). One study linked exposure to particulate matter, nitrogen dioxide and ozone, three of the most common air pollutants, with pneumonia hospitalization in people with HIV.²⁹ Another found positive association between carbon monoxide and nitrogen dioxide exposure and contracting TB.³⁰ Studies also suggest that the combined effects of air pollution and HIV may amplify the development of cardiovascular disease.³¹

Hazardous environmental conditions can also exacerbate the high mental health burdens that LGBTQ youth already face. The link between environmental exposures and mental health challenges is understudied, but emerging research demonstrates that exposure to air pollution, noise pollution, extreme weather, and environmental disasters can increase the risk of mental health conditions such as depression.^{32,33,34} More research into the connection between pollution exposure and mental health is extremely important for understanding the needs LGBTQ youth, who already face heightened risks to their mental health and wellbeing.

LGBTQ people are less likely to seek medical care until they have a serious health issue because of fear of discrimination or costs. One study found that more than 1 in 6 LGBTQ adults avoided seeking health care because of anticipated discrimination.³⁵



Higher rates of poverty, unemployment, and homelessness among LGBTQ youth can be additional barriers to accessing adequate health care. As previously discussed, these factors may also force LGBTQ youth to live in environmentally hazardous living situations or make it challenging for them to change hazardous conditions.

Overall, it is clear that LGBTQ youth not only face higher exposure to environmental hazards, but are likely to experience worse health outcomes from those exposures due to these additional burdens and risk factors. Holistic actions to decrease health disparities and support the wellbeing of LGBTQ youth such as reducing rates of poverty, increasing access to health care, and ensuring access to mental health support are crucial to working towards environmental justice.

2. Expand existing policies and programs addressing environmental inequities to include and address the unique impacts on LGBTQ and QTBIPOC youth across the Commonwealth.

The Commission recommends that the Commonwealth examine and expand existing policies and programs working to address environmental inequities to ensure that this critical work is addressing unique impacts on LGBTQ youth, particularly BIPOC youth, youth with disabilities, and low-income youth. In January 2023, Governor Maura Healey signed an Executive Order to establish the Office of Climate Innovation and Resilience to coordinate climate policy across state agencies and communities; the Commission urges this new office to center QTBIPOC communities in its work, and to take a broad understanding of how to tackle climate justice. Furthermore, the Commission encourages that any legislation introduced to address environmental concerns should include a lens of LGBTQ inclusivity.

For example, legislation to ban PFAS (per- and polyfluoroalkyl substances, also called ‘forever chemicals’), recently introduced in Massachusetts, also affect LGBTQ youth in numerous ways, particularly through consumer products like beauty and personal care. Many beauty products that are used and sold widely in the United States contain toxic chemicals that can harm health, such as phthalates, parabens, formaldehyde, lead, mercury, and other compounds that are linked to endocrine disruption, cancer, reproductive harm, and neurodevelopmental harm in children.³⁶ A new study in 2021 found that over half of cosmetic products sold in the US contain PFAS, a “forever chemical” associated with serious health conditions such as cancer and pregnancy complications.³⁷

However, the burdens of toxic chemical exposures from beauty and personal care products are not distributed equally.

Socioeconomic factors, systemic racism, and societal norms impact the type and quality of products that people use, affecting their exposure to toxic chemicals and posing risks to their health.³⁸ Although much more research is needed in this area, LGBTQ people, particularly drag communities and LGBTQ youth, may face unequal chemical burdens from beauty and personal care products. In a 2021 discussion hosted by West Harlem Environmental Action, also known as WE ACT for Environmental Justice, a panel of researchers, advocates, and queer drag performers discussed the impact of toxic chemicals found in beauty and personal care products on the queer community. For example, a panelist mentioned that young people who are first starting out in drag or are exploring gender expression may use cheaper products that contain more toxic chemicals due to budget and availability constraints.³⁹

As an increasing number of studies reveal the widespread use of toxic substances in beauty and personal care products sold in the U.S., many states are taking legislative action to ban toxic ingredients in cosmetics. Action at the state level is crucial to fill gaps posed by the federal government's limited authority to regulate the cosmetics industry. Some states have already taken significant actions to regulate the safety of personal care products. California has passed several laws that regulate cosmetics ingredients and labeling, including the California Safe Cosmetics Act in 2005, the California Toxic-Free Cosmetic Act in 2020, and a ban on PFAS in personal care products.⁴⁰

Discriminatory disaster response policies and services also cause LGBTQ communities to bear a greater burden of climate impacts. A growing body of research into the unique marginalization and vulnerability LGBTQ populations face during environmental disasters demonstrates that LGBTQ populations bear greater impacts from environmental disasters due to hindered access to disaster response resources and discrimination from disaster response services.⁴¹ For example, the prevalence of religious organizations in disaster relief services can be a barrier to access, particularly for trans individuals.⁴² Furthermore, staying in an emergency shelter can be a dangerous and traumatic experience for some LGBTQ communities, particularly Black trans women. In one reported case following Hurricane Katrina, two Black trans women were arrested after using the women's restroom at an emergency shelter.⁴³ For trans and undocumented people, identification requirements can pose another barrier to accessing federal emergency relief services.⁴⁴

Lack of strong legal protections for LGBTQ communities in disaster response programs and policies allows discrimination in disaster response services to continue. However, laws protecting LGBTQ people from discrimination and requiring local governments to work collaboratively with LGBTQ communities to plan for disasters can be passed at the state level.

In 2012, the Human Rights Campaign (HRC) released a report on how best to eliminate discrimination in disaster preparation and response including recommendations about including members of the LGBTQ community in the disaster response planning process, respecting family structure and relationship status, and ensuring safety in emergency shelters.⁴⁵ Massachusetts has an opportunity to lead in this space by putting HRC's guidance into action, since very few states or local governments have incorporated the recommendations into disaster response efforts so far.

3. Increase research on the impacts of environmental hazards on marginalized communities.

Unfortunately, there are significant data gaps when it comes to examining the environmental justice needs of LGBTQ youth. Gender and sexuality are still not commonly considered as important factors in environmental justice research, and there are limited studies and data sources that explore the intersections of gender and sexuality with access to environmental benefits and exposure to hazards. Overall, there is limited data on where LGBTQ people live, which poses a challenge to understanding the environmental injustices faced by LGBTQ communities since much of environmental justice research depends on residence data. For instance, U.S. Census Bureau data is widely used to examine disparities in exposure to environmental hazards and access to environmental benefits and does not typically include expansive SOGIE (sexual orientation and gender identity/expression) data. The 2020 Census did give people the option to identify a relationship as same-sex for the first time, but this comes nowhere close to encompassing the diversity of LGBTQ communities. Data on same-sex households omits partners that don't live together, single LGBTQ people, most LGBTQ youth, many bisexual and trans people, and still operates within the gender binary, excluding nonbinary and intersex people.⁴⁶ Collecting more complete LGBTQ residence data will be crucial for deeper analysis of environmental disparities facing LGBTQ youth.

There are also numerous barriers to response when collecting data on sexuality and gender identity, particularly when surveying LGBTQ youth. LGBTQ people responding to a survey may not reveal their identity due to institutional discrimination, social stigma, or to maintain their safety. In addition, gender and sexuality are fluid and people may change how they identify over time. The process of exploring how you relate to gender and sexuality, prefer to identify, and express yourself is a continuous, lifelong journey. To capture the complexity of LGBTQ identities and experiences, surveys should include not only identity but also attraction and behavior. Very few surveys currently do so. The Centers for Disease Control Youth Risk Behavior Survey provides a good example in its questions about both gender identity and sexual contacts, but could also include questions about attraction to capture an even more comprehensive picture.

Although more data explicitly exploring the intersections of gender and sexuality with environmental justice is urgently needed, we can begin to examine the environmental justice needs of LGBTQ youth using data about socioeconomic factors that cause LGBTQ youth to be disproportionately exposed to pollution and social determinants of health that worsen the impacts of exposure. In addition, it is important to consider the value of multiple types of knowledge. Although data is a powerful tool, it also has many limitations and uncertainties. In the sections that follow, we will not only consider surveys and studies that use numerical data to draw conclusions, but also draw on experiential knowledge shared directly by community members.

Research on LGBTQ health disparities is vast but has historically left out the role of the physical environment.⁴⁷ However, there is mounting evidence that LGBTQ communities are disproportionately exposed to pollution and environmental hazards; it is especially important to consider the disproportionate environmental exposures faced by LGBTQ populations affected by multiple intersecting systems of oppression. Research and organizing around disparities in exposures based on race, class, and Indigeneity are extensive and clearly demonstrate that low-income communities of color experience the greatest exposure to pollution in the places they live, work, and play, as well as the consumer products they use. Black and Indigenous communities bear particularly high burdens of pollution and environmental health risk. When considering the impacts of environmental exposures on LGBTQ populations, it is crucial to highlight that QTBIPOC youth and low-income LGBTQ youth may experience multiple compounding burdens of environmental exposure.

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Acknowledgments: The Commission sincerely appreciates the significant research contributions of previous authors of this section - Leija Helling (2023) and Avery Barry (2024).

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Addressing Economic Justice

Addressing economic success is critical in creating a state where Massachusetts LGBTQ youth can thrive.

Overview

LGBTQ youth in our Commonwealth face several economic barriers, ranging from a lack of educational and career readiness resources to discrimination based on their LGBTQ identity. These barriers are significant contributing factors to homelessness and housing instability, as well as involvement in the criminal justice system. In the preliminary results released from the national 2022 U.S. Trans Survey, which includes analyzes more than 90,000 respondents aged 18 and over, 18% of respondents reported unemployment from October to December 2022,¹ compared to the national average of 3.6% in Q4 of 2022.² Of the USTS respondents, 34% reported living in poverty,³ compared to the overall poverty rate of 11.5% in 2022.⁴ Unfortunately, little to no data is available on the exact unemployment rates for LGBTQ youth in Massachusetts.

1. Increase educational & employment support for marginalized groups and youth involved in state systems.
2. Improve access to LGBTQ-affirming job and professional development opportunities in rural areas.
3. Improve independent living support for transition-aged foster youth.
4. Increase employment programming for youth experiencing homelessness, and implement solutions to address the high cost of living in urban areas across the state.
5. Increase research on the experiences of LGBTQ youth and families who have moved to the Commonwealth due to anti-LGBTQ legislation in their previous state.

FY 2026 Recommendations on Economic Justice to the Governor & Legislature

1. Increase educational & employment support for marginalized groups and youth involved in state systems.

Youth of color, particularly immigrant youth of color, are more likely to face significant barriers to employment and educational attainment - this is likely significantly compounded by other marginalized identities or experiences, including disability, LGBTQ+ identity, justice-involvement, having English as a second language, and experiences of homelessness.

LGBTQ youth who are immigrants, children of immigrants, or refugees may face language barriers to education and employment, which limit their access to employment opportunities. Potential programming that could be expanded by the state is increasing funding to English-learning language programs with a focus on career-specific terminology; and professional development and programs to support education transfer of licenses or degrees.⁵ Unfortunately, there is no recent data available on the specific experiences of LGBTQ immigrant youth in the area of employment or education in Massachusetts.

Other areas that the state should prioritize is supporting youth with a history of incarceration or detainment in both the juvenile and adult legal systems. While DYS has made great efforts in supporting youth education and career preparation while youth are detained, there is still a significant amount of unemployment for adults released from the adult legal system. Individuals with a history of justice-system involvement often face hiring discrimination and higher unemployment rates. While data on Massachusetts employment rates for formerly incarcerated individuals are difficult to find, nationally, unemployment rates are extremely high - approximately 65% of individuals in the first four years after release.⁶ Additionally, unsuccessful reentry into society and unemployment may lead to recidivism, and employment stability has been shown to significantly reduce recidivism.⁷ Furthermore, Black, Latinx, and multiracial youth, as well as youth with psychiatric and substance use problems - of which LGBTQ youth are more likely to face - are more likely to face higher rates of engagement with the legal system and an increased risk of recidivism.⁸

Finally, LGBTQ individuals overall - particularly QTBIPOC individuals - face hiring discrimination at multiple stages, and while employed. Recent research indicated that transgender women applying to entry-level positions were 6% less likely to receive an interview invitation or job offer from an employer than cisgender men.⁹

Nonbinary applicants who included 'they/them' pronouns on their resumes were 5.4% less likely to receive a callback than cisgender applicants.¹⁰ Discrimination based on gender identity at the hiring stage is also compounded by intersections of race, as employers nationwide are 30% more likely to hire white workers than Black workers. Furthermore, LGBTQ individuals report higher rates of discrimination in the workplace, with BIPOC workers reporting even higher rates.¹¹

2. Improve access to LGBTQ-affirming job and professional development opportunities in rural areas.

Consistently, LGBTQ youth in rural areas report a lack of access to quality job opportunities, let alone LGBTQ-affirming employment. Economic outcomes for youth may vary widely based on geographical location - though the lack of recent data aggregated by LGBTQ identity or race through regions of the state make it difficult fully understand unemployment data; in January 2024, the unemployment rate for the metro Boston area was 3.2%, while it was 4.1% for the metro Springfield area.¹²

Overall, there is a trend of greater economic performance in the metro Boston area which has a large share of the professional, scientific, and technical services sector of the state with its growth in life sciences research and technology work. However, in contrast with the economic growth in metro Boston, Western MA and the Cape and Islands region have lagged behind other regions in overall performance and employment opportunities.¹³ The dearth of quality employment opportunities in these regions often lead many workers commuting to metro Boston for work.

However, the lack of affordable public transportation (and the lack of reliable public transportation from Western Massachusetts to Greater Boston) may prevent early career LGBTQ youth from obtaining jobs that lead to a better career trajectory. For youth who come from low-income socio-economic backgrounds and for those without familial support, such as LGBTQ youth who have been rejected by their families based on their identity, purchasing a car is not an option. The reliance of marginalized youth on public transportation underscores the need to improve the MBTA and provide additional means of public transit until improvements have been fully implemented. However, while significant strides have been made over the last couple of years, the MBTA reported needing \$24.5 billion to fully repair its system, meaning that commuters will likely suffer from public transportation issues for the near future.¹⁴

Public transportation is even less accessible for those in Western MA and rural areas. Those who commute to Boston for work may have to drive hundreds of miles and spend hundreds of dollars on gas alone every week, before even taking into consideration the cost of parking, leaving behind youth from marginalized communities in Western Massachusetts and other rural areas who are more likely to be closer to the poverty line.

Potential areas of economic support are creating and funding new programming to help connect youth to new career opportunities across the state, as well as low-cost transportation options.

3. Improve independent living support for transition-aged foster youth.

It is critical that youth who are transitioning out of state services, especially from the child welfare system, are given the support needed to find affirming employment, understand financial planning, and get support with their education. Transition-aged foster youth often face some of the highest disparities in health, employment, and housing rates in Massachusetts. Nationally, compared to their peers, youth who have transitioned out of the foster care system have less stable employment and earn lower wages;¹⁵ approximately 46% of these youths are employed by the age of 24¹⁶ - DCF's FY 2023 Foster Care Review Report shares that 39% of Massachusetts foster youth aged 14-22 were employed in FY 2023, though the data shared does not specify whether the employment is part-time or full-time or any other data on outcomes.¹⁷

Across the nation - including in Massachusetts - LGBTQ youth transitioning out of the child welfare system frequently report not having sufficient resources or independent living planning to prepare for higher education, financial planning, or employment.¹⁸ Additionally, transgender and nonbinary foster youth occasionally report a lack of assistance from caseworkers in ensuring that they have up-to-date documentation with correct name and gender markers; a lack of proper identification can contribute to experiences of discrimination when searching for employment.

Supporting educational attainment is a critical piece of setting youth up for success; 57.3% of Massachusetts DCF youth graduated from high school within four years, rising to 62.3% when considering youth graduating within five years. However, there is no current data on educational attainment beyond high school for Massachusetts youth transitioning out of the child welfare system.¹⁹

4. Increase employment programming for youth experiencing homelessness, and implement solutions to address the high cost of living in urban areas across the state.

Across several listening sessions that the Commission held in FY 2024 with LGBTQ young people experiencing homelessness, one of the top issues of concern was finding stable and LGBTQ-affirming employment. However, one of the biggest barriers to finding stable employment was their experiences of homelessness. Many of the participants in the sessions noted that it is often difficult to concentrate on a work day if they are also concerned about where they will be sleeping that night (whether that be on a friend's couch, or a shelter, or the street). Furthermore, lack of access to appropriate clothing, hygiene and gender-affirming products, lack of appropriate documentation, and poor mental health were also listed as significant barriers.

While organizations like Breaktime provide employment support for LGBTQ young people experiencing homelessness, it is critical that the state broadens its understanding of what homelessness prevention resources and programming are, and increases funding to help build capacity through new and existing support programs.

Despite the difficulties of commuting into the city, as noted above, many residents choose the commute over the increasingly expensive costs of buying a home or renting an apartment in the Greater Boston area. The MA housing market has seen a 6.6% increase in the median price of homes in February 2025 since February 2024, marking a nearly 15% since 2023. A recent Redfin study reveals that homebuyers in the metro Boston area need a salary of \$194k to afford a median priced home, while that number is \$119k in the area around Worcester.²⁰ These salaries are difficult for youth to obtain: the median salary for youth under the age of 25 is \$40k, making it difficult for youth to put down a deposit on a house and pay a mortgage on their own.²¹ Massachusetts is the state with the lowest homeownership rate for youth 18-25 in the country at 9.7%, according to the 2020 American Community Survey.²² Additionally, Boston's rental market is often rated within the top three of most expensive rental markets in the U.S.

Finally, the high prices that provide a barrier to purchasing a home or affording rent in metro areas has driven many youths to live with their parents. The percentage of youth aged 18-24 in the US who live with their parents has increased from 63% to 71%.²³ LGBTQ youth who are kicked out or cut off from financial support by their parents due to their gender identity or sexual orientation likely will not have that option; lack of financial support from family and living close to the poverty line is also a risk factor for remaining in domestic violence situations, and higher rates of exploitation.

5. Increase research on the experiences of LGBTQ youth and families who have moved to the Commonwealth due to anti-LGBTQ legislation in their previous state.

According to the 2022 U.S. Transgender Survey preliminary findings, 10% of respondents moved to another area because of discrimination, and 5% moved to another state after their own state considered or passed anti-LGBTQ legislation.²⁴ Across the nation, 47% of transgender and non-binary individuals recorded wanting to leave their states due to anti-LGBTQ legislation.²⁵ As anti-trans rhetoric, policy, and legislation increases across the country, more and more LGBTQ youth and families are moving into Massachusetts for its strong legal protections and LGBTQ-affirming culture and supports.

The Commission strongly recommends that the state invests in research on the experiences of LGBTQ individuals and families with LGBTQ youth moving into the state, including examining the impact of moving on their personal finances, access to healthcare, and overall well-being. Socio-economic status may be a barrier to LGBTQ individuals and families with LGBTQ youth who seek to escape anti-LGBTQ legislation.

For decades, Massachusetts has been a leader in LGBTQ rights, and was ranked the 11th safest state for LGBTQ individuals in 2023, and consistently receives a strong score on the State Equality Index, which frequently makes it a destination for LGBTQ individuals selecting a new state as their home. In 2023, Massachusetts posted pride-themed advertisements in states with anti-LGBTQ legislation, such as Florida and Texas, to recruit more residents to the state.²⁶ However, the costs of living, particularly housing and rent, may deter LGBTQ individuals and families with LGBTQ youth from choosing Massachusetts as their new home. Efforts to create more affordable housing and accessible transportation will not only provide opportunities for those in the state, but also tap into LGBTQ talent from outside the state.

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Acknowledgments: The Commission sincerely appreciates the significant research contributions of previous authors of this section - Ivy Stanton (2024).

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Eliminating Barriers to Services

Supporting and affirming LGBTQ youth in Massachusetts requires an integrated and comprehensive effort by all state systems, leaders, educators, providers, and advocates.

Overview

In the development of the Commission's FY 2026 annual report, it noted many overarching themes of gaps in data collection, a greater need for mandatory and comprehensive trainings, and expanded policy development across the state. Throughout this report, the Commission has highlighted numerous areas in its core sections and below agency sections that Massachusetts must address to better support the overall well-being of LGBTQ youth and families.

This section provides an overview of the Commission's recommendations on thematic areas applicable to the whole state, as well as suggested revisions to existing Massachusetts laws. With this section, the Commission advises the state on recommendations that broadly intersect the core sections of the Commission's annual report and the below agency recommendations to affirm and support LGBTQ youth. The Commission appreciates the ongoing collaboration opportunities with its community and agency partners, legislators, and youth into FY 2026.

- 1.Improve and standardize SOGIE data collection practices to allow for more cross-agency data analysis and develop a plan to update all relevant state forms asking about sex, gender, and sexual orientation demographics.
- 2.Mandate that all state agencies develop a nondiscrimination policy, and a plan to review all relevant internal policies to ensure LGBTQ-inclusivity.
- 3.Ensure that all agencies are providing mandated LGBTQ cultural awareness trainings.
- 4.Develop a Youth Risk Behavior Survey at the middle-school level and conduct an assessment on the needs of parents and elementary school educators.
- 5.Eliminate archaic homophobic and transphobic language in the Massachusetts General Laws.

FY 2026 Recommendations to the Governor & Legislature

1. Improve and standardize SOGIE data collection practices to allow for more cross-agency data analysis and develop a plan to update all relevant state forms asking about sex, gender, and sexual orientation demographics.

One of the core aspects of the Commission's work with state agencies is to advise on best practices for SOGIE data collection through state forms and survey development. As language naturally develops among LGBTQ communities, data collection standards must also continuously evolve to remain appropriately inclusive of LGBTQ identities. The Commission appreciates the dedication that several state agencies and lawmakers have shown in updating internal systems and state laws to allow for the expansion of SOGIE data collection where relevant. The Commission understands that there are numerous scenarios where it is inappropriate for the state to ask about sexual orientation in its service provision, but further notes that many, many state forms and systems look for demographic information on biological sex, rather than gender identity. In FY 2026, it is essential that stakeholders consider the potential risks and harms of collecting SOGI data under the current federal administration.

The Commission's overarching recommendation is that the state must improve its SOGIE data collection in all relevant areas to better understand the number of LGBTQ individuals receiving services and disparities in access or care. One possibility is for the Governor or legislature to create a statewide task force or committee to examine SOGIE data collection standards across agencies, investigate areas of improvement, and create work plans for state agencies to work on internally. The Commission advises that a priority of the task force - or state agencies - should be to collaborate on the development or review of data standards to better standardize, offer feedback, and overall improve data collection to allow for cross-agency analysis, and identify gaps in data collection. As the Commission has noted throughout this annual report, there are several critical areas of missing data, including on LGBTQ foreign-born youth and LGBTQ pregnancy care.

The Commission attends a quarterly EOHHS Interagency Working Group which works to provide updates on progress towards the Commission's recommendations and identifies problems and solutions collaboratively. The Commission advises that a much larger cross-secretariat semi-annual meeting could occur with more state agencies to better identify systemic barriers and administrative (or legislative) solutions, including for data collection.

2. Mandate that all state agencies develop a nondiscrimination policy, and a plan to review all relevant internal policies to ensure LGBTQ-inclusivity.

As historically discussed, as well as through several of this year's FY 2026 agency recommendations, the Commission advises that all agencies have an explicit nondiscrimination policy that is publicly available to indicate the agency's commitment to supporting its LGBTQ clients, employees, and contractors. The Commission supports *An Act Relative to Nondiscrimination (S.906)*, which would require all state agencies to develop and implement a plan to create a nondiscrimination policy, as well as a plan detailing recourse in the case of discrimination and timelines for personnel training on nondiscrimination and equal access.

3. Ensure that all agencies are providing mandated LGBTQ cultural awareness trainings.

The Commission recommends that all agencies engage their employees and contracted providers in mandatory, recurring, and in-person LGBTQ cultural awareness trainings. The Commission appreciates the additions of LGBTQ-inclusive practices in various statewide online training portals for onboarding and annual reviews and is excited to continue working with state agencies on further development of online curriculum units for state employees.

However, extensive research has shown the benefits of recurring, scenario-based and in-person professional development opportunities particularly for direct service and client-facing providers. It is essential that state employees and contractors can deliver competent, equitable, and affirming services to LGBTQ clients and residents, and learn how to work professionally and respectfully with LGBTQ colleagues. Additionally, as is true with the Commission's training curriculum, training opportunities should center concepts of intersectionality and issues particular to QTBIPOC communities. The Commission believes that by uplifting the most marginalized youth among us, we can uplift all youth.

While this year, the Commission's FY 2025 recommendations covers 21 secretariats and state agencies, there are additional agencies that the Commission works with and has yet to issue recommendations to – or has in the past issued recommendations – but partners with on trainings. For example, for several years until FY 2025, the Commission issued specific recommendations to the Registry of Motor Vehicles (RMV); the Commission has been pleased with RMV's progress on its past recommendations, detailed out in previous iterations of this report. However, despite removing its agency section from future reports, the Commission continues to recommend that the RMV – and other state agencies working or serving Massachusetts youth – provide LGBTQ cultural trainings to their employees.

For the last few years, the Commission has been grateful for the support and collaboration with the Executive Office of Health and Human Services (EOHHS) on the development and implementation of a statewide LGBTQ training curriculum. In November of 2022, the Commission and EOHHS officially launched a statewide agency training request system and have launched a brand new series of train-the-trainer sessions to build internal training capacity within seven state agencies – a new round of which will begin in FY 2025. The Commission has further begun conversations with the Department of Early Education and Care (EEC) and the Executive Office of Public Safety and Services (EOPSS) for trainings. In FY 2026, the Commission hopes to continue build on this system by partnering with health-based community organizations, medical facilities, and state agencies to launch a training initiative to support health care providers improve their services for LGBTQ youth, particularly in areas of mental health and gender-affirming care.

4. Develop a Youth Risk Behavior Survey at the middle-school level and conduct an assessment on the needs of parents and elementary school educators.

The Commission recommends that the state develop and conduct a biannual Youth Risk Behavior Survey at the middle-school level to better capture experiences of LGBTQ youth in public middle schools.

As discussed throughout this annual report, the Massachusetts Youth Risk Behavior Survey (MYRBS) is one of the largest statewide data sources on LGBTQ youth experiences at the high school level. The MYRBS is conducted by the Department of Elementary and Secondary Education (DESE) in collaboration with the Department of Public Health (DPH) and the Centers for Disease Control and Prevention (CDC) on odd numbered years in randomly-selected high schools. The survey provides a wide array of questions on health and sexual behaviors which help determine strategies and plans to improving the health and education of youth across the state. However, for several years, the Commission has discussed the benefits of developing a statewide middle school survey to better understand and address risk behaviors occurring during early adolescence.

5. Eliminate archaic homophobic and transphobic language in the Massachusetts General Laws.

The Commission recommends that Massachusetts establish a permanent commission or task force directed to review the laws and statutes of the Commonwealth to eliminate archaic and inequitable homophobic and transphobic language. As anti-LGBTQ rhetoric and legislation continues to sweep across the nation and in Massachusetts, it is essential for lawmakers to eliminate laws that - while likely not enforceable in the modern day - still remain on the books as a living reminder of the legal attacks against LGBTQ communities.

Department of Early Education and Care

1. Develop and implement a comprehensive online training module focused on affirming practices for LGBTQ children, youth, and families.
2. Develop and disseminate clear, binding guidance requiring that transgender youth in shelters, group homes, and other EEC-licensed residential settings be housed in alignment with their gender identity.
3. Strengthen and expand collaboration on the Statewide Family Engagement Framework by explicitly incorporating LGBTQ-inclusive principles, tools, and practices.
4. Ensure that all EEC-managed data systems and digital applications include nonbinary gender markers, options for affirmed names, and inclusive language.
5. Establish a regular cadence for sharing updated guidance, research findings, model policies, and best practices related to affirming care for LGBTQ children and families.
6. Establish a practice of proactive public support for LGBTQ children, families and professionals.

Introduction

The Department of Early Education and Care (EEC) plays a critical role in shaping the early learning and care landscape for the Commonwealth's youngest residents.

Through its leadership in early childhood education, support for parents under 24, and oversight of licensed child-serving organizations—including child care programs, temporary shelters, residential care adoption agencies and foster homes—EEC ensures access to safe, developmentally appropriate, and culturally responsive environments across Massachusetts. The Massachusetts Commission on LGBTQ Youth commends EEC's sustained commitment to equity and inclusion and deeply values its leadership in building affirming systems of care for children and families.

With its broad scope and regulatory authority, EEC is uniquely positioned to advance the safety, belonging, and success of LGBTQ children and families—particularly those impacted by intersecting forms of marginalization, including racism, classism, ableism, adultism, and anti-LGBTQ bias. The Commission continues to hear from early educators, family support providers, and placement agencies who are eager to deliver affirming care but face persistent barriers due to policy gaps, limited training, and unclear best practices. Concerns have also been raised about the inconsistent application of affirming standards in licensing reviews and the lack of clarity surrounding inclusive placement protocols for transgender youth.

In response to these ongoing challenges, the Commission presents the following expanded FY 2026 recommendations. These proposals build on previous guidance and reflect the Commission's priorities for ensuring affirming, equitable, and inclusive practices throughout Massachusetts' early education and care ecosystem. They are designed to strengthen provider capacity, remove structural barriers, and ensure that every child—regardless of their gender identity, sexual orientation, or family structure—can thrive in safe, welcoming, and developmentally supportive environments.

The Commission is also eager to collaborate with EEC to explore how LGBTQ competencies can be meaningfully integrated into workforce development initiatives, including the Professional Qualifications Registry database and other credentialing, training, and technical assistance tools that support the professional growth of the early education and care workforce.

FY 2026 Recommendations to the Department of Early Education and Care

1. Develop and implement a comprehensive online training module focused on affirming practices for LGBTQ+ children, youth, and families.

The Commission recommends that EEC work to expand its training and professional development offerings for staff and providers. The suggested module should be accessible to all licensed providers and integrated into EEC's ongoing professional development system. In addition, EEC should offer in-person training opportunities and communities of practice that center cultural humility, racial equity, family diversity, and anti-bias education; these sessions should explicitly address the impacts of adultism and structural oppression, equipping providers to recognize and interrupt harmful dynamics. All training content should reflect an intersectional approach that accounts for the complex and overlapping identities of children and families served by EEC-licensed programs.

2. Develop and disseminate clear, binding guidance requiring that transgender youth in shelters, group homes, and other EEC-licensed residential settings be housed in alignment with their gender identity.

A recommendation that has been issued for several years, the Commission continues to highlight the need for clear guidance to EEC-licensed residential settings on ensuring appropriate placements for transgender and nonbinary youth. This guidance should be reinforced through regulatory updates that explicitly prohibit discrimination based on gender identity and require providers to adopt affirming practices across all aspects of care. Centering youth voice must be a core tenet of this approach—housing and programming decisions should be informed by the expressed needs and preferences of transgender and gender-expansive youth. EEC should be sure to include concrete strategies for ensuring placements are physically and emotionally safe, developmentally appropriate, and responsive to the lived experiences of trans youth.

3. Strengthen and expand collaboration on the Statewide Family Engagement Framework by explicitly incorporating LGBTQ-inclusive principles, tools, and practices.

The Commission recommends that EEC work to support districts and providers with sample policies, communication strategies, and engagement tools designed to build authentic, affirming, and culturally responsive relationships with LGBTQ families.

These strategies and tools should include addressing the diverse configurations of family structures, using inclusive language, and confronting implicit biases that may inhibit trust or access. Additionally, EEC should promote family engagement practices that foster belonging, honor lived experience, and uphold the dignity of all families in early education and care settings.

4. Ensure that all EEC-managed data systems and digital applications include nonbinary gender markers, options for affirmed names, and inclusive language.

The Commission recommends that EEC work to improve the gender inclusivity of its digital systems - including those used for licensing, enrollment, family engagement, and reporting - and include language that reflects the full diversity of children and families. As a part of this process, EEC should update all forms and platforms to remove unnecessary gendered fields and language that may exclude or misrepresent children's identities. At the same time, EEC should also implement strong privacy and data protection safeguards to ensure that sensitive information is handled securely, with particular attention to the needs of LGBTQ youth who may not be out in all contexts.

5. Establish a regular cadence for sharing updated guidance, research findings, model policies, and best practices related to affirming care for LGBTQ children and families.

Frequently throughout the year, the Commission hears from providers, educators, youth, and families that they are unaware of existing resources, guidance, and policies to support LGBTQ youth. EEC should establish a practice for sharing relevant guidance, research, model policies, and best practices related to LGBTQ-affirming care for youth and families. These resources should be developmentally appropriate, trauma-informed, and grounded in current evidence and lived experience. EEC should further equip providers with tools to create inclusive classroom environments, support healthy identity development, and respond effectively to bias-based behaviors. Finally, the Commission recommends that EEC should elevate examples of success from across the Commonwealth to foster peer learning and community-driven innovation.

6. Establish a practice of proactive public support for LGBTQ+ children, families and professionals.

The Commission strongly recommends that education agencies, including EEC, model a consistent and values-driven approach to public communication that affirms the rights and dignity of LGBTQ+ children, families, and professionals—particularly during periods of heightened scrutiny, misinformation, or political targeting.

When appropriate, EEC leadership should issue public statements that are proactive, timely, and aligned with state and federal legal protections. These statements reinforce EEC's commitment to safe, supportive, and inclusive learning environments for all children, families, and professionals. This modeling can also occur through actions at all levels of the Department—such as public-facing engagements, visibility at key events, and participation in community conversations.

Acknowledgments: The Commission sincerely appreciates the partnership of its agency liaisons at EEC and acknowledges the Department's ongoing leadership in promoting equity, safety, and inclusion across all early education and care settings that serve children, youth, and families throughout the Commonwealth.

Department of Elementary and Secondary Education

1. Sustain and strengthen the Safe Schools Program for LGBTQ Students.
2. Expand inclusive and intersectional data collection.
3. Ensure LGBTQ representation in curriculum, instruction, and educator effectiveness.
4. Advance equity in educator recruitment and retention practices.
5. Address the needs of BIPOC LGBTQ students through targeted outreach and support strategies.
6. Increase support of nonbinary and gender expansive students, families, educators, librarians, school staff, and administrators.
7. Invest in family engagement infrastructure and inclusive practices.
8. Establish a practice of proactive public support for LGBTQ students and schools.

Introduction

The Massachusetts Commission on LGBTQ Youth maintains a strong and enduring partnership with the Department of Elementary and Secondary Education (DESE), grounded in a shared commitment to advancing equity, safety, and belonging for all students. At the heart of this collaboration is the Safe Schools Program for LGBTQ Students, a nationally recognized initiative established in 1993 by the Commission and DESE. For over three decades, the Program has led efforts to develop and implement policies, practices, and trainings that foster inclusive, affirming, and identity-safe school environments for LGBTQ youth.

Jointly administered by the Commission with supplemental funding, logistical coordination, and strategic guidance from DESE—particularly the Student and Family Support Unit—the Program delivers approximately 150 professional development trainings each year and responds to nearly 175 technical assistance requests. These services offer school staff real-time support, best practices, and implementation tools to address anti-LGBTQ bullying and meet the diverse needs of students and families across the Commonwealth.

The Program also coordinates the LGBTQ+ Student Leadership Council, which includes both statewide and regional groups of LGBTQ and allied middle and high school students who meet bi-monthly. This council brings together youth from across Massachusetts to build leadership skills, engage in policy discussions, and collaborate with educators and state partners to promote LGBTQ equity and inclusion in schools. It serves as a model for integrating student voice into professional learning and policy design and plays a meaningful role in shaping more inclusive educational environments.

Past & Ongoing Work

The Commission commends DESE and the Board of Elementary and Secondary Education for their leadership in updating and approving the Comprehensive Health and Physical Education Framework. The revised framework and implementation support reflect a thoughtful, inclusive, and developmentally appropriate approach to student health and wellness. It affirms the importance of addressing mental and emotional health, personal safety, healthy relationships, and LGBTQ inclusion as foundational components of equitable education.

Since formalizing their partnership through a Memorandum of Understanding (MOU), the Commission and DESE have worked together on a wide range of initiatives—from bias-based bullying prevention to inclusive curriculum guidance. This collaboration is strengthened by regular engagement, including approximately annual meetings with the DESE Commissioner and biennial presentations to the Board of Elementary and Secondary Education. During the April 2024 Board presentation, representatives from the Commission, Safe Schools Program, and public school communities addressed the rise in anti-LGBTQ rhetoric and actions in schools. They shared promising practices and emphasized the critical role DESE can play in sustaining safe and supportive environments for all students. The presentation also underscored the Safe Schools Program's alignment with DESE's Educational Vision, which centers antiracism, inclusivity, and the holistic development of each student. This partnership reflects an intersectional approach to educational equity—one that recognizes the ways race, gender identity, sexual orientation, language status, and disability interact to shape students' experiences in schools.

The Program supports DESE's strategic objectives by uplifting historically underserved communities and advancing practices that affirm and include every learner.

The Commission deeply appreciates the steadfast commitment of DESE leadership—especially the public and affirming statements made by Acting Commissioner Russell D. Johnston in the Special Advisory on Supporting All Students, Including LGBTQ Students. His clear and values-driven leadership has sent a strong message during a time of increased scrutiny and misinformation. The Commission also acknowledges the contributions of multiple DESE units working to seamlessly embed LGBTQ inclusion into agency priorities, as well as the active leadership of the DESE Pride Employee Resource Group (ERG), whose work continues to foster a welcoming and affirming culture within the agency.

Additionally, the Commission recognizes and commends the strong support of schools and districts that have launched Rainbow Clubs in elementary grades, helping young students explore themes of kindness, respect, and family diversity. These early initiatives lay the groundwork for inclusive learning environments that benefit all students and reflect the values of the broader Safe Schools effort.

Finally, as DESE confirms its selection for a new Commissioner this summer, the Commission affirms the importance of identifying a leader who will champion DESE's educational vision—working with districts, schools, and educators to promote teaching and learning that is antiracist, inclusive, multilingual, and multicultural; that values and affirms each and every student and their families; and that creates equitable opportunities and experiences for all students, especially those who have been historically underserved.

Together, the Commission and DESE remain committed to this critical work—guided by shared values, strengthened by public accountability, and sustained through meaningful collaboration. We look forward to continued partnership, implementation of these recommendations, and ongoing engagement with DESE leadership. The Commission's recommendations are intentionally aligned with the Department of Elementary and Secondary Education's (DESE) Strategic Plan. In particular, they advance DESE's priorities to promote safe and supportive learning environments; increase educator diversity and professional development; support students at risk of dropping out by fostering belonging and engagement; expand access to high-quality, inclusive instruction; promote student health, wellness, and culturally responsive social-emotional learning; and strengthen equity-focused use of data.

By embedding LGBTQ inclusion across these areas, the Commission's recommendations further DESE's commitment to ensuring that every student—especially those historically underserved—has access to a safe, supportive, and high-quality education in Massachusetts.

FY 2026 Recommendations to the Department of Elementary and Secondary Education

1. Sustain and strengthen the Safe Schools Program for LGBTQ Students.

The Commission recommends and appreciates DESE's commitment to continuing to build a close collaboration with the Commission on LGBTQ Youth to maintain and strengthen the Safe Schools Program for LGBTQ Students, ensuring consistent staffing, supplemental funding, and alignment with statewide goals to support LGBTQ students, families, and school personnel across all public schools in Massachusetts. The Program plays a key role in advancing DESE's Strategic Objective 1 by supporting the implementation of Multi-Tiered Systems of Support (MTSS) and Safe and Supportive Schools frameworks; it provides high-quality professional development, responsive technical assistance, and leadership development opportunities that help districts cultivate inclusive school climates, address systemic barriers to learning, and foster the holistic development of all students. The Program also serves as an important bridge between the agency, school communities, and statewide partners working to promote equity and student well-being.

At a time when LGBTQ students, families, and educators are facing increasing levels of scrutiny, public pushback, and harmful narratives, it is especially critical that DESE sustain visible, coordinated, and proactive efforts to protect and affirm these communities. Supporting the Safe Schools Program also strengthens DESE's broader infrastructure to respond to bias-based harm and advance inclusive practices across the agency's work. The continued success of this collaboration reflects Massachusetts' leadership in ensuring that every student—regardless of identity—has access to a safe, supportive, and inclusive education. By maintaining this investment, DESE affirms its commitment to equity as both a value and a practice embedded throughout the Commonwealth's public education system.

2. Expand inclusive and intersectional data collection.

The Commission recommends that DESE explores opportunities to increase the collection, analysis, and responsible use of sexual orientation, gender identity, and gender expression (SOGIE) data.

DESE should show particular attention to the ways these identities intersect with race, disability, language status, socioeconomic background, and other factors. Data collection efforts should be guided by principles of student privacy, consent, transparency, and community trust, and should be used to inform equity-focused decision-making at the classroom, school, district, and state levels.

DESE should further strengthen and expand the use of existing tools such as the Massachusetts Youth Risk Behavior Survey (MYRBS), the Views of Climate and Learning (VOCAL) Survey, and the Massachusetts Youth Health Survey (MYHS) to better capture the experiences and needs of LGBTQ students and other historically underserved populations. Efforts should include ensuring that these tools are inclusive in both language and design, and that the resulting data is accessible to districts, schools, and community partners seeking to improve student well-being and school climate. The Commission further recommends that DESE prioritize disaggregation of data and community-informed interpretation to ensure that findings translate into targeted supports, culturally responsive interventions, and policy solutions that address the real-world experiences of students across Massachusetts. Publicly sharing key findings with youth and community involvement in analysis can further enhance transparency and impact.

3. Ensure LGBTQ representation in curriculum, instruction, and educator effectiveness.

The Commission strongly recommends that DESE ensures that LGBTQ identities, histories, and experiences are meaningfully represented across academic content areas, instructional approaches, and educator development efforts. Districts should receive clear guidance and support in selecting and using instructional materials that reflect the diversity of students and families in Massachusetts, and in fostering classroom environments that are identity-affirming and academically rigorous.

DESE, through the Center for Instructional Support and other relevant offices, must ensure that all aspects of curriculum design, instructional practice, and educator effectiveness are inclusive of LGBTQ students and responsive to the full range of student identities and experiences. This includes ensuring that educators are prepared to engage students with high-quality texts, real-world challenges, and opportunities to explore and express their ideas across content areas, while also nurturing students' sense of self, cultural identity, and connection to their communities. This work advances the shared goal of ensuring that every student in Massachusetts has access to excellent instruction, strong relationships, and a learning environment that cultivates curiosity, confidence, and belonging.

4. Advance equity in educator recruitment and retention practices.

The Commission recommends that DESE collaborate with educator preparation programs, school districts, and affinity networks to develop, model, and scale statewide strategies for recruiting, supporting, and retaining a diverse and representative educator workforce, including LGBTQ and BIPOC educators and school staff. These efforts should address multiple points along the educator pipeline—from pathways into teaching and licensure support to mentoring, leadership development, and long-term career sustainability. DESE should further prioritize inclusive and equitable hiring practices, transparent advancement opportunities, and school cultures that affirm the identities, lived experiences, and professional contributions of LGBTQ and BIPOC educators. Additionally, DESE should promote workplace conditions where all staff feel a sense of belonging and safety, and where they are empowered to fully engage with students, families, and their communities. Furthermore, ensuring that this work is embedded across DESE’s educator effectiveness initiatives, including licensure guidance, educator evaluation, professional learning, and leadership development is critical. Representation matters—not only as a reflection of student diversity, but also as a critical driver of student achievement, school climate, and culturally responsive teaching; this investment directly benefits students and strengthens school communities.

5. Address the needs of BIPOC LGBTQ students through targeted strategies.

Partnering with the Commission on LGBTQ Youth and youth-serving organizations—particularly those led by and for BIPOC and LGBTQ communities—to better understand, elevate, and respond to the lived experiences of BIPOC LGBTQ students across Massachusetts is essential. Students at the intersections of BIPOC and LGBTQ identities often face layered forms of marginalization in school settings, including racism, homophobia, transphobia, xenophobia, and ableism, which can impact their sense of safety, well-being, and academic engagement.

DESE should prioritize culturally responsive, trauma-informed, and identity-affirming approaches in all programmatic efforts, technical assistance, resource development, and district-level support. These efforts should include developing guidance and training for educators and school staff on how to recognize and disrupt intersecting forms of bias; implement inclusive and restorative discipline practices; and build school climates where BIPOC LGBTQ students are seen, supported, and celebrated in their full identities. DESE should further ensure that these strategies are embedded in statewide equity initiatives—including those related to school climate, mental health, student voice, and academic recovery—and that they are co-created with youth, families, and community partners who hold lived expertise.

Centering the experiences of BIPOC LGBTQ students is essential to creating truly inclusive schools and meeting the Commonwealth's commitment to equity and excellence for all.

6. Increase support of nonbinary and gender expansive students, families, educators, librarians, school staff, and administrators.

DESE should engage in meaningful collaboration with the Commission on LGBTQ Youth and school governance associations to inform LGBTQ-inclusive policy development and ensure that guidance reflects the realities faced by schools and districts across the Commonwealth. Additionally, the Commission recommends the DESE work to disseminate inclusive policies, resources, and practices that affirm and support nonbinary, gender-expansive, and transgender students and school personnel. This work must be grounded in a commitment to educational equity and legal compliance, ensuring that every student and educator can learn and work in a safe, respectful, and affirming environment.

The Commission further recommends that DESE develop and distribute implementation tools and training to support schools in navigating essential areas such as affirmed name and pronoun use, access to gender-inclusive restrooms and locker rooms, student transitions, and staff workplace protections. These tools should include concrete examples to support school and district leaders, classroom educators, support staff, and caregivers in fostering environments that are proactive, consistent, and rooted in care.

In this time of heightened visibility and vulnerability for gender-diverse communities, DESE's continued leadership is critical in normalizing inclusion, disrupting stigma, and upholding the dignity and safety of all students and educators—regardless of gender identity or expression.

7. Invest in family engagement infrastructure and inclusive practices.

The Commission recommends that DESE expand targeted resources, training, and technical assistance for family liaisons, parent engagement staff, school-based support teams, and district leaders to build culturally responsive and LGBTQ-affirming partnerships with families and caregivers. Recognizing that family engagement is a cornerstone of student success—and that inclusive engagement strategies must reflect and honor the full range of family identities, structures, and experiences across the Commonwealth. As a part of this practice, DESE should support schools and districts in developing communication protocols, outreach materials, and engagement practices that are inclusive of LGBTQ families and affirming of students with LGBTQ identities.

This includes ensuring families see themselves reflected in school materials, are welcomed into school spaces, and are meaningfully involved in decision-making that impacts their children. Provide professional learning opportunities that address implicit bias, cultural humility, and the impact of intersecting forms of marginalization, with an emphasis on strengthening trust between schools and families—particularly those who have been historically excluded or marginalized. Ensure that all family engagement efforts are grounded in equity, transparency, and accessibility, including the use of multilingual materials, interpretation services, and scheduling practices that accommodate caregivers’ diverse needs. By investing in this infrastructure, DESE can help districts create welcoming, inclusive communities where every family is recognized as a valued partner in education.

8. Establish a practice of proactive public support for LGBTQ students and schools.

As recommended to other education agencies, the Commission strongly suggests that DESE model a consistent and values-driven approach to public communication that affirms the rights and dignity of LGBTQ students, families, and educators—particularly during periods of heightened scrutiny, misinformation, or political targeting. When appropriate, DESE leadership should issue public statements that are proactive, timely, and aligned with state and federal legal protections. These statements reinforce DESE’s commitment to safe, supportive, and inclusive learning environments for all students. This modeling can also occur through actions at all levels of the Department—such as public-facing engagements, visibility at key events, and participation in community conversations. Together, these efforts help school and district leaders build the capacity to respond confidently to community concerns, media inquiries, and efforts to challenge LGBTQ inclusion, while ensuring educators and staff feel supported in upholding DESE’s values.

Acknowledgments: The Commission sincerely appreciates the ongoing partnership of DESE staff and agency liaisons.

Department of Higher Education

1. Promote comprehensive anti-discrimination policies and best practices at higher education institutions.
2. Issue clear guidance on the collection and reporting of Campus Sexual Assault Law data.
3. Host listening sessions to better understand the needs of LGBTQ+ students and faculty.
4. Expand funding and LGBTQ-inclusive resources on public campuses.
5. Establish a practice of proactive public support for LGBTQ+ students, staff, and institutions.

Introduction

The Department of Higher Education (DHE) provides vital educational opportunities to nearly 300,000 students across the Commonwealth's 15 community colleges, nine state universities, and five University of Massachusetts campuses. Guided by its mission to offer accessible, high-quality, and responsive programs, DHE plays a critical role in meeting the evolving educational and workforce needs of Massachusetts residents.

LGBTQ+ students engage with every aspect of campus life—from housing and health services to identity documents and bias reporting systems. Across the country, institutions are increasingly updating internal policies to better meet the needs of LGBTQ+ students, and Massachusetts has the opportunity to lead in this work.

Since 2013, the Massachusetts Commission on LGBTQ Youth has partnered with DHE to promote inclusive campus climates and improve educational outcomes for LGBTQ+ students at the collegiate level. This collaboration has led to meaningful progress: LGBTQ+ identities are now included in model guidance and best practices; campus safety and violence prevention regulations have been updated; and efforts have been made to protect LGBTQ+ students and students of color through stronger anti-discrimination frameworks. DHE has also taken steps to examine how gender identity and sexual orientation are addressed in college and university non-discrimination statements across the public higher education system. The Commission is eager to continue working with DHE to ensure that every public college and university in the Commonwealth has the resources, tools, and guidance necessary to implement inclusive practices and exceed national standards in support of LGBTQ+ student well-being and success.

FY 2026 Recommendations to the Department of Higher Education

1. Promote comprehensive anti-discrimination policies and best practices at higher education institutions.

As with K–12 students, college and university students thrive when their campuses provide safe, inclusive environments free from violence, discrimination, and harassment. DHE is uniquely positioned to support institutions in adopting and implementing anti-discrimination policies that explicitly include sex, gender identity, gender expression, and sexual orientation.

Although DHE has limited direct oversight of institutional affairs, the Commission strongly urges DHE to serve as a role model by promoting policies that go beyond minimum legal requirements. In a 2023 DHE review of anti-discrimination policies at all 115 public and private higher education institutions in the Commonwealth, sexual orientation was included by most institutions (103), followed by gender (97), gender identity (88), and sex (81). Protections for gender expression were least commonly included, highlighting an urgent opportunity for stronger policy guidance. The Commission recommends that DHE develop educational materials—including this data and model policy language—to support institutions in strengthening protections for LGBTQ+ students and employees.

2. Issue clear guidance on the collection and reporting of Campus Sexual Assault Law data.

As part of the 2021 Campus Sexual Assault Law, Massachusetts institutions of higher education are required to publish the results of campus climate surveys by August 1, 2025.

While DHE has been working on guidance for how institutions should post this data, there remains a lack of clarity around how schools should collect and report the data—leading to inconsistencies and concerns around student confidentiality, particularly for transgender and nonbinary students.

The Commission recommends that DHE develop and disseminate clear guidance on climate survey data collection and reporting, with a strong emphasis on safeguarding student privacy. Additionally, the Commission urges DHE to recommend that institutions include provisions in Memoranda of Understanding (MOUs) requiring LGBTQ-specific cultural competency training for all professionals providing sexual assault services to students and employees.

3. Host listening sessions to better understand the needs of LGBTQ+ students and faculty.

To ensure that the voices of LGBTQ+ students and faculty are meaningfully included in policy development, the Commission recommends that DHE host listening sessions across the Commonwealth. These sessions should focus on barriers and opportunities related to community college access, housing, mental health, and other critical areas of concern. The Commission also encourages DHE to assess the current availability of LGBTQ cultural competency training for faculty and staff and to support the development of strategic plans at institutions to strengthen campus inclusion and support services.

4. Expand funding and LGBTQ-inclusive resources on public campuses.

DHE should collaborate with public colleges and universities to assess the specific needs of LGBTQ students and develop responsive, student-informed resources. These efforts may include inclusive programming, student support services, and capacity-building for campus personnel. Additionally, the Commission urges DHE to examine how financial assistance is currently distributed to underrepresented groups and to use this data to identify gaps and expand funding for LGBTQ-inclusive initiatives across Massachusetts campuses.

5. Establish a practice of proactive public support for LGBTQ+ students, staff, and institutions.

Demonstrate a consistent and values-driven commitment to affirming the rights, dignity, and well-being of LGBTQ+ students, faculty, and staff—particularly during periods of heightened scrutiny, misinformation, or political targeting.

DHE leadership should, when appropriate, issue proactive, timely public statements aligned with state and federal legal protections, clearly reinforcing the Department's expectation that all public campuses provide inclusive, safe, and supportive environments.

This commitment must be visible not only through official statements but also through actions at every level of the Department—such as active participation in LGBTQ+-affirming events, engagement in campus and community forums, and public acknowledgment of institutional efforts that promote equity and belonging. By modeling proactive leadership, DHE strengthens the capacity of colleges and universities to address challenges confidently, uphold LGBTQ+ inclusion as a fundamental educational value, and ensure that every student, faculty member, and staff person across Massachusetts' higher education system feels seen, supported, and empowered.

Acknowledgments: The Commission extends its appreciation to the Department of Higher Education for its continued partnership and leadership in promoting safe, welcoming, and inclusive learning environments.

Department of Children & Families

1. Ensure thorough and accurate SOGI data collection through implementation of the new mandatory data elements and staff training.
2. Review and continue implementation of LGBTQ-inclusive policies.
3. Explore the creation of an internal maltreatment coding system that includes specific coding options for LGBTQ youth.
4. Update the LGBTQ Guide and ensure that all staff, providers, youth, and families are aware of its existence and able to access a copy.
5. Ensure implementation of the updated MAPP training curriculum and establish a system of frequent reviews and updates to assure continued relevance.
6. Continue to improve recruitment of LGBTQ-affirming foster parents and create a statewide database of LGBTQ- affirming homes.
7. Partner with LGBTQ youth and organizations to create and disseminate tangible resources for youth, families, and social workers.
8. Continue to investigate and address gaps and barriers to service provision for immigrant youth transitioning out of DCF care.
9. Expand and mandate LGBTQ cultural engagement trainings, as well as trainings on racial equity, ableism, and adultism.
10. Improve interagency work to support “warm hand-offs” for transition-aged youth attempting to access services, in partnership with the Department of Mental Health, MassHealth, and the Department of Youth Services.
11. Improve family preservation services to safely monitor and mitigate concerns that may lead to the removal of a child, with particular consideration to ensuring de facto parent preservation.

12. Collaborate with the Commission and providers to create an LGBTQ parent education curriculum to better support family preservation services.
13. Improve curriculum offerings, programs, and resources provided to youth, and provide training opportunities for staff and youth on system navigation.

Introduction

The Massachusetts Department of Children and Families (DCF) is the state agency directed to support the permanency and well-being of children in the Commonwealth. Overseeing a wide array of services, programs, and systems, DCF strives to protect children from abuse and neglect, and provides support services to youth aged 18 to 22 transitioning out of DCF care into independent living. DCF provides foster care services with the ultimate goal of family preservation and reunification where possible. Where parental reunification is not possible, DCF works to find permanent families through kinship, guardianship, or adoption.

Since 2011, the Commission has issued recommendations to DCF around data collection, policy development, trainings, resources, and structural change to provide more affirming support for LGBTQ youth in the child welfare system. In July 2021, the Commission published a first-of-its-kind report on the experiences of LGBTQ youth in the child welfare system after the Commission identified pervasive threats to the safety, well-being, and permanency of DCF-involved LGBTQ youth. DCF has since committed to improving its policies, practices, and care for LGBTQ youth in the child welfare system.

Past & Ongoing Work

DCF has made progress in addressing many of the recommendations issued by the Commission in the last few of years. Since September 2021, DCF has released four new policies - a Gender-Affirming Medication Consent policy, an updated nondiscrimination policy, an updated Safe and Supportive Placements policy, and an updated Licensing of Foster, Pre-Adoptive, and Kinship Families policy. DCF has also expanded training opportunities for staff on LGBTQ cultural awareness, though there remains an urgent need for more in-depth training opportunities that reaches all staff, contractors, and foster parents. DCF has advised the Commission that all DCF social workers are required to take 30 hours of training on any topic each year, and trainings on LGBTQ cultural awareness would count - though the topic is not mandated.

Since the spring of 2022, DCF has offered ten training opportunities to DCF staff in partnership with the Commission and EOHHS on LGBTQ+ Inclusive Workplaces (April and May 2022) and “Working with Families to Support LGBTQIA+ Youth” (January and December 2022, May 2023), as well as two trainings on “(SOGIE) in Youth in Child Welfare” in May 2022 and January 2023. The Commission notes below that DCF has continued to participate in internal EOHHS agency train-the-trainer sessions to build internal capacity to deliver LGBTQ cultural awareness trainings throughout DCF.

For decades, a barrier to progress in Massachusetts has been the lack of quantitative information on LGBTQ youth across state agencies – as detailed throughout this annual report. Although DCF initially adopted SOGI data fields in 2016, the IT changes were incomplete and remained optional, leading to low completion rates and unreliable data that was later reported in DCF’s FY20 and FY21 annual reports. Done properly, collecting data on sexual orientation and gender identity (SOGI) not only provides better information on the experiences of LGBTQ youth in care, but also promotes opportunities for those same youth to discuss their identities without bearing the burden of initiating the conversation.

DCF took a significant step forward in April 2022 by making SOGI data a mandatory part of its i-FamilyNet system, with further updates occurring in September 2022 to add fields for pronouns and chosen names. DCF was able to include its initial SOGI data from these updates in its most recent FY23Q1 Quarterly Report, as noted below. To further extend their data transparency, DCF launched an interactive data dashboard that allows for public engagement and reporting. Finally, the Commission has been thrilled to collaborate with DCF’s new fully-staffed LGBTQIA+ Office on policy development, data collection, and training over the last few years.

FY 2026 Recommendations to the Department of Children & Families

1. Ensure thorough and accurate SOGI data collection through implementation of the new mandatory data elements and staff training.

Over the last few years, DCF has made significant progress on its SOGI data collection practices; much of the existing data has been published in its subsequent quarterly reports since FY 2022. The Commission recommends that DCF continue to review its SOGI data collection efforts, including its existing data fields, and ensure that staff are appropriately trained on how to solicit SOGI information. In its February 2024 meeting with the Commission, DCF shared that a video training is being developed to ensure compliance and comprehension with the agency’s SOGI data standards; as of May 2025, DCF shares that this video is under review before its release.

2. Review and continue implementation of LGBTQ-inclusive policies.

As discussed above, DCF has made several strides in advancing LGBTQ-inclusive policies in the last four years and has committed to continuing to examine its existing policies to ensure effectiveness. Currently, the agency is in the process of reviewing its Gender-Affirming Medication Consent Policy, originally released in 2021, to make amendments and clarify existing language to help address some concerns and roadblocks that have been occurring from the policy. Advocates have previously shared their concerns with the Commission that there have been significant delays occurring for youth and families on the ground; DCF has shared that - to its understanding - some of this issue is occurring at the hospital level and a conflict between internal policies which results in youth occasionally getting referred elsewhere, which can extend delays. This work is currently being led by DCF's LGBTQIA+ Office, which has also been collaborating with other offices and agencies to advise on documentation development.

3. Explore the creation of an internal maltreatment coding system that includes specific coding options for LGBTQ youth.

The Commission recommends that the state explore the creation of a maltreatment code system for use in the child welfare system to better support social workers in tracking and addressing critical cases and incidents, with a specific maltreatment code being assigned to LGBTQ youth. The Commission understands that there are other states, such as Georgia, that have implemented a maltreatment code system that provides multiple benefits, including indicating and categorizing levels of imminent risk – used by social workers to better prepare and support youth in their caseload – as well as better categorizing a case's eligibility for family preservation services; and providing the state and researchers with helpful data to better understand critical trends and gaps in casework. Furthermore, proper coding of cases minimizes child abuse and neglect (CAN) registries for parents and families by supporting service intervention rather than a removal, as a CAN registry can negatively impact caregivers' economic status and ability to retain employment. However, despite the unique experiences faced by LGBTQ youth who may be in the child welfare system, or may potentially become involved in the system, no state has any LGBTQ-specific codes to support youth, providers, and families. Without these codes, collecting more comprehensive qualitative and quantitative data on LGBTQ youth maltreatment experiences is incredibly difficult.

4. Update the LGBTQ Guide and ensure that all staff, providers, youth, and families are aware of its existence and able to access a copy.

In 2015, DCF released an LGBTQ Guide on working with LGBTQ youth and families that was written by its internal LGBTQIA+ Liaisons. Many workers, youth, families, and providers utilized the Guide, leading to the incorporation of the Guide into DCF onboarding materials and staff trainings. Given the significant cultural shifts that have taken place since its previous update in 2018, the Guide requires yet another update, which DCF has been in the process of organizing since FY 2022. In its February 2024 meeting with the Commission, DCF shared that it has established potential categories for what could be included in the Guide, and is beginning the research process and working to attach concrete dates to the project milestones. Ideally, once the Guide is complete, DCF should implement a system to encourage annual review and updates of the Guide, particularly as it will be uploaded to a platform that will allow for real-time updates. The Commission strongly recommends that DCF prioritize the Guide in FY 2026, and ensure that all staff, providers, families, and youth are aware of the updates to the Guide and able to access a copy. After a stall in early FY 2025, DCF shared in May 2025 that progress has resumed on the Guide and DCF expects to have the revisions complete by the end of FY 2026.

5. Ensure implementation of the updated MAPP training curriculum and establish a system of frequent reviews and updates to assure continued relevance.

Over the past several years, DCF has been engaged in a process to update its foster parent training curriculum - the Massachusetts Approach to Partnerships in Parenting (MAPP). While the initial deadline for release was early FY 2024, the train-the-trainer model was launched in January, with further edits and reviews needing to take place before the training goes public. In its February 2025 meeting, DCF shared that they will likely be finishing the training by the end of the month, but still remain in the training process. As shared with DCF, the Commission hopes to have the opportunity to review and comment on the MAPP curriculum prior to the public release; while the Commission did have such an opportunity in November 2022 and provided feedback, it remains unaware of how much of this feedback was included, despite requesting an opportunity to review the training multiple times through FY 2025. Furthermore, the Commission strongly recommends that DCF commit to and establish a system of frequent reviews and updates to ensure that the training continues to hold relevance, while also soliciting early feedback from internal and external stakeholders - including foster youth and parents.

6. Continue to improve recruitment of LGBTQ-affirming foster parents and create a statewide database of LGBTQ-affirming homes.

The Commission recommends that DCF continues to improve its methods of conducting outreach and recruitment for LGBTQ-affirming foster parents. Since FY 2023, DCF's LGBTQIA+ Office has shared with the Commission that there has been a great deal occurring in this area, particularly due to the formation of a recruitment team focusing specifically on LGBTQIA+ recruitment. The LGBTQIA+ Regional Specialists have further shared that they are working within their regions to better understand specific barriers and gaps in practice to ensure that the agency is consistent in its outreach methods, though still ensuring that the agency is keeping regional needs in mind. The Office is additionally thinking through solutions and structures for providing specialty licenses or certifications to foster parents to signal that they are an LGBTQ-affirming home.

In addition to each area office having a recruitment team, DCF shares that it developed a specialized recruitment team during the start of COVID in 2020 to focus specifically on recruitment of LGBTQ foster parents and affirming homes for LGBTQ youth. DCF also shared that it is looking to recruit LGBTQ+ youth to a new Advisory Board. In its FY 2024 meetings, LGBTQIA+ Regional Specialists shared their priorities for working within their regions to better understand specific barriers and gaps in practice to ensure that the agency is consistent in its outreach methods, though still ensuring that the agency is keeping regional needs in mind. Additionally, DCF shared that its Foster Care and LGBTQIA+ Office are thinking through solutions and structures for providing specialty licenses or certifications to foster parents to signal that they are an LGBTQ-affirming home.

In its February 2025 meeting, the DCF shared with the Commission that it is working with the National Center for Diligent Recruitment to analyze its recruitment methods and will receive suggestions for updated practices and methods.

7. Partner with LGBTQ youth and organizations to create and disseminate tangible resources for youth, families, and social workers.

For several years, the Commission has received feedback from youth, families, social workers, and providers that there is a desperate need for education and resources on supporting LGBTQ youth under the age of 10, as well as the need for further guidance and resources around finding affirming pediatric health care for youth in the child welfare system.

DCF's LGBTQIA+ Office has begun working on addressing this feedback and gap in resources through community outreach and has plans to develop regional resource guides that will be available to staff, families, and youth; the agency has further stated its interest in planning resource fairs at their regional offices to better build relationships with families and LGBTQ organizations.

8. Continue to investigate and address gaps and barriers to service provision for immigrant youth transitioning out of DCF care.

The Commission recommends that DCF improve its service provision for LGBTQ immigrant youth in DCF care to ensure that they receive timely services - including all needed documentation, resources, and support - particularly before transitioning out of care. In May 2024, DCF shared that it hired an in-house immigration specialist in June 2023 who assists youth in DCF custody obtain appropriate documentation and establish citizenship. In February 2025, the agency shared that there have been internal trainings and shared spaces to work towards worker's awareness of immigration supports for youth and that the immigration lawyers have been active since their hiring. The Commission appreciates this information, but also notes that it has received several reports from transgender and gender diverse youth who transitioned out of care that they never received assistance from DCF or their legal representation in obtaining appropriate documentation or access to affirming health care, leading them to struggle by themselves to self-advocate and access appropriate resources. In particular, immigrant youth in DCF without permanent residence status are often eligible for the Special Immigrant Juvenile Status (SIJ) through a court process. Though DCF's answer book includes a section about immigration status and explains SIJ, there is a lack of data on how many youths are eligible and receiving support for their immigration process.

9. Expand and mandate LGBTQ cultural engagement trainings, as well as trainings on racial equity, ableism, and adultism.

The Commission recommends that DCF continues to expand upon its LGBTQ cultural engagement trainings for all staff, and ensuring that the trainings are intersectional to include conversations on racial equity, ableism, and adultism, particularly for staff working directly with young people. In FY 2023, DCF shared that it was in the process of soliciting information for available training opportunities on additional topics, which would include ableism. DCF additionally shared that its Specialty Unit Directors of Disabilities, Mental Health, LGBTQIA+, Substance Use, and Domestic Violence recently provided a training at a statewide manager's meeting on inclusive practices and addressing biases.

In FY 2025, DCF shared that the Child Welfare Institute has been running continuous and series-based trainings. In May 2025, DCF shared that its LGBTQIA+ Unit facilitates a bi-monthly LGBTQIA+ Foundations Training at the Child Welfare Institute, which is required for new DCF social workers to complete during their probationary period; the training is also open to seasoned staff throughout the organization as part of its continuous learning offerings. The Commission appreciates this commitment to diversifying knowledge and skills, but further recommends that DCF share publicly its information on the trainings provided to staff, and the compliance rates for each area office. Finally, the Commission strongly recommends that DCF partner closely with the OCA and other state agencies to better track and oversee LGBTQ cultural engagement trainings in congregate care settings, with particular attention to developing a clear training plan for supporting staff working in congregate care homes. In its response to the Commission's FY 2026 recommendations, DCF shared that the DCF Congregate Care Network RFR, one of the requirements is for organizations to provide training to staff on their responsibilities for and skills needed to "Identify and work effectively with gay, lesbian, bisexual, transgender and gender diverse, questioning, and non-binary youth." For FY 2026, DCF shares that its Services Network team will include this training requirement in the program elements that are reviewed, tracked, and discussed with congregate care programs during site visits.

10. Improve interagency work to support "warm hand-offs" for transition-aged youth attempting to access services, in partnership with the Department of Mental Health, MassHealth, and the Department of Youth Services.

Multisystem-involved transition-aged youth are often the most marginalized and underserved youth across the Commonwealth. Often, when youth transition between agency systems, such as going from DYS to DCF or vice versa, some youth experience little to no direct handoff to new services. Unfortunately, this means that youth often fall between systemic cracks as agencies fail to collaborate, leaving youth and their families without any clear guidance or direction for assistance. The Commission has even received notice from some DCF social workers that agencies have failed to notify them when their youth have been transferred into DYS custody. This is particularly concerning given that cases being monitored by DCF for abuse and neglect are closed if youth are committed by DYS, and also in cases where DCF has custody and care of the youth, which makes DYS the 'parent' of the youth. Once they leave DYS custody, the Commission understands that the youth are often then returned to their family of origin without any further monitoring by DYS or DCF to assess for safety.

The Commission is concerned by this process as it does not believe that DYS is equipped with the tools or structures to investigate for safety, permanency, or wellbeing to reunify and reconcile family systems that have been disrupted.

In FY 2023, DCF shared that the agency has multiple points of interagency collaboration, including: the implementation of a new complex case resolution process being developed by EOHHS; transition planning and the 688 process as required by law to support youth with disabilities; an internal Mental Health Specialist Unit collaboration process with DMH; interagency meetings with youth-serving agencies; and an MOU with DYS for dual-involved youth being detained pretrial. Additionally, if a Care and Protection Petition (C&P) or Child Requiring Assistance (CRA) petition is dismissed in court, and a minor is released from DYS custody, a new 51A would need to be filed for DCF to become involved once more. Alternatively, if a youth over 18 is released from DYS, and there was not a dismissed C&P or CRA, then youth may be able to sign back in with DCF depending on federal eligibility.

In FY 2025, DCF stated that it is exploring avenues of collaboration which has been the focus of its internal interagency youth group, as well as building stronger relationships with other state agencies including DYS, DMH, DDS, and MassHealth. The Commission furthers its recommendation to highlight the critical need for agencies, including DCF, to create clear implementation and process resources that are accessible to staff who often misunderstand - or are simply unaware - of the duties, resources, and programs of all child-serving agencies.

11. Improve family preservation services to safely monitor and mitigate concerns that may lead to the removal of a child, with particular consideration to ensuring de facto parent preservation.

As it continues to work with DCF to improve services and programs engaging LGBTQ youth in the child welfare system, the Commission recommends that DCF work to improve its family preservation services to better monitor and address concerns that may lead to the removal of a child. The Commission makes this recommendation with particular attention to mitigating the disparate experiences that many BIPOC families have that might lead to DCF investigations. It is the Commission's understanding that much of the existing services DCF provides to support family preservation are housed within the agency's contracts with family resource centers, area resource coordinators, and its own single family preservation working group. In February 2025, DCF shared that their agency improvement leadership team is focusing on prevention work, and primarily focusing on better understanding the work of its community providers and the primary and secondary supports for the prevention of removals.

In May 2025, DCF further shared that its working group on prevention is also looking to strengthen relationships with community providers so that they may serve as an intervention or resource for families prior to or coinciding with DCF involvement.

Overall, the Commission recommends that DCF more transparently indicate the goals and services of the units, and examines the accountability systems that exist within its agency contracts to ensure that its established partnerships are leading to increases in family preservation. Additionally, DCF should explore and transparently report on its own commitment to ensuring family preservation through better consideration of LGBTQ families and de facto parentage. Finally, the Commission advises that DCF should improve its services to better address situations in which LGBTQ youth are reunified with families where there is a risk of repeated maltreatment or removals.

12. Collaborate with the Commission and providers to create an LGBTQ parent education curriculum to better support family preservation services.

The Commission strongly recommends that DCF partner with the Commission and other community partners to create an education curriculum for parents of LGBTQ youth to uplift and support youth in need of DCF oversight and services; such a curriculum could work in tandem with existing or new family preservation programs. As of February 2025, the Commission is currently piloting such a program through education agencies with an intended goal of expanding it to other state systems in late 2026.

13. Improve curriculum offerings, programs, and resources provided to youth, and provide training opportunities for staff and youth on system navigation.

The Commission continues to recommend that DCF improve its approach to offering comprehensive LGBTQ-inclusive sexual health education, but also that it works to expand its curriculum and programmatic offerings for youth who are expected to age out of care. Far too often, the Commission has heard from youth and community providers that youth are not appropriately prepared to age out of care with the resources and skills needed to thrive. In February 2025, DCF shared that youth now have access to the newly uploaded Life Skills Reimagined curriculum, which is replacing PAYA, on a mobile platform. Disappointingly, despite repeated requests through FY 2024 and FY 2025, the Commission has yet to review any of the content provided through this new curriculum to better understand the integration of and offer feedback on the LGBTQ-specific content available.

Additionally, while the Commission greatly appreciates DCF's new approach to an accessible platform, it has unresolved concerns about realistic access for all youth in DCF care. Specifically, the Commission is aware that not all youth in DCF care have access to screen time - particularly in congregate care settings. Given the sometimes highly inaccessible nature of screen time and DCF's shift to mobile platforms, the Commission recommends that DCF address how it will ensure that all youth have equitable access to this new curriculum program. In its May 2025 response to the Commission's recommendations for FY 2026, DCF shared that the new content is all digital, but there are workbooks and printed materials that can be printed out for youth who may have no or limited internet access. Furthermore, DCF shares that if youth need a printed version of the full PAYA curriculum due to learning needs then they would need to use the old PAYA version, which is workbook style.

Finally, the Commission continues to recommend that DCF explore ways to provide youth with avenues to hold DCF accountable for ensuring that the needs of youth - particularly around identification documentation - are being met. In previous meetings, the Commission has similarly recommended the development of an app that would be shared with DCF youth and families to provide avenues for youth to submit and track requests, complete skills-building programs, and better find resources and information available to them.

Acknowledgments: The Commission sincerely thanks the contributions of its DCF staff liaisons and partners through the DCF LGBTQIA+ Employee Resource Group.

Commission for the Blind

1. Provide professional development opportunities that prioritize intersectionality and center LGBTQ cultural engagement, racial equity, and adultism training sessions.
2. Continue to revise SOGI data collection standards and data fields to include more expansive gender identity markers, and provide trainings on the necessity of SOGIE data collection.
3. Collaborate with the Commission, youth-serving agencies, and other community partners on resource development and community support.

Introduction

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 legally blind. MCB provides access to vocational rehabilitation and employment opportunities, as well as social rehabilitation to increase independence and self-empowerment. Regrettably, there exists very little research that examines the experiences of LGBTQ youth who are blind, or the accessibility of needed services. The Commission hopes that future studies and state surveys can provide information on these critical intersections to ensure that the experiences of blind LGBTQ youth in Massachusetts are not being ignored.

Past & Ongoing Work

The Commission and MCB have had an ongoing relationship since FY 2018 that has yielded several positive results. Since 2017, MCB has hosted nearly annual optional staff trainings on LGBTQ inclusivity, and in early FY 2023 was in conversations to continue these trainings for its child services departments. MCB has also worked to incorporate the collection of pronouns into case notes through its providers, though the Commission currently has no data on how this initiative has gone so far.

The Commission hopes to work more closely with MCB in the upcoming fiscal year to identify opportunities for resource development and support for blind LGBTQ youth, with particular attention to Deafblind communities.

FY 2026 Recommendations to the Commission for the Blind

1. Provide professional development opportunities that prioritize intersectionality and center LGBTQ cultural engagement, racial equity, and adultism training sessions.

As noted above, MCB has a history of consistently providing trainings for its staff on LGBTQ inclusivity and SOGI data collection. In April 2025, MCB staff shared with the Commission that several trainings had been provided to staff in the current fiscal year, and a further conversation was had around additional trainings that could be provided to staff to encourage comfortability around asking or sharing pronouns. The Commission recommends that MCB continue to expand its offerings of professional development opportunities, and should offer specific trainings and resources to staff around gender identity.

2. Continue to revise SOGI data collection standards and data fields to include more expansive gender identity markers, and provide trainings on the necessity of SOGIE data collection.

As of April 2025, the Commission has been informed that MCB is in the process of finalizing data fields in its registration software, but that a data field to capture client pronouns has been added. The Commission appreciates this work from MCB and recommends that MCB continues to explore areas to increase data collection, while also ensuring that staff are trained on how to appropriately engage with clients around gender identity.

3. Collaborate with the Commission, youth-serving agencies, and other community partners on resource development and community support.

The Commission has heard from youth frequently that finding accessible spaces for blind LGBTQ youth, similarly to Deaf and hard of hearing youth, can be difficult across the space. The Commission recommends that MCB explore existing and new relationships to better understand existing LGBTQ spaces for blind community members, and to help fill gaps where appropriate. Across FY 2025, the Commission engaged in conversations with MCB around ways to collaborate on events to support blind LGBTQ youth, and to share resources among staff and providers. The Commission looks forward to continuing these conversations in FY 2026.

Acknowledgments: The Commission sincerely thanks the contributions of its MCB liaisons.

Commission for the Deaf and Hard of Hearing

1. Continue to provide professional development opportunities that prioritize intersectionality and center LGBTQ cultural engagement, adultism, and racial equity.
2. Expand resource development in partnership with youth and LGBTQ community organizations across the Commonwealth.
3. Continue to evaluate how to improve data collection standards to capture SOGI demographic data of clients.

Introduction

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. MCDHH works to provide accessible communication, education, and advocacy to consumers and private and public entities so that programs, services, and opportunities throughout Massachusetts are fully accessible to persons who are Deaf and hard of hearing.

Although there is limited data and research available on the intersections of LGBTQ youth and Deaf and hard of hearing identities, LGBTQ Deaf and hard of hearing youth do experience unique challenges in schools, the work place, and in the general public. These challenges include a lack of accessible communication (such as sign language interpretation or closed caption devices) in LGBTQ spaces, as well as discrimination based on gender identity and sexual orientation, as well as their identity as Deaf or hard of hearing. Additionally, finding LGBTQ-inclusive or -centered spaces within the Deaf community can be a challenge, though many Deaf LGBTQ people note that Deaf communities often feel more supportive and welcoming of LGBTQ identities than hearing communities.

Massachusetts census data notes that approximately 1.2 million residents are Deaf and hard of hearing, but there is no current data indicating the number of Deaf and hard of hearing Massachusetts LGBTQ residents. Nationally, 5% of LGBTQ youth identified as experiencing deafness or as hard of hearing; 1 in 4 of these youth reported that they struggled accessing, or were unable to access, basic services to meet their needs. Furthermore, 59% of Deaf and hard of hearing LGBTQ youth reported incidents of discrimination based on their gender identity or sexual orientation, and 55% of youth reported that they had seriously considered suicide in the past year, while 26% reported that they had attempted suicide.¹

It is essential that Massachusetts agencies and programs work to ensure that all youth have equitable access to the spaces and services needed to thrive.

Past & Ongoing Work

The Commission has been grateful to work with MCDHH on recommendations to support LGBTQ youth over the last decade. In FY 2025, MCDHH and the Commission met on a bimonthly basis beginning in the late summer to discuss progress on each of the recommendations made in the previous annual report. Over the years, Commission staff have had the opportunity to meet with MCDHH staff - including its youth specialists - to learn more about the agency's ongoing work and the needs for youth using its services. In October 2022, MCDHH youth specialists overwhelmingly shared the need for more resources and support for youth workers, families, and the youth themselves across the Commonwealth; LGBTQ-specific resources for Deafblind youth, children of deaf adults (CODAs), and support for parents were noted as some of the key needs.

Since 2023, MCDHH and the Commission have partnered on several training collaborations to support staff and consultants around LGBTQ-inclusive language, support, and resources. In December 2023, MCDHH staff participated in a training hosted by EOHHS on LGBTQ cultural engagement. In March 2024, a school-based training was provided to MCDHH providers to offer resources on working with LGBTQ youth in school settings. Finally, in March and April 2025, the Commission and MCDHH jointly hosted two full-day training sessions for ASL/CART interpreters, with plans to continue these trainings in the next fiscal year.

FY 2026 Recommendations to the Commission for the Deaf and Hard of Hearing

1. Continue to provide professional development opportunities that prioritize intersectionality and center LGBTQ cultural engagement, adultism, and racial equity.

As noted above, the Commission has been grateful for the opportunity to engage in numerous conversations with MCDHH about their training work. Beyond the co-hosted trainings already highlighted, MCDHH has shared with the Commission that it also hosts trainings through the year for its staff on numerous topics, including on racial equity and inclusion. MCDHH staff also frequently have the opportunity to attend additional trainings through the Center for Staff Development (CSD) and with MassAbility. The Commission recommends that MCDHH continues to offer these trainings to its staff, and expand its focus to include more trainings on recognizing adultism and trainings on working with caregivers who may not be accepting of their child's LGBTQ identities.

2. Expand resource development in partnership with youth and LGBTQ community organizations across the Commonwealth.

MCDHH provides a wide range of services and resources for Deaf and hard of hearing youth and families across the Commonwealth. Across the last several years, the Commission and MCDHH have discussed potential collaborations around resource development specific to LGBTQ Deaf and hard of hearing youth, as well as children of deaf adults. Much of the resource development that MCDHH has been prioritizing has been focused on providing educational videos that are posted on its website and intentionally feature LGBTQ community members.

For many years, the Commonwealth has seen a severe shortage of ASL interpreters across the state; MCDHH has been leading recruitment efforts and increasing outreach to diversify its pool of interpreters, specifically for BIPOC ASL interpreters. The Commission strongly recommends that MCDHH increase its intentional outreach to include recruitment at Pride events and through LGBTQ community organizations across the state. To assist with this work, the Commission further recommends that MCDHH conducts community conversations to learn more from LGBTQ Deaf and hard of hearing youth about their specific needs across the Commonwealth. Furthermore, the Commission hopes to engage in conversations with MCDHH around potential public campaigns highlighting LGBTQ-affirming Deaf spaces, or potentially creating LGBTQ-specific ASL-learning programs.

3. Continue to evaluate how to improve data collection standards to capture SOGI demographic data of clients.

Like many other state entities, MCDHH notes that it experiences challenges in updating its data collection standards to capture more demographic data among its clients. As noted throughout this report, the collection of SOGI data can provide critical information to policymakers and community organizers to better shape effective policy and resources. However, outdated technology often limits the amount of updates that agencies can perform to their client information systems. In 2019, MCDHH was able to include a nonbinary gender 'X' marker in their client management database; the Commission recommends that the agency continue to explore ways to expand data fields or practices to better capture data on LGBTQ Deaf and hard of hearing youth across Massachusetts. In its January 2025 meeting with the Commission, MCDHH shared that it is exploring potential opportunities to informally collect data or change an existing unused field.

Acknowledgments: The Commission thanks the contributions of its MCDHH staff liaisons.

¹ The Trevor Project, "Mental Health of Deaf* LGBTQ Youth," *The Trevor Project*, March 28, 2022, <https://www.thetrevorproject.org/research-briefs/mental-health-of-deaf-lgbtq-youth-mar-2022/>

Department of Developmental Services

1. Develop and implement an LGBTQ-inclusive nondiscrimination policy.
2. Provide consistent professional development opportunities that prioritize LGBTQ cultural engagement, racial equity, and adultism for staff and contracted providers.
3. Improve cross-regional collaboration within DDS services and programs.
4. Develop and execute a strategic plan outlining goals to improve services for clients, centering LGBTQ inclusivity and racial equity.
5. Explore opportunities to increase internal SOGI data collection.

Introduction

The Department of Developmental Services provides supports for individuals with intellectual and developmental disabilities, including Autism Spectrum Disorder, to enhance opportunities to become fully engaged members of their community. The Commission offers these recommendations to DDS for the first time this year, and looks forward to continuing its collaboration with the agency moving into FY 2026.

FY 2026 Recommendations to the Department of Developmental Services

1. Develop and implement an LGBTQ-inclusive nondiscrimination policy.

It is critical that every agency has clear and comprehensive policies that utilize gender-neutral language, and are attentive to the unique needs and experiences of LGBTQ youth.

The Commission recommends that DDS develop and implements its own LGBTQ-inclusive nondiscrimination policy; such a policy should be made widely available to families and clients involved in services, as well as to staff and contracted providers. The Commission further recommends that DDS should begin a review process of all internal policies, contracts, and assessment processes to evaluate areas for improvement for LGBTQ inclusivity.

2. Provide consistent professional development opportunities that prioritize intersectionality and center LGBTQ cultural engagement, racial equity, and adultism for staff and contracted providers.

The Commission recommends that DDS provides all staff and contracted providers with training opportunities around working with LGBTQ youth and families; such trainings should include a lens of racial equity and address adultism. These opportunities should be provided on a recurring basis, with resources or additional trainings provided for staff routinely engaging with youth and families.

3. Improve cross-regional collaboration within DDS services and programs.

Over the last few years that the Commission has engaged with DDS staff, it has been shared that aspects of the agency's work are often siloed to particular regions, with staff frequently sharing that their work would be much easier if there was increased collaboration across regions. Therefore, the Commission recommends that DDS establish cross-regional working groups to increase collaboration amongst staff and programs, with particular attention to sharing information about existing programming within each region.

4. Develop and execute a strategic plan outlining goals to improve services for clients, centering LGBTQ inclusivity and racial equity.

Ensuring that state services are comprehensively inclusive to LGBTQ youth requires intention and strategy from all state agencies. As it has with many others of its state agency partners, the Commission recommends that DDS develop and execute a strategic plan focusing on improving LGBTQ inclusivity and racial equity policies, programs, and resources. Such a strategic plan should outline clear ways for staff and providers at every level within DDS can engage in advancing equity work within their respective areas, and encourage cross-agency collaboration.

5. Explore opportunities to increase internal SOGI data collection.

The collection of data on the experiences of youth and families within DDS services informs not only areas of improvement, but also areas of success. The Commission strongly recommends that DDS explores opportunities to increase its collection of sexual orientation and gender identity data on youth in care, with particular attention to experiences within care.

Acknowledgments: The Commission thanks the contributions of its DDS staff liaisons.

MassAbility

1. Create a comprehensive nondiscrimination and inclusion policy for LGBTQ clients.
2. Facilitate mandatory LGBTQ cultural awareness trainings, and offer recurring skills building opportunities for staff.
3. Develop and execute an outreach plan to engage LGBTQ youth and community partners.

Introduction

Formerly known as the Massachusetts Rehabilitation Commission (MRC), MassAbility promotes equality, empowerment, and independence for individuals with disabilities. MassAbility provides programs that assist individuals with employment opportunities and training, community living support, and assistance with determining federal benefits eligibility. For youth 14 and older, MassAbility offers transition services to support high school students with pre-employment support or support for further education after high school.

Research suggests that LGBTQ youth are more likely than their heterosexual and cisgender peers to identify as having a disability.¹ LGBTQ youth are already disproportionately more likely to face discrimination and exclusion from services and employment; for youth with disabilities, these experiences can be compounded further by ableism, discrimination, and stigma. Furthermore, LGBTQ community spaces are often inaccessible for youth with disabilities, lacking accessible bathrooms, translation and/or captioning services, and can be overly stimulating with little access to quiet spaces.

Ensuring that MRC services are appropriately inclusive and accessible is critical to making sure that all LGBTQ youth in the Commonwealth have the opportunity to thrive.

Past & Ongoing Work

MassAbility has accomplished a significant amount of work in recent years to improve its approach to service provision for LGBTQ clients; MassAbility has offered multiple training opportunities, conducted an internal staff climate survey related to LGBTQ issues, and created an internal LGBTQ working group. In 2020, MassAbility incorporated a nonbinary gender marker option into their MassAbility Connect online application.

In the Commission's spring 2024 meetings, MassAbility shared that its intake forms have been reviewed and updated with optional questions regarding pronouns, sexual orientation, and chosen name in addition to legal name. Staff has also received training regarding LGBTQ+ communities to ensure implementation. The Commission appreciates the attention MassAbility has paid to this area, and recommends that the agency continues to ensure that staff receive training on the new forms and its system updates that will occur in July.

FY 2026 Recommendations to MassAbility

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

The Commission continues to recommend that MassAbility revises its informal nondiscrimination statement, created by its internal LGBTQ+ Allies Employee Resource Group (ERG), into a formal nondiscrimination policy for the agency, outside the nondiscrimination policy put forth by EOHHS. As of its October 2024 meeting with the Commission, MassAbility had no updates on progress towards fulfilling this recommendation. The Commission further recommends that MassAbility undertakes an agency-wide policy and practice review, particularly around affirming language and best practices for supporting LGBTQ youth with safe and affirming employment opportunities, and collaborates with its LGBTQ+ Allies ERG for input.

2. Facilitate mandatory LGBTQ cultural awareness trainings, and offer recurring skills building opportunities for staff.

In its October 2024 meeting with the Commission, MassAbility shared that it had offered three sessions in the 2025 fiscal year focusing on LGBTQ cultural awareness, with further sessions planned for the rest of the year. The Commission recommends that MassAbility continue to offer such trainings, and expand its curricula to include trainings on racial equity and adultism.

3. Develop and execute an outreach plan to engage LGBTQ youth and community partners.

Given MassAbility's services, the Commission strongly recommends that it prioritizes developing an outreach plan to engage LGBTQ youth in need of MassAbility services, while simultaneously soliciting feedback about whether youth feel that MassAbility's services are affirming and helpful. By establishing stronger relationships with LGBTQ youth-serving organizations, MassAbility can build its own network, as well as help support the capacity of community organizations working with youth in need of services.

Acknowledgments: The Commission sincerely thanks the contributions of its MassAbility liaisons.

¹ Movement Advancement Project. July 2019. LGBT People With Disabilities. <https://www.lgbtmap.org/lgbt-people-disabilities>.

MassHealth

1. Review MassHealth policies and guidelines to increase access to gender-affirming care and reduce health disparities among LGBTQ communities and communities of color.
2. Collaborate with the Commission to expand training programs to all workers and supervisors on issues that affect LGBTQ youth and young adults.
3. Improve interagency work to support “warm hand-offs” for transition-aged youth attempting to access services in partnership with other youth-serving state agencies to ensure that the health needs of LGBTQ youth are being met.

Introduction

MassHealth is the Medicaid and Children's Health Insurance Program (CHIP) for the Commonwealth of Massachusetts. It provides comprehensive health and dental coverage to eligible low- and moderate-income individuals and families, including children, pregnant people, parents, seniors, and people with disabilities. As MassHealth seeks to elevate LGBTQ health as a priority within the agency, the Commission notes that 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.

Past & Ongoing Work

The Commission commends MassHealth for the steps it has taken in recent years to fulfill the Commission's recommendations, including expanding access to its gender-affirming services, and establishing a commitment to increasing internal trainings on LGBTQ-affirming care for its staff.

FY 2026 Recommendations to MassHealth

1. Continue to review MassHealth policies and guidelines to increase access to gender-affirming care and reduce health disparities among LGBTQ communities and communities of color.

The Commission recommends that MassHealth continues to review its internal policies and guidelines to increase access to gender-affirming care, and to reduce health disparities among LGBTQ and BIPOC communities. Furthermore, the Commission continues to recommend that MassHealth adopt a comprehensive policy on expanding healthcare access and trauma-informed care to transgender communities. It should 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. In April 2025, MassHealth shared with the Commission that its coverage policies are expansive, but it has had challenges in finding enough providers for some services, such as electrolysis.

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

The Commission strongly recommends that MassHealth expands its current training offerings to staff and providers around LGBTQ cultural engagement, with particular focus on LGBTQ-affirming health care and working with gender expansive youth. As a part of this process, MassHealth should conduct a training audit to better understand past training offerings, areas of weakness, and ways that providers can improve services based on patient feedback. The Commission further recommends that MassHealth encourages providers to participate in trainings on how to appropriately and safely collect sexual orientation and gender identity data.

3. Improve interagency work to support “warm hand-offs” for transition-aged youth attempting to access services in partnership with other youth-serving state agencies to ensure that the health needs of LGBTQ youth are being met.

Over the course of this annual report, the Commission has detailed the necessity of youth-serving state entities collaborating on a macro-level to ensure that the needs of youth are not following through systemic cracks. MassHealth notes that it has previously collaborated with numerous youth-serving state agencies, including DCF, DMH, DTA, and DYS, to develop a Housing Stabilization and Support Program (HSSP) for DCF-Involved Youth and Young Adults, which works to provide youth-centered strategies to support transition-aged youth gain access to services.

Within this program, MassHealth notes that approximately 13-15% of the youth being served by the program so far have identified as LGBTQ.

MassHealth notes that it actively engages in cross-agency partnerships to strengthen care coordination and improve health outcomes across the Commonwealth. These collaborations include joint efforts with other state agencies to enhance behavioral health services. MassHealth also works closely with partners to support the implementation of new federal policies aimed at improving care and transitions for justice-involved populations. Additionally, the agency collaborates on initiatives to better coordinate care for children with special health needs, ensuring more comprehensive and integrated support across systems. Overall, the Commission recommends that MassHealth explore increasing its collaboration with other youth-serving state agencies to better understand the needs and gaps in service provision for transition-aged youth in a way that solicits feedback and engages with youth and providers, with particular attention to Western Massachusetts and Cape regions. MassHealth should additionally seek opportunities to disseminate its resources to community members across the state, such as its resources for children and families, as well as gender-affirming care information.

Acknowledgments: The Commission sincerely appreciates the contributions of its MassHealth liaisons.

Department of Mental Health

1. Develop accessible, trauma-informed mental health resources and programs for QTBIPOC youth and LGBTQ immigrant youth.
2. Continue to explore ways to collect comprehensive SOGI data.
3. Facilitate trainings on LGBTQ cultural awareness and racial equity, with particular attention to youth and access to affirming care.
4. Explore opportunities to implement a caregiver education training to support LGBTQ youth and families involved in DMH services.
5. Continue to collaborate with youth-serving agencies to develop clear guidance and instructions on how to ensure that youth transitioning between state systems are receiving needed services and resources.

Introduction

The Department of Mental Health (DMH) is tasked with providing access to services and support for the mental health needs of individuals of all ages in Massachusetts. DMH oversees a number of programs and initiatives that directly and indirectly affect LGBTQ youth, including residential placements and the Transitional Age Youth (TAY) Initiative.

The 2024 Trevor Project report showed that 42% - a slight decrease from the 2022 report - of Massachusetts LGBTQ youth who wanted mental health care in the past year did not receive care. Concerningly, 68% of youth respondents reported experiencing symptoms of anxiety, and 50% reported symptoms of depression; 39% of LGBTQ youth have seriously considered suicide in the past year, with 11% of youth attempting suicide in the past year.

Statistics are even more concerning of transgender and nonbinary youth, who face higher rates of mistreatment and stigmatization across the nation; 73% of transgender and nonbinary youth report symptoms of anxiety, 50% of depression, 47% of suicidal ideation, and 14% having attempted suicide in the past year. Respondents to the Trevor Project survey noted several reasons for not being able to access mental health care, including being afraid to discuss their mental health concerns, and not being able to get their caregiver's permission.¹ The Commission is incredibly concerned about the state of well-being for youth in the Commonwealth, particularly for often underserved QTBIPOC communities and youth in state systems.

The Commission sincerely appreciates DMH's ongoing commitment to offering greater support and services for LGBTQ youth across the state, and looks forward to continuing its collaboration with DMH in FY 2026.

Past & Ongoing Work

In 2021, DMH released a comprehensive nondiscrimination policy and accompanying guidance, and has made significant progress in training their providers on LGBTQ cultural awareness, fulfilling previous Commission recommendations. In early 2023, DMH's new 24/7 behavioral health helpline which works to provide free, confidential, and accessible support for individuals seeking clinical help. The Commission appreciates DMH's explicit commitment to ensuring that the helpline provides affirming services for individuals who identify as LGBTQ, BIPOC, and/or Deaf and hard of hearing, as well as individuals with disabilities or who have limited English proficiency. Additionally, DMH supports a wide array of community behavioral health centers that provide core clinic services, crisis services, and adult and youth community crisis stabilization services across the state. In 2023, DMH further released guidance on pronouns which provided resources, and encouraged DMH staff to uphold cultures of inclusion for LGBTQ employees and clients by openly sharing their pronouns wherever possible.

Finally, the Commission was pleased to learn about the ten new Young Adult Access Centers that were opened in FY 2022 and FY 2023; DMH notes that several of the access centers have begun their own LGBTQ support groups, and are designed to be peer-focused and trauma-informed, as well as have majority BIPOC, LGBTQ, and bilingual staff. The spaces work to connect youth with needed services, promote leadership opportunities, and provide skills building and community support. As the Commission and DMH move forward in conversations for FY 2026, the Commission is aware that DMH, like many other agencies, is potentially facing significant budget cuts that likely will impact the timelines of meeting the below recommendations.

FY 2026 Recommendations to the Department of Mental Health

1. Develop accessible, trauma-informed mental health resources and programs for QTBIPOC youth and LGBTQ immigrant youth.

Since FY 2024, the Commission has strongly recommended that DMH partner with other state agencies and community-based organizations serving LGBTQ youth to address the significant gaps in service provision often seen for youth who do not have English as a first language or have otherwise limited access to affirming mental health resources in Massachusetts.

Over the last few years, DMH has made strides in meeting this recommendation in a few ways. As highlighted in previous annual reports from the Commission, DMH's ten young adult access centers provide low-barrier spaces for youth to receive community-based health services, skills-building opportunities, and peer support. DMH has shared with the Commission that many of the staff at the access centers are from the communities they are working with and reflect the diversity of the youth they are serving.

This year, DMH has worked to build stronger relationships with LGBTQ-serving organizations, such as the AGLY network, and is strategizing ways to ensure that access centers have strong connections to LGBTQ mental health supports. The Commission appreciates DMH's commitment to this work, and further recommends that the agency explores its relationships to other youth-serving organizations, with particular attention to organizations serving youth experiencing homelessness.

Finally, the Commission recommends that DMH explore areas to improve education and workplace training for new mental health workers. In FY 2025, DMH shared with the Commission that its Learning & Development department is in the process of restructuring with an end goal of being able to better support worker education. The Commission looks forward to engaging in further conversations with DMH about how the state can better support emerging professionals receiving a well-rounded, equity-aligned education.

2. Continue to explore ways to collect comprehensive SOGI data.

As detail in previous annual reports, DMH has been exploring their SOGI data collection practices for several years to better understand how it can capture critical information that will help improve its services for young people.

After a 2021 audit of its data collection practices, DMH shared with the Commission that while there are existing issues with certain data collection fields, including the fields being difficult to find and not being mandatory, a thorough and expensive technology update would be needed to fix the issues. Given the unsteady nature of many agency's budgets in the upcoming fiscal year, the Commission understands the need to prioritize other aspects of agency work. Furthermore, DMH, along with other agencies, have shared with the Commission some of the barriers that exist to appropriately collecting SOGI data at the state level given conflicting federal requirements and medical codes.

Keeping these issues in mind, the Commission recommends that DMH continues to explore ways to address its barriers to collecting comprehensive SOGI data, and addressing the mental health needs of youth in the Commonwealth. One way that DMH has worked to address this issue in FY 2025 is through implementing a curriculum and training plan engaging DMH employees on how they can appropriately collect SOGI data within current IT systems. The Commission further recommends that DMH examines its existing data privacy protections, and ensure that DMH staff and providers are trained on how to appropriately collect and protect SOGI information of clients.

3. Facilitate trainings on LGBTQ cultural awareness and racial equity, with particular attention to youth and access to affirming care.

DMH has made significant progress in recent years in ensuring that its staff are trained on creating LGBTQ-affirming spaces when interacting with clients. In FY 2024, DMH shared with the Commission that its current ongoing strategic plan uses a lens of equity and inclusion, and thus is working on ensuring that staff are offered trainings that not only cover LGBTQ topics, but also racial equity. Furthermore, it is reviewing language for its procurement process to ensure that contracted providers are also committed to LGBTQ-affirming trainings.

4. Explore opportunities to implement a caregiver education training to support LGBTQ youth and families involved in DMH services.

The Commission recommends that DMH should explore opportunities to implement a caregiver acceptance program to support LGBTQ youth involved in DMH services whose family members may be unaccepting of their LGBTQ identity. Given the ongoing national rhetoric targeting trans and nonbinary youth especially, affirming mental health services and family support are needed more than ever.

5. Continue to collaborate with youth-serving agencies to develop clear guidance and instructions on how to ensure that youth transitioning between state systems are receiving needed services and resources.

As first shared in the Commission's FY 2024 annual report, DMH has a number of existing systems to collaborate with other Massachusetts state agencies to support youth transitioning between state services, such as through participation in interagency working groups; cross-agency forums and individual transition plan meetings around specific youth, including area level consultations; and the creation of a new role in 2022 of the Director of Young Adult Transitional Services to review transition processes and identify gaps in systems and policies. However, some of the issues that occur to create gaps in systems stem from a lack of transparent or comprehensive information streamlining down to staff on the ground working with youth. The Commission recommends that DMH reviews its communication practices and engages with employees, agency partners, youth, and families in DMH services to identify areas of improvement.

Acknowledgments: The Commission thanks the contributions of its internal DMH agency liaisons.

1 Nath, R., Matthews, D., Hobaica, S., Eden, T.M., Taylor, A.B., DeChants, J.P., Suffredini, K. (2025). 2024 U.S. National Survey on the Mental Health of LGBTQ+ Young People by State. West Hollywood, CA: The Trevor Project. www.thetrevorproject.org/survey-2024-by-state

Office for Refugees and Immigrants

1. Develop and execute a strategic plan to conduct direct outreach to LGBTQ immigrant youth and families.
2. Establish relationships with LGBTQ community partners and organizations to ensure that all ORI providers have multicultural, multilingual resources available on site that are regionally appropriate.
3. Provide consistent professional development opportunities that prioritize intersectionality and center LGBTQ cultural engagement, racial equity, and adultism for staff and contracted providers.
4. Establish an interagency collaboration to investigate and improve the availability of resources for LGBTQ youth in need of ORI services.
5. Review and improve data collection efforts to capture sexual orientation and gender identity demographic information.
6. Implement a nondiscrimination policy, and disseminate to employees and clients.

Introduction

The Massachusetts Office for Refugees and Immigrants (ORI) operates to support “services that meet the cultural and linguistic needs of refugees and immigrants through a network of service providers in Massachusetts.” Largely funded through the federal Office of Refugee Resettlement, ORI provides funding and administers direct service programs to support groups that include Afghan and Iraqi Special Immigrant Visa Holders, Amerasians, Cuban/Haitian Entrants, asylees, human trafficking victims, legal permanent residents, and refugees.

Little to no accessible data currently exists on the number of LGBTQ immigrant, asylee, and refugee residents in Massachusetts, let alone youth populations. Research suggests that the number of undocumented youth who identify as LGBTQ across the nation may be as high as 1 in 4.¹ Across the world, 64 countries currently criminalize homosexuality, with at least 12 of these countries having a legal death penalty for homosexuality. A 2021 study on asylum claims in the U.S. between 2007 and 2017 showed that 4,385 claims leading to a fear-based interview were based on fears of persecution or torture due to the asylee's sexual orientation and/or gender identity.²

Other LGBTQ youth migrate to the U.S. for reasons unrelated to safety, but face difficulties in accessing resources and support; some of these challenges stem from language access, cultural differences, restrictions based on immigration status, transportation, and lack of affirming programming or services.

Massachusetts must improve its availability of LGBTQ-affirming and accessible programming for LGBTQ immigrants, refugees, and asylum seekers, particularly in mental health and education supports.

Past & Ongoing Work

The Commission has issued recommendations to the Office of Refugees and Immigrants for at least a decade. Since FY 2024, ORI has begun actively working on improving its commitment to addressing the Commission's recommendations to support LGBTQ immigrant and refugee youth in Massachusetts. In May 2025, the Commission was pleased to partner with ORI to provide a one-hour session to its community partners around LGBTQ resources and support.

FY 2026 Recommendations to the Office of Refugees and Immigrants

1. Develop and execute a strategic plan to conduct direct outreach to LGBTQ immigrant youth and families across the Commonwealth.

The Commission strongly recommends that ORI develops and executes an equity-focused strategic plan to evaluate and improve its services, with particular attention to LGBTQ immigrant and refugee populations across Massachusetts. In January 2025, ORI shared that, while it is open to addressing this recommendation, it needs additional capacity and expertise to pursue this plan. In the meantime, ORI notes that it has increased its attention to sharing resources and information to its providers and stakeholders.

2. Establish relationships with LGBTQ community partners and organizations across the Commonwealth to ensure that all ORI service providers have multicultural, multilingual resources available on site that are regionally appropriate.

Building off of the above recommendation, the Commission further recommends that ORI incorporate an intentional plan to build lasting partnerships with LGBTQ community organizations and programs that serve LGBTQ immigrants, refugees, and asylum seekers in the Commonwealth. ORI has noted to the Commission in the past that some staff members are unaware of where to refer the occasional LGBTQ client who does approach their agency for LGBTQ-specific resource assistance, while community partners have often lamented over the lack of multicultural, multilingual resources and programs in Massachusetts. By recommending that ORI establish collaborative relationships with LGBTQ partners across the state, the Commission hopes to see a desperately needed funding increase to existing programs, as well as the funding of new programs to better serve communities. Given the ongoing and upcoming challenges around state/federal funding to agencies in Massachusetts, the Commission understands that funding new programs is not necessarily an attainable goal in the near future.

The Commission notes that one avenue to pursue more concrete relationships with LGBTQ organizations would be to do explicit outreach across the state to invite leaders to the recurring community conversation meetings it has been virtually hosting. In January 2025, ORI shared that it is actively working on strengthening its relationships with community partners, and is hoping to hold a “Know Your Rights” presentation with LGBTQ youth-serving providers in Massachusetts before the end of the fiscal year.

3. Provide consistent professional development opportunities that prioritize intersectionality and center LGBTQ cultural engagement, racial equity, and adultism for staff and contracted providers.

The Commission strongly recommends that ORI staff and providers engage in mandatory training opportunities that highlight the multicultural needs and experiences of LGBTQ immigrant community members. In June 2024, ORI staff attended a training on creating inclusive spaces for LGBTQ+ newcomers; ORI has informed the Commission that it is keeping an eye out for additional relevant trainings to ensure its staff have appropriate supports to serve all clients.

In May 2025, the Commission and ORI partnered on an informational session for ORI’s community providers to provide resources on working with LGBTQ youth in Massachusetts.

4. Establish an interagency collaboration to investigate and improve the availability of resources for LGBTQ refugee and immigrant youth.

In order to better understand the specific needs of LGBTQ refugees and immigrants in Massachusetts, the Commission recommends that ORI establish an interagency collaboration with youth-serving organizations and agencies.

In a memo distributed to the Commission in 2023, ORI notes that it does engage in several interagency collaborations with DCF, DESE, and DPH that LGBTQ youth receive the services of through the Unaccompanied Refugee Minors Program (URM); the Afghan Refugee School Impact: Support to Schools Initiative; the Refugee Medical Screening (RMS)/Refugee Health Assessment Program (RHAP); the MA Refugee Health Promotion Program (MRHPP); and the Refugee Mental Health Initiative (ReMHI). In 2025, ORI noted for the Commission that its URM provider in Massachusetts, Ascentria Care Alliance, is a member of the Human Rights Campaign Foundation “All Children, All Families” (AFAC) to promote LGBTQ+ inclusive policies. To maintain their AFAC membership at the “Solid Tier” level, Ascentria ensures inclusivity practices are upheld, and that benchmarks set by ACAF, including Non-Discrimination, Staff Training, Rolling Out the Welcome Mat, Parent Best Practices, Youth Best Practices, Sustainability and Capacity Building are met. In addition, Ascentria provides URM staff with yearly LGBTQ+ inclusivity trainings and remains committed to recruiting LGBTQ+ identifying foster families.

The Commission appreciates the attention that ORI has given to this recommendation in recent years; the agency has committed to examining its existing partnerships and potential new areas to increase conversations about supporting LGBTQ clients.

5. Review and improve data collection efforts to capture sexual orientation and gender identity demographic information.

In FY 2025, ORI began working on a database overhaul. As a part of this overhaul, ORI intends to add categories to its system to better capture SOGI information. The Commission recommends that ORI continue this project, and begin to develop plans for an implementation phase. Plans for an implementation phase should include information on identifying appropriate safety practices to protect client data; mandatory trainings on how to collect SOGI information for all staff and resources for providers; and clear data standards that are available to all staff.

6. Implement a nondiscrimination policy, and disseminate to employees and clients.

Since FY 2021, the Commission has recommended that ORI implement a nondiscrimination policy that is available to its employees and clients, with a focus on language access. In FY 2022, the Commission was made aware of a delay within EOHHS' approval system, and received notification from EOHHS that the already existing EOHHS nondiscrimination policy should suffice. The Commission disagrees with this opinion from EOHHS and continues to recommend that ORI pursue a publicly available nondiscrimination statement at minimum, particularly given that many LGBTQ immigrants and refugees come to the United States due to anti-LGBTQ violence from their home country. Such a policy or statement should incorporate an intersectional, multilingual approach that provides clients with clear avenues for accountability. Further, as noted above, the Commission recommends that ORI and EOHHS review the already drafted policy to better understand why ORI - unlike several other state agencies that fall under EOHHS - cannot have its own specific nondiscrimination policy. Should the policy need to be updated and revised, the Commission recommends that ORI prioritizes these revisions in partnership with EOHHS.

Acknowledgments: The Commission thanks the contributions of its ORI staff liaisons.

1 Shoshana Goldberg and Kerith Conron, "LGBT Adult Immigrants in the United States," Williams Institute, February 2021, <https://williamsinstitute.law.ucla.edu/publications/lgbt-immigrants-in-the-us/>.

2 Ari Shaw et al., "LGBT Asylum Claims in the United States," Williams Institute, March 2021, <https://williamsinstitute.law.ucla.edu/publications/lgbt-asylum-claims/>.

Department of Public Health

1. Expand training opportunities for staff and contracting organizations on LGBTQ cultural engagement, racial equity, and adultism.
2. Develop new strategic partnerships to diversify connections and investment into LGBTQ communities.
3. Explore ways to expand SOGIE data collection through DPH programs, with particular attention to pregnancy, parental mortality, and gender-affirming care services, and make data publicly available.
4. Partner with the Commission to research the needs of LGBTQ transition-aged youth with multisystem-involvement.
5. Increase community research initiatives to better address health inequities.

Introduction

The Massachusetts Department of Public Health (DPH) is a state agency dedicated to promoting and ensuring access to health services, with a specific focus on prevention, overall wellness, and health equity for all communities. The Commission and DPH have had a longstanding supportive relationship for decades. The Commission is confident that DPH recognizes the long-term health and economic benefits of public health interventions with youth. Additionally, the Commission appreciates the significant strides DPH has continued to take to impact the intersecting systems of oppression that provide and compound systemic barriers to health and wellness for QTBIPOC communities.

Past & Ongoing Work

DPH has long been committed to developing consistent policies and practices for working with LGBTQ populations, as well as expanding its services and support for effective programs across the Commonwealth. Notably, through its Division of Violence and Injury Prevention, DPH administers the Safe Spaces for LGBTQIA+ Youth Programs, which provides a variety of services, including an accessible community drop-in space, peer-led, adult-supported support groups, and services for transition-aged LGBTQ youth.

The Commission has been pleased to work with DPH's Bureau of Substance Abuse Services (BSAS), which has extended efforts through its Office of Youth and Young Adult Services (OYYAS) to review documents and data collection standards to ensure that LGBTQ youth are affirmed through DPH outreach and services. The Commission has further partnered with DPH's SOGI Data Standards Working Group, and in April 2023 provided input on the agency's upcoming COVID Community Impact Survey (CCIS) 2.0.

The Commission additionally commends DPH for its work on racial justice initiatives, including by its release of a Racial Equity Data Road Map in October 2020 which provides "a suggested methodology for programs to assess their progress in addressing racial inequities in service delivery and health outcomes."¹ In May 2022, DPH noted that the agency had secured The Racial Equity Institute to provide a two-day training session to DPH leaders and staff which focused on anti-racism and capacity-building, which it intends to continue to offer to staff as requested. In May 2024, DPH released its landmark Strategic Plan to Advance Racial Equity for 2024-2028 as part of its commitment to dismantling racial and health inequities in the Commonwealth.

Ongoing work from DPH further includes the prioritization of LGBTQ youth in its strategic plan for smoking prevention, and continued resource provision to programs focused on suicide prevention and HIV prevention. In FY 2023, the Commission and DPH discussed further areas of collaboration and investment into community-based public health and advocacy programs to build capacity and education efforts in local communities. Additionally, in 2021, DPH's Bureau of Infectious Disease and Laboratory Sciences (BIDLS) provided its partner organizations with LGBTQ-inclusive guidance on using social media to promote health and disease prevention, as well as has continued to support innovative ways to engage LGBTQ communities in sexual health services.

FY 2026 Recommendations to the Department of Public Health

1. Expand training opportunities for staff and contracting organizations on LGBTQ cultural engagement, racial equity, and adultism.

The Commission has been pleased to work with DPH for many years in its training efforts. The curriculum used within this series was heavily contributed to by DPH, and the Commission is looking forward to future opportunities to develop new curriculum in partnership with DPH on other topics. In February 2023, the Commission met with representatives from DPH to discuss the possibility of developing a new LGBTQ health-based curriculum to be delivered to medical providers and facilities across the state. The Commission recommends that DPH continue to examine its training efforts to ensure that all employees, particularly those directly interfacing with youth, are given the tools needed to build upon their base understanding of LGBTQ communities.

Furthermore, the Commission recommends that DPH continue to review its training efforts to ensure that the intersections of LGBTQ youth are captured through racial equity trainings, as well as trainings on adultism. In April 2024, DPH released a trailblazing strategic plan centering racial equity in public health services, which includes an intersectional lens on LGBTQ equity. As part of this strategic plan, DPH will continue to offer targeted training, capacity building, and affinity group opportunities to support the agency and its programs. Finally, over FY 2025, the Commission and DPH engaged in numerous conversations on potential opportunities to collaborate on LGBTQ cultural engagement trainings for public hospital staff, as well as co-hosted a training for its Office of Health Equity.

2. Develop new strategic partnerships to diversify connections and investment into LGBTQ communities.

The Commission and DPH have continued to engage in conversations on how to better support LGBTQ communities in public health education and health services. For FY 2026, the Commission recommends that DPH work to develop new strategic outreach plans to diversify its connections within LGBTQ communities, with particular attention to QTBIPOC communities and organizations in underserved regions. In its FY 2025 meetings with the Commission, DPH shared that it has developed partnerships regarding sexual & reproductive health and sexual and domestic violence, and is continuing to search for new opportunities to partner with communities. While reviewing its current partnerships, DPH should connect with LGBTQ community members to identify gaps in its outreach, and also work to improve its internal collaboration to minimize duplicated efforts across departments.

3. Explore ways to expand SOGIE data collection through DPH programs, with particular attention to pregnancy, parental mortality, and gender-affirming care services, and make data publicly available.

For several years, DPH has been involved in robust efforts to ensure that its SOGIE data collection standards appropriately capture the experiences of LGBTQ communities. Over the last couple of years, the Commission has partnered with DPH's internal SOGIE Data Working Group to help advise on a new set of data standards, which were completed in late 2024. The Commission looks forward to continuing to work with DPH to ensure that all areas the agency collects data are reflective of these standards. One possible area of improvement is to examine any and all data collection related to pregnancy, maternal/parental mortality, and gender-affirming care services to ensure that it is LGBTQ-inclusive.

4. Partner with the Commission to research the needs of LGBTQ transition-aged youth with multisystem-involvement.

Over the course of this annual report, the Commission has detailed the necessity of youth-serving state entities collaborating on a macro-level to ensure that the needs of youth are not falling through systemic cracks. However, little research currently exists that examines the widespread experiences of transition-aged youth with multisystem-involvement in Massachusetts. DPH often contracts out services, so understanding who engages with which services and systems may not always be feasible. However, the Commission notes that there could be a potential avenue through DPH's contract quality assurance areas to add in. The Commission hopes to collaborate with DPH on this research initiative to better understand where gaps in state agency service provision are occurring, and potential solutions.

5. Increase community research initiatives to better address health inequities.

Of the many strengths of the Department of Public Health, its research initiatives, particularly its Community Health Equity Survey, are some of the most critical work to addressing LGBTQ health inequities in Massachusetts. The Commission sincerely appreciates the attention that DPH has paid to filling significant gaps in Black maternal health research, and its continuing review of its SOGIE data standards. As data trends become apparent in DPH's recent CHES, the Commission strongly recommends that DPH utilize this information to better identify health inequity priorities, particularly relating to LGBTQ health concerns.

Acknowledgments: The Commission sincerely thanks the contributions of its DPH agency liaisons.

¹ Department of Public Health, "Racial Equity Data Road Map: Data as a Tool Towards Ending Structural Racism," October 12, 2020, <https://www.mass.gov/doc/racial-equity-data-road-map-pdf/download>.

Department of Transitional Assistance

1. Explore the creation and hiring of a full-time DTA-specific LGBTQ outreach specialist position.
2. Continue to review opportunities to collect inclusive SOGIE data information, and update IT systems to include new data fields where appropriate.
3. Continue to expand intersectional LGBTQ training efforts and mandate racial equity trainings for all DTA employees.
4. Support internal working groups to uplift conversations & events on intersectionality in the workplace.
5. Partner with Massachusetts youth-serving agencies to disseminate accessible informational guides on resources and state services available to underserved communities.

Introduction

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. Per DTA's website, the agency services 1 in 7 Massachusetts families every year with direct assistance through cash benefits, food assistance, and workplace training opportunities.

National research indicates that LGBTQ youth are disproportionately food insecure as compared to their heterosexual and cisgender peers. In a 2025 Trevor Project report, 40% of LGBTQ+ youth across the nation reportedly have a history of food insecurity, homelessness, or unmet basic needs, with transgender and nonbinary youth being 77% more likely to experience food insecurity.¹

Past & Ongoing Work

For many years, the Commission has appreciated the opportunity to collaborate with DTA to support internal efforts to help offices become more affirming for LGBTQ youth, families, and employees. Several years ago, DTA released an LGBTQ-inclusive nondiscrimination policy and guidance that fulfilled a previous Commission recommendation. To build on this policy, DTA has consistently been engaging its employees in training opportunities to center both LGBTQ-inclusivity and racial equity. In late 2022, DTA managers were mandated to attend a two-day intensive racial equity training, which DTA is beginning to roll out in June of this year and continue through the upcoming fiscal year. Over the latter half of the 2023 fiscal year, DTA partnered with the Commission and EOHHS DEI staff to participate in the internal train-the-trainer model to develop cross-agency capacity, which continued into FY 2024, and is expected to continue in FY 2025. Additionally, the spring of FY 2023, DTA hosted a panel discussion titled “Who We Are: Elevating the Voices & Experiences of LGBTQI+ Staff”, in support of Transgender Day of Visibility, and Gender Equality Month, attended by 80 DTA staff members.

Finally, the Commission and DTA have been engaged in conversations for several years around how to best capture SOGIE information; such an opportunity would likely be provided through the SNAP program and be added on to demographic information already collected (like biological sex, race, and ethnicity). Unfortunately, like many other agencies, DTA is unsure the extent to which it is able to improve its data collection as SNAP is heavily regulated by the federal government. The Commission looks forward to continuing this conversation with DTA in FY 2026.

FY 2026 Recommendations to the Department of Transitional Assistance

1. Explore the creation and hiring of a full-time DTA-specific LGBTQ outreach specialist position.

First issued in FY 2024, the Commission recommends that DTA continues to explore the creation of a new staff position responsible for expanding its outreach work to LGBTQ communities, assisting with overseeing DEI, and internal training support. In FY 2025, DTA shared that it has moved forward on this recommendation and has a suggested draft of a position, though has amended the scope to focus more broadly on all underserved populations in Massachusetts. However, given the significant budget limitations faced by many state agencies, DTA has no timeline yet established for this position.

In May 2025, DTA shared that it is exploring alternative opportunities to meet the spirit of this recommendation, which the Commission looks forward to further discussing next fiscal year.

2. Continue to review opportunities to collect inclusive SOGI data information, and update IT systems to include new data fields where appropriate.

Over the last few years, the Commission and DTA have engaged in conversations to better understand ways to improve DTA's data collection to collect on gender, rather than biological sex. The vast majority of DTA's data collection occurs through the SNAP program, which is heavily regulated by the federal government. While DTA had spent much of FY 2025 developing a strategic plan to update its data fields and provide trainings to employees, the current federal political landscape has caused some concern and delays around the necessity of collecting such data at this time. The Commission appreciates the opportunity to continue to engage with DTA on these conversations through FY 2026.

3. Continue to expand intersectional LGBTQ training efforts and mandate racial equity trainings for all DTA employees.

In FY 2025, DTA shared that it is in the process of scheduling a mandatory all-staff training series on working with diverse populations, which will include working with LGBTQ and BIPOC clients, that will take place before the end of the fiscal year. The Commission appreciates DTA's commitment to ensuring that its staff are appropriately trained, and recommends that DTA establish an equity-focused strategic plan on how it will continue to build upon these trainings over the next few fiscal years.

4. Support internal working groups to uplift conversations & events on intersectionality in the workplace.

The Commission appreciates the dedication that DTA has shown in uplifting the voices and experiences of LGBTQ and BIPOC staff members internally through hosting internal events and sharing resources. The Commission recommends that DTA continue to expand efforts to uplift conversations on intersecting identities within the workplace, particularly around LGBTQ & BIPOC-inclusive workplace environments. The Commission further recommends that DTA examine its own internal demographics to ensure that LGBTQ and BIPOC employees feel supported in the workplace.

5. Partner with Massachusetts youth-serving agencies to disseminate accessible informational guides on resources and state services available to underserved communities.

Quite often, the Commission hears from youth, parents, and providers that they are unaware of existing programs provided by the state that would help ease some of the difficulties they face. Many agencies struggle with ensuring that their services are reaching those who need them most, particularly youth. The Commission recommends that DTA partner with other youth-serving agencies to develop and/or disseminate resource guides, such as an LGBTQ-affirming state services resource guide.

Acknowledgments: The Commission sincerely thanks the contributions of its DTA agency liaisons.

¹ The Trevor Project. (2025). The Impact of Houselessness and Food Insecurity on the Mental Health of LGBTQ+ Young People. <https://doi.org/10.70226/QZIL3244>

Department of Youth Services

1. Continue to expand data collection and reporting efforts on LGBTQ youth in DYS custody.
2. Continue to review existing curricula, programming, and supplemental materials to ensure availability of LGBTQ-affirming materials for youth and families.
3. Continue to provide mandatory annual professional development opportunities that prioritize intersectionality and center LGBTQ youth and family engagement.
4. Collaborate with the Commission to establish an LGBTQ caregiver education curriculum within juvenile diversion programs.
5. Improve interagency work to support “warm hand-offs” for transition-aged youth attempting to access services, in partnership with the Department of Children & Families, the Department of Mental Health, and MassHealth.

Introduction

The Massachusetts Department of Youth Services (DYS) is the state agency that serves five primary populations of young people (diversion young people, overnight arrest young people, detained young people, committed young people, and youth engaged in services) ranging in age from 12 to 22 dependent on the services provided. For a decade, DYS has led the nation in developing and implementing policies 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 youth in the juvenile justice system.

Past & Ongoing Work

The Commission appreciates the expansive work that DYS has done in recent years to address the Commission's recommendations. To support much of this work, DYS formed an internal LGBTQ+ Subcommittee that frequently meets to review DYS' ongoing work to create a more inclusive environment for its youth and staff.

Over the years, DYS has met several of the Commission's recommendations through improving its LGBTQ-inclusive data collection practices; highlighting LGBTQ experiences in its research and annual reports; and expanding its visible signage in DYS facilities. DYS staff routinely participate in mandatory trainings on working with LGBTQ youth during onboarding and annually, and DYS has continued through FY 2025 to roll out new and revised trainings for staff.

This work includes increasing its data collection and research and expanding its visible signage (translated into five languages) and resources available to DYS youth. DYS has shared that its staff routinely participate in trainings on working with LGBTQ youth, and that it formed an internal LGBTQ+ Subcommittee that works to review DYS' ongoing work for LGBTQ youth. In 2024, DYS continued a review of its internal curriculum to ensure that it aligned with the new DESE Health and Physical Education Frameworks; a 3-day training was provided to staff in the fall, and DYS collaborated with the Safe Schools Program to provide a training for DYS educators. Finally, DYS is in the final stages of drafting a resource guide for caregivers that will include information relevant to supporting LGBTQ youth. The Commission looks forward to continuing to collaborate with DYS in FY 2026.

FY 2026 Recommendations to the Department of Youth Services

1. Develop and execute a strategic plan to conduct direct outreach to LGBTQ immigrant youth and families across the Commonwealth.

The Commission is grateful for DYS' continued attention to expanding its data collection and reporting over FY 2025, and looks forward to new updates in FY 2026 on current projects. In its March 2025 meeting with the Commission, DYS shared that it has made progress in several areas under this bucket recommendation. These areas include updating its paper dialogue tree to better align with JJEMS structure; development of quality assurance reports by regions to address missing data; and increasing its public relations work to include data on LGBTQ youth in DYS custody.

Additionally, in FY 2024, DYS shared with the Commission that it is exploring the issue of why data shows more LGBTQ+ youth than cisgender youth report they had or have a fear of being in DYS custody. DYS is studying data and specific youth responses. Based on this review, a data research brief is being developed and will be made available showing the results and next steps.

Overall, the Commission recommends that DYS continue to expand and explore opportunities to increase its data collection and reporting, with particular attention to race, gender, sexual orientation, and region. Finally, the Commission recommends that DYS reports on its work to address compounded trauma for DYS youth, and the intersections of trauma and recidivism.

2. Continue to review existing curricula, programming, and supplemental materials to ensure availability of LGBTQ-affirming materials for youth and families.

A large prioritization of DYS is its educational programming and ensuring that the content is inclusive, while still meeting state requirements to ensure that DYS youth receive credit for all the work done to achieve their high school degree. As recommended to DYS throughout the last few years, the Commission encourages DYS to continue to review all of its curriculum being presented both to youth, but also their families, to ensure that LGBTQ affirming-material is appropriately embedded into all areas. Since FY 2023, DYS has shared that it has identified several areas to offer professional development opportunities on LGBTQ-inclusive curriculum guidance, and has been conducting reviews and updates for outdated instructional materials.

Throughout FY 2025, DYS has worked to address several different areas within this recommendation, including implementation of curriculum materials supporting the DESE Comprehensive Health and Physical Education Frameworks and trainings for health and wellness educators. Additionally, DYS partnered with the Commission's Safe Schools Program on a training session for Literacy and Multilingual Learner specialists and instructional coaches in the fall. DYS has further continued to align the ELA scope and sequence with LGBTQ+ curriculum selections, and is in the process of developing a curriculum assessment tool in partnership with its Latinè working group to improve its inclusion of intersectional LGBTQIA+ identities. Finally, DYS is in the process of developing a student survey to inform potential opportunities for new programming, such as a GSA.

This past fiscal year, DYS' LGBTQ+ Task Force also created a handbook for use by staff in its residential programs that details best practices for ensuring LGBTQI young people receive the products and services necessary to best support them in these settings.

In FY 2025, DYS will formally roll out these handbooks throughout both state and contracted provider residential programs.

3. Continue to provide mandatory annual professional development opportunities that prioritize intersectionality and center LGBTQ youth and family engagement.

In FY 2024, DYS shared with the Commission that it is developing modules for a new manager training course to help support staff and provide updates on its LGBTQ-inclusion workplans. In FY 2025, DYS partnered with MaeBright Group, LLC to draft a professional development training on LGBTQI- GNC -inclusion. DYS shares that this will be mandatory training for all state and contracted provider employees in management and supervisory positions, including residential, community, clinical, administrative, and education services. This training will take a deeper dive into LGBTQI-GNC+ competencies, provide updated language, advanced and interactive best practices, and new information on understanding identities and intersectionality. Additionally, the training will assist managers and supervisors in learning how to support not only DYS youth, but staff members who identify as part of the LGBTQI- GNC + community. This training will focus on inclusion in the workplace, as well as DYS's LGBTQI -GNC + inclusion workplans. Training will be delivered based on when participants took the Intro to LGBTQI - GNC + course (under 2 years ago or over 2 years ago). DYS anticipates 9 trainings (5 virtual and 4 in person) will be completed for FY 2025 and then continue into FY 2026. Ultimately, the information will be incorporated into the DYS Basic Training module.

4. Collaborate with the Commission to establish an LGBTQ caregiver education curriculum within juvenile diversion programs.

Part of the work of DYS is to support juvenile diversion, and in 2021, DYS and the OCA launched the Youth Diversion Initiative which works to support positive and equitable youth development. Within these diversion programs, DYS partners with referred youth and their families to reduce the likelihood of future contact with the juvenile justice system. However, in cases where families fail to support the youth's sexual orientation and/or gender identity, this may lead to further strife and increase the likelihood of some youths continued interaction with the juvenile justice system. Since first issued this recommendation, DYS has provided several updates on ongoing work to support and engage LGBTQ youth and their caregivers. One particular project that DYS has been working on is a booklet linking caregivers to resources on how to support LGBTQ youth; DYS shares that a final draft of this booklet is being circulated internally for approval before distribution.

Furthermore, DYS shared that it intends to train its new diversion coordinators with materials from PPAL on navigating the court system and supporting families and is working on materials to develop for parent partners. The Commission recommends that DYS continue this work and explore additional ways it might facilitate LGBTQ caregiver engagement in partnership with other state agencies.

5. Improve interagency work to support “warm hand-offs” for transition-aged youth attempting to access services, in partnership with the Department of Children & Families, the Department of Mental Health, and MassHealth.

As first highlighted in the Commission’s FY 2024 annual report, multisystem-involved youth transitioning between state services may fall between systemic gaps with little to no direct handoffs between services. Interagency work has consistently improved over the last year. The EOHHS Complex Case Interagency meeting, for example, is working with all agencies to identify youth with multi-agency involvement to ensure youth do not fall between systemic gaps.

With regard to youth who are involved with DYS and DCF, DYS works with the Massachusetts Data Matching System (MDM) on a daily basis to identify all new DYS intakes that also have an open DCF case. The Client Locator Portal is utilized to identify if a new DYS intake is also an active DCF youth. DYS and DCF regional teams then review specific youth to ensure services are aligned and coordinated, including discharge planning.

One such example shared over the last few years is where there is high staff turnover, efforts to streamline collaboration wane as new staff are hired and historical knowledge is then lost. However, the Commission recommends that DYS, and other youth-serving state agencies, explore potential solutions and strategies to mitigate collaboration and communication issues that occur when staff leave. A possible area to explore is the formation of regional collaborative groups with clear instructions and materials on internal processes, resources, and expectations. Overall, as shared in other agency recommendations, the Commission advises that DYS provide clear communication with all staff, families, and youth that conveys direct and transparent explanations of interagency processes and policies.

Acknowledgments: The Commission appreciates the contributions of its DYS staff liaisons.

Executive Office of Public Safety and Security

1. Convene an interagency committee to discuss the needs of LGBTQ young people encountering EOPSS agencies, and explore options for improving data collection, training, and policies.
2. Provide LGBTQ cultural awareness trainings to all EOPSS agency staff and providers.

Introduction

The Executive Office of Public Safety and Security (EOPSS) provides oversight and development for agencies, boards, and commissions in the areas of criminal justice, law enforcement, homeland security, and emergency preparedness and response. These agencies include the Massachusetts State Police, Sex Offender Registry Board, Department of Correction (DOC), and the Municipal Police Training Committee (MPTC).

Past & Ongoing Work

Since issuing recommendations to EOPSS in FY 2018, the Commission has seen little progress on the recommendations issued each fiscal year. Unfortunately, the Commission was unable to meet with its EOPSS liaison in FY 2025, and hopes to reestablish a working relationship with the secretariat in FY 2026.

FY 2026 Recommendations to the Executive Office of Public Safety and Security

1. Convene an interagency committee to discuss the needs of LGBTQ young people encountering EOPSS agencies, and explore options for improving data collection, training, and policies.

The Commission continues to recommend that EOPSS explore the creation of an interagency committee model to better support and coordinate its efforts to be more inclusive and affirming of LGBTQ communities, particularly given that topics like data collection and nondiscrimination policies may not function well in isolation within the larger EOPSS system. The Commission further recommends that EOPSS continue to explore areas in which its agencies can expand the collection and reporting of data on sexual orientation and gender identity (SOGI) to address disparities facing LGBTQ youth across the multiple systems overseen by EOPSS.

2. Provide LGBTQ cultural awareness trainings to all EOPSS agency staff and providers.

For several years, the Commission has been engaged in conversations with EOPSS around providing LGBTQ cultural awareness trainings, and identified MPTC, DOC, the State Police, and the Massachusetts National Guard as key agencies to begin this process with. In FY 2024, the Commission received connections to many of these agencies, and had the opportunity to work with DOC staff to present a train-the-trainer series in fall 2024. However, the Commission currently has no information on the extent to which EOPSS is interested in addressing this recommendation.

Department of Correction

1. Develop and disseminate an LGBTQ-inclusive nondiscrimination policy.
2. Provide mandated LGBTQ cultural engagement and racial equity trainings to all DOC staff.
3. Investigate facility compliance with ensuring that transgender and gender expansive inmates are given appropriate, timely access to gender-affirming care.
4. Review current data collection practices to identify areas to improve SOGI data reporting.

Introduction

The Department of Correction (DOC) oversees the state prison system, managing 13 institutions across the state. While the Commission has issued recommendations to the Executive Office of Public Safety and Security for nearly a decade, this report marks the first set of recommendations directly to the DOC. The Commission looks forward to continuing to build relationships with DOC to provide support and accountability for LGBTQ individuals who are incarcerated.

FY 2026 Recommendations to the Department of Correction

1. Develop and disseminate an LGBTQ-inclusive nondiscrimination policy.

The Commission recommends that DOC develops and disseminates an LGBTQ-inclusive nondiscrimination policy. Currently, DOC's nondiscrimination policy does not include sexual orientation or gender identity. The Commission is pleased to note that the DOC has recently released two new policies for working with transgender and gender-nonconforming clients - a policy on Identification, Treatment, and Correctional Management of Gender Non-Conforming Inmates and a second policy on Identification, Treatment, and Correctional Management of Inmates Diagnosed with Gender Dysphoria. However, the DOC should continue to review existing policies to ensure the inclusion of gender-affirming language.

2. Provide mandated LGBTQ cultural engagement and racial equity trainings to all DOC staff.

The Commission strongly recommends that DOC increase its offerings of LGBTQ cultural engagement trainings to all DOC staff. The Commission appreciated the opportunity to work with DOC in FY 2024 and early FY 2025 to offer training opportunities both for inmates and DOC staff. In FY 2025, the Commission and DOC began conversations around follow-up trainings to take place in early FY 2026. However, these trainings are not mandatory, and require a more strategic approach for an effective shift to challenge the biases and discrimination that current and former LGBTQ inmates frequently report.

3. Investigate facility compliance with ensuring that transgender and gender expansive inmates are given appropriate, timely access to gender-affirming care.

Current and former inmates report that attempting to secure gender-affirming medication and health care while incarcerated is often a length, confusing, and arduous process. Despite the existing policies of the DOC, it seems that the implementation of these policies must improve. The Commission strongly recommends that DOC leadership investigates the internal processes - a process that should center and uplift the voices of transgender and gender expansive inmates - and hold facilities accountable to improving their systems to ensure timely access to gender-affirming health care.

4. Review current data collection practices to identify areas to improve SOGI data reporting.

Research and data on the experiences of LGBTQ inmates in Massachusetts is scarce. The DOC does not currently collect or report on gender identity or sexual orientation. The Commission recommends that the DOC reviews current data collection practices to identify potential areas of improvement and inclusion of sexual orientation and gender identity collection. Upon implementing new LGBTQ-inclusive data standards, staff should receive training on how to appropriately collect and report the data.

Executive Office of Housing and Livable Communities

1. Develop and implement an agency-wide nondiscrimination policy.
2. Continue to canvass shelters across the state to examine internal policies and procedures for sheltering trans and gender expansive clients.
3. Provide LGBTQ cultural engagement and racial equity trainings for EOHLC employees and shelter providers.
4. Improve interagency collaboration to support LGBTQ youth experiencing homelessness, with particular attention to supporting LGBTQ immigrant youth and youth transitioning out of the child welfare system.
5. Explore ways to encourage the development and funding of LGBTQ-specific and safe shelters for youth, and alternative ways to address the housing crisis for youth.
6. Investigate with Continuums of Care and community providers to ensure that youth are able to travel between CoCs without facing systemic barriers to accessing appropriate housing services.

Introduction

The Executive Office of Housing and Livable Communities (EOHLC) was established in 2023 by elevating the Department of Housing and Community Development to a secretariat to create more homes and lower housing costs for Massachusetts residents. Through this work, EOHLC also distributes funding to municipalities, oversees the state-aided public housing portfolio, funds a wide array of services for homeless individuals through nonprofits, and operates the state's Emergency Family Shelter (EA) program. For years, Massachusetts LGBTQ youth and young adults have often named affordable housing access as their number one priority.

The 2024 Massachusetts Youth Count reported that 26.3% of respondents identified as LGBTQ+, with 46.8% of LGBTQ youth respondents being sheltered the night before responding to the survey. Some of the responses highlighted in the Youth Count report indicate a serious need for more youth-oriented housing resources, and shelters specifically for young people.¹ While EOHLC does not currently fund any youth-specific shelters - nor can it create these shelters on its own - the Commission and EOHLC have engaged in numerous conversations over the years to identify ways to improve housing resources for LGBTQ youth and families.

Past & Ongoing Work

The Commission has worked with EOHLC for many years to address and improve LGBTQ-affirming housing and shelter services across the Commonwealth. The Commission understands that EOHLC, like many other state entities, can sometimes be limited in its ability to address all aspects of the Commission's recommendations due to state and federal requirements, but appreciates its attention to the areas it can address on its own.

EOHLC has made progress in a few areas since the Commission began issuing recommendations to its agency. In FY 2022, the Commission noted that the Common Housing Application for Massachusetts state-aided public housing and state rental assistance (CHAMP) is inclusive of transgender and nonbinary youth gender markers. EOHLC has previously noted to the Commission that its current data collection is driven by two external forces - the state legislature and the Department of Housing and Urban Development (HUD) requirements. In 2021, EOHLC sponsored an online training by Commission staff for the EOHLC Division of Housing Stabilization and shelter contractor managers to build cultural competency regarding gender identity and sexual orientation in the shelter context. EOHLC sponsored another Commission training in FY 2024 for all EOHLC staff. In FY 2022, HUD's Homeless Management Information System (HMIS) standards were revised to ensure that questions regarding gender were not binary and provided a drop-down list for individuals to choose from; shelters are required to use HMIS. Unfortunately, these inclusive standards were rolled back by the federal government in early 2025, and data will now only be collected on sex-assigned-at-birth.

FY 2026 Recommendations to the Executive Office of Housing and Livable Communities

1. Develop and implement an agency-wide nondiscrimination policy.

The Commission continues to recommend that EOHLC finalize and implement an agency-wide nondiscrimination policy to incorporate gender identity and LGBTQ-affirming language.

As of February 2025, EOHLC has informed the Commission that it has temporarily paused the development of its nondiscrimination policy due to rescinded guidance from HUD around the 2016 Equal Access rule, as it must now revise its initial draft.

2. Continue to canvass shelters across the state to examine internal policies and procedures for sheltering trans and gender expansive clients.

Over the course of FY 2025, EOHLC has worked to meet this recommendation by folding it into an already existing annual monitoring process for shelters. By February 2025, EOHLC was approximately a third of the way through the shelters it oversees and has seen mixed feedback from shelters with some having strong policies and procedures for serving trans and gender expansive clients, while others did not. EOHLC has shared with the Commission that it is in the process of offering guidance policies to shelters who need to improve their current practices, and that it will look into offering a summary of its current process once the review has completed. The Commission appreciates EOHLC's work under this recommendation so far, and looks forward to continuing conversations about practical next steps after the review has completed.

3. Provide LGBTQ cultural engagement and racial equity trainings for EOHLC employees and shelter providers.

Since early FY 2024, the Commission has engaged in multiple conversations with EOHLC about trainings for its employees and shelter providers. In the late spring, the Commission hosted trainings for EOHLC staff around LGBTQ cultural engagement, and is in the process of scheduling a series of trainings for EOHLC-funded shelters beginning in FY 2026. The Commission recommends that EOHLC continues to engage its employees and contracted providers in LGBTQ cultural engagement trainings, and also trainings around racial equity and supporting immigrant families in the shelter system. Furthermore, the Commission recommends that EOHLC explore the creation of an equity-focused strategic plan.

4. Improve interagency collaboration to support LGBTQ youth experiencing homelessness, with particular attention to supporting LGBTQ immigrant youth and youth transitioning out of the child welfare system.

Interagency collaboration is key to ensuring that the most vulnerable and often underserved youth in our state do not fall within the systemic gaps created when agencies working in similar areas fail to communicate appropriately with each other and their workers.

The Commission understands that EOHLC has established relationships throughout the state with youth-serving agencies, particularly with the Unaccompanied Homeless Youth Commission, but continues to recommend that it examine its connections with other agencies such as DCF, DYS, and ORI to ensure that the needs of underserved youth are being met.

Furthermore, the Commission strongly recommends that the agency partners with the UHYC and community organizations to host listening sessions or community conversations to better understand the experiences of LGBTQ youth experiencing homelessness and housing instability in the state. In spring 2025, EOHLC shared that it intends to schedule this project to begin after its upcoming shelter training process.

5. Explore ways to encourage the development and funding of LGBTQ-specific and safe shelters for youth, and alternative ways to address the housing crisis for youth.

As the Commission has highlighted for many years, there is a critical need for better access to youth-serving shelters across the state, and a need for creative, alternative ways to address the housing crisis for youth and young adults in Massachusetts. EOHLC is limited in its ability to encourage the development of new shelters and housing projects, and is constrained by procurement rules, fiscal resources, as well as federal and state law, from establishing or soliciting specific funders for LGBTQ shelters. Over the last fiscal year, EOHLC and UHYC collaborated on and received a grant that will, in part, be used to develop strategies to better serve youth in the Commonwealth by looking at variances in coordinated entry processes. EOHLC shares that this work is ongoing and includes an effort to ensure that all homeless youth and adults served by projects for persons experiencing homelessness funded by the Commonwealth, regardless of whether they are funded by EOHHS or EOHLC, are included in the HMIS data set, and therefore available to any new Continuum of Care with a release signed by the youth.

6. Investigate with Continuums of Care (CoC) and community providers to ensure that youth are able to travel between CoCs without facing systemic barriers to accessing appropriate housing services.

In FY 2024, EOHLC shared that a coordinated care data integration system had been released to CoCs that will ideally help resolve barriers to housing that some youth face when transitioning between CoCs in Massachusetts. As of its October 2024 meeting, EOHLC reports that the new component is seeing increasing utilization across certain parts of the state, and that it intends to use grant-funding to build an interface that allows providers outside of CoCs to access client data to better facilitate reducing barriers to housing.

Overall, the Commission recommends that EOHLC and the CoCs engage with people experiencing homelessness to ensure that the presented solution is effectively working to reduce barriers to CoC funded housing for people shifting between CoCs in Massachusetts.

Acknowledgments: The Commission sincerely thanks the contributions of its EOHLC liaisons.

**A previous version uploaded on June 2, 2025 was updated on June 6, 2025 to include missed comments from EOHLC to add critical context to some of the recommendations above.*

1. Laurie Ross, "Massachusetts 2024 Youth Count," 2024, <https://www.mass.gov/doc/2022-youth-count-report/download>

Board of Library Commissioners

1. Partner with the Commission and communities to equip Massachusetts librarians with conflict resolution skills, talking points, and protection to handle anti-LGBTQ protests against programs and book challenges.
2. Support libraries with LGBTQ-inclusive programming.
3. Collaborate with the Department of Elementary and Secondary Education to align efforts on addressing book challenges, protests, and hate crimes against state and school libraries and staff.

Introduction

The Massachusetts Board of Library Commissioners (MBLC) is the state agency responsible for organizing, developing, coordinating, and improving library services throughout the Commonwealth. Its commissioners and staff work to develop policy, and provide local and statewide programming and services for libraries and residents. Libraries are a vital resource for LGBTQ youth, caregivers, and educators for culturally-inclusive books, community programming, and information technology. While the number of LGBTQ youth accessing library services is difficult to capture, libraries often cultivate a wide array of diverse books that center queer joy and belonging.

Libraries provide essential access to knowledge, and often act as a safe haven for LGBTQ youth and a place of community. By providing a space where youth can find LGBTQ-themed books or materials, librarians facilitate a critical learning environment where LGBTQ youth feel affirmed and welcome; and straight, cisgender youth can find literature to better understand LGBTQ history and culture.¹

Public libraries are also a key resource for low-income youth and youth experiencing homelessness, given that they are open during the day when shelters are often closed and may provide free and accessible programming for underserved populations. The American Library Association (ALA) notes that library programming, such as computer courses, educational workshops, and arts and crafts, can be beneficial to people experiencing homelessness. Libraries also connect community members to free internet services and local resources.²

In recent years, school and public libraries have seen a significant rise in censorship challenges against LGBTQ and BIPOC books and materials. In 2024, the ALA reported a slight decrease from 2023 in the number of documented attempts to censor library books across the nation from 1,247 to 821.³ Fortunately, official reports indicate that there were only 20 attempts to restrict access to library books in Massachusetts in 2024.⁴ In January 2023, the ACLUM and GLAD Law collaborated on a letter to Massachusetts public school districts to reject censorship in school libraries.⁵

While the number of formal challenges in Massachusetts remain low, librarians and educators have continuously reported incidents to the Commission and other organizations about informal attempts to hide LGBTQ-inclusive books, threats of violence, and challenges to inclusive programming across the state. It is critical that state government works to provide clear support to libraries and their communities.

Past & Ongoing Work

The Commission has been pleased to work with MBLC for several years to collaborate on supporting librarians and LGBTQ youth receiving Massachusetts library services. Over the last fiscal year, the Commission has been involved in numerous conversations with MBLC staff and librarians on how best to support libraries seeing an influx of book challenges and protests across the state. The Commission anticipates continuing these conversations in FY 2026 and implementing events and actionable items to help support library communities.

In March 2025, the Commission was pleased to partner with the Board of Library Commissioners to host a community conversation with librarians to provide resources, and a space for information sharing. Additionally, the Safe Schools Program and MBLC engaged in conversations around creating a recommended book list to provide to librarians looking to curate more inclusive selections of library materials to support LGBTQ and BIPOC youth in Massachusetts public and school libraries.

FY 2026 Recommendations to the Board of Library Commissioners

1. Partner with the Commission and communities to equip Massachusetts librarians with conflict resolution skills, talking points, and protection to handle anti-LGBTQ protests against programs and book challenges.

As discussed in above sections, the Commission is actively working with community and agency partners to address the alarming rise in anti-LGBTQ and racist attacks across the Commonwealth in schools and libraries. Unfortunately, the rise in violent attacks - verbal and physical - has left educators, librarians, and advocates in need of significant support from the state. The Commission strongly recommends that MBLC continue to partner with the Commission to identify ways to equip Massachusetts librarians with conflict resolution skills, talking points, and protection to handle anti-LGBTQ protests against programs and book challenges.

2. Support libraries with LGBTQ-inclusive programming.

Now more than ever, it is essential that youth have visible and safe opportunities to learn more about the LGBTQ community, and to build connections with their peers. The Commission recommends that MBLC continue to support libraries across the Commonwealth to hold safe and accessible programming for LGBTQ youth and families.

3. Collaborate with the Department of Elementary and Secondary Education to align efforts on addressing book challenges, protests, and hate crimes against state and school libraries and staff.

One of the major problems with addressing anti-LGBTQ attacks across the state of Massachusetts is the lack of collaboration between state agencies and community organizations to support ongoing work across institutions. In particular, as both schools and libraries are attacked, collaboration between the Department of Elementary and Secondary Education (DESE), the Massachusetts School Library Association, and MBLC is essential to align on efforts to address book challenges, and support educators and librarians.

Acknowledgments: The Commission appreciates the contributions of its librarian and MBLC staff liaisons.

1. "Libraries Respond: Services to Poor and Homeless People", American Library Association, August 19, 2019 <https://www.ala.org/advocacy/diversity/librariesrespond/services-poor-homeless> (Accessed April 15, 2025)
2. "Libraries Respond: Services to LGBTQIA+ People", American Library Association, August 19, 2019 <https://www.ala.org/advocacy/diversity/librariesrespond/Services-LGBTQ> (Accessed April 15, 2025)
3. "American Library Association kicks off National Library Week with the Top 10 Most Challenged Books of 2024 and the State of America's Libraries Report", American Library Association, April 7, 2025 <https://www.ala.org/news/2025/04/american-library-association-kicks-national-library-week-top-10-most-challenged-books> (Accessed May 27, 2025)
4. "Censorship by the Numbers", American Library Association, April 20, 2023, <https://www.ala.org/bbooks/censorship-numbers> (Accessed May 27, 2025)
5. GLAD and ACLU Massachusetts, "ACLU, GLAD Urge Massachusetts Schools to Reject Calls for Book Bans | ACLU Massachusetts," January 23, 2023, <https://www.aclum.org/en/news/aclu-glad-urge-massachusetts-schools-reject-calls-book-bans>.

Committee for Public Counsel Services

1. Address expectations for representing LGBTQ clients within the CAFL Performance Standards.
2. Provide consistent and high-quality training on working with LGBTQ clients.
3. Investigate and address gaps in service provision for immigrant youth.

Introduction

The Committee for Public Counsel Services provides legal representation in Massachusetts for those unable to afford an attorney in all matters in which the law requires the appointment of counsel. This includes representation in criminal, delinquency, youthful offender, child welfare, mental health, sexually dangerous person and sex offender registry cases, as well as related appeals and post-conviction matters. The Children and Family Law (CAFL) Division, to which the Commission primarily directs these recommendations, provides legal representation to children and indigent parents in child welfare matters, including care and protection proceedings, children requiring assistance cases (CRAs). The Commission also collaborates with the Youth Advocacy Division (YAD) which is tasked with ensuring that every child in Massachusetts has access to zealous legal representation that incorporates a Youth Development Approach resulting in both legal and life success. CPCS lawyers include both private attorneys and public CPCS staff members.

CPCS lawyers, especially through CAFL and the YAD, have critical roles in ensuring that LGBTQ youth in state services have their rights respected, and that there is appropriate support for them in reunifying with their families, integrating into new homes, or aging out of the child welfare system.

Past & Ongoing Work

Over the last three years, the CPCS has made some strides towards addressing the Commission's recommendations. In particular, CAFL has worked to update internal documentation to remove gendered language, and has provided guidance to its attorneys around checking in around pronouns with clients. Since FY 2024, CAFL has shared updates about multiple LGBTQ-centered trainings provided to attorneys, particularly around gender-affirming care and providing affirming services. Finally, in FY 2025, CAFL shared that it has officially designated a point person for LGBTQ-centered work, and that it further expects to designate another staff person with its new office supporting transition-aged youth.

FY 2026 Recommendations to the Committee for Public Counsel Services

1. Address expectations for representing LGBTQ clients within the CAFL Performance Standards.

Since FY 2024, the Commission has recommended that CAFL includes nondiscrimination expectations specific to sexual orientation, gender identity, race, and ethnicity in its Performance Standards. The Performance Standards should illustrate examples of such expectations, such as using chosen names and pronouns for clients, ensuring legal name and gender marker changes are processed as needed, and that attorneys are engaging in training and continuing legal education programming. Furthermore, the Commission recommends that CAFL identify attorney performance evaluation strategies for its public and private attorneys, and how it will respond when attorneys do not meet expectations. Part of these strategies should include ensuring that youth clients (and their adult allies) have easy access to CAFL's complaint forms and other reporting mechanisms, as well as a transparent process for holding attorneys accountable to meeting their client's needs. In its January 2025 meeting, the Commission's liaisons to CPCS shared that a draft had recently been circulated containing updates to the Performance Standards, but that further review was still needed before the updates would be finalized.

2. Provide consistent and high-quality training on working with LGBTQ clients.

The Commission appreciates CAFL's thoughtful approach to expanding its training offerings to public and private attorneys.

In November 2024, CAFL hosted six-hour trainings on medical and mental health as part of a mandatory certification curriculum and highlighted basic information on gender-affirming care, with a specific focus on DCF's medication consent policy; more than 100 people, including private attorneys, attended each session offered. Over FY 2025, the Commission and CPCS have engaged in additional conversations around offering caregiver engagement trainings to prepare attorneys for working with clients who may have unsupportive caregivers.

Additionally, the Commission recommends that CPCS works to examine its current SOGI data collection practices and provide trainings on how to collect and safely store this information for public and private attorneys. As a part of this process, CPCS should provide talking points for staff on how to create safe and brave spaces when interacting with clients; the talking points should include information on ensuring that youth are aware of how their SOGI information will be used, and identifying who should have access to this information.

CAFL has shared that it is working on ensuring that staff are appropriately trained on this field in the case management system. However, while CAFL feels that this recommendation has been mostly resolved on the public attorney side, there remain challenges with addressing this recommendation through its work with private attorneys, though CPCS has shared that it has engaged private attorneys in conversations around this work. Finally, the Commission notes the importance of collecting demographic data as part of evaluating CAFL services, and recommends exploring strategies for surveying youth clients to provide a baseline evaluation.

3. Investigate and address gaps in service provision for immigrant youth.

The Commission recommends that CPCS strengthen its commitment to ensuring that immigrant youth receive timely services – including all needed documentation, resources, and support. Far too often, the Commission hears from youth, caregivers, and social workers that children who have emigrated with their parents, only for those parental rights to be terminated and the parent deported, often struggle to receive appropriate services from DCF or advocacy from their legal representation, particularly LGBTQ youth. In the summer of 2024, CAFL liaisons shared that a CAFL specific attorney was appointed to the CPCS immigration impact unit and are currently working to better understand the experiences of immigrant youth clients.

Acknowledgments: The Commission sincerely appreciates the contributions of its CPCS liaisons.

MassHire

1. Promote job opportunities to LGBTQ youth.
2. Review data collection methods to reflect best practices on LGBTQ-related data and evaluate that data to improve LGBTQ client experiences.
3. Facilitate mandatory LGBTQ cultural awareness and racial equity trainings for all staff.
4. Create and hire a dedicated LGBTQ-specific staff person.

Introduction

The MassHire Department of Career Services (MDCS) oversees workforce development activities, which includes providing access to quality education, skills training, and employment opportunities for jobseekers. Through its statewide network of 29 [MassHire Career Centers](#) (4 specifically serving youth) and [16 MassHire Workforce Boards](#), MassHire works to build connections between businesses and jobseekers by helping residents and employers with resources, job matching, tax credit programs, and labor market information.

Despite Massachusetts' strong nondiscrimination protections, LGBTQ youth continue to experience barriers, such as discrimination, location, low wages, and lack of professional development opportunities, that make obtaining quality employment difficult.

Past & Ongoing Work

In 2021, MassHire updated its intake and data collection procedures through its Career Services registration to include a nonbinary gender marker, and further allows clients to self-select whether they had registered with the selective service (more colloquially known as the military draft), which is a federal requirement only for those assigned-male-at-birth. Additionally, in 2021, MDCS offered a two-part training series, "LGBTQ+ Customers in the Workplace", to MassHire staff.

Finally, the Commission worked with MassHire in 2017 to update and revise its nondiscrimination policy to be LGBTQ-inclusive.

FY 2026 Recommendations to MassHire

1. Promote job opportunities to LGBTQ youth.

In the fall of 2023, the Commission hosted a panel for LGBTQ youth on being 'out' in the workplace and career readiness. One of the standout questions that staff members received was how they found LGBTQ-inclusive jobs, and whether they had experienced discrimination at work in the last several years. Overwhelmingly, LGBTQ youth are beginning to make up large fractions of the workforce, as nearly a quarter of Massachusetts youth identify within the LGBTQ communities. However, dedicated resources to promoting LGBTQ-inclusive job opportunities are scarce, and few companies make clear their dedication to providing a safe and inclusive work environment.

As MassHire connects LGBTQ youth to jobs and career resources, it is essential that it keeps in mind the unique fears many LGBTQ youth face in their workplace. One way to improve career services for LGBTQ youth is by planning and creating career fairs specifically targeted toward LGBTQ youth, such as the career fairs offered by the Massachusetts LGBT Chamber of Commerce. The Commission strongly recommends that MassHire work to establish a review system to connect LGBTQ youth with LGBTQ-inclusive workplaces; partnering with community organizations such as the Massachusetts LGBT Chamber of Commerce will likely aid such an endeavor.

2. Review data collection methods to reflect best practices on LGBTQ-related data and evaluate that data to improve LGBTQ client experiences.

The Commission recommends that MassHire review their SOGI data collection methods to ensure that they reflect current best practices on LGBTQ-related data, and that they continue to evaluate the data already received to adjust services as needed. In May 2025, MassHire shared that it currently collects customer data on 'male', 'female', and 'choose not to answer.' Finally, MassHire should ensure that the complaint system provided by MassHire career centers is inclusive of SOGI data collection to ensure that clients are not disproportionately facing discrimination in MassHire services.

3. Facilitate mandatory LGBTQ cultural awareness and racial equity trainings for all staff.

For several years, the Commission has engaged in conversations with MassHire on offering trainings on LGBTQ cultural engagement to uplift the unique needs of LGBTQ youth in MassHire services. In FY 2022, MassHire staff participated in a training offered by PFLAG on how to be more inclusive in its service provision. The Commission has offered to partner with MassHire through its agency training curriculum, and hopes to set up a series of trainings for all MassHire staff in the coming fiscal year. The Commission additionally recommends that MassHire ensure that racial equity trainings are provided to all staff that highlights the intersectional identities LGBTQ youth often carry with them in the workplace. In May 2025, MassHire shared that while it is open to curate a course on LGBTQ cultural engagement for its staff, it is unable to mandate that staff attend these trainings.

4. Create and hire a dedicated LGBTQ-specific staff person.

Over the last couple of years, the Commission has been pleased to see a number of state agencies, such as the Department of Children & Families and the Department of Public Health, create LGBTQ-specific staff positions dedicated to ensuring that the needs of LGBTQ youth are being met by the agency. The Commission strongly recommends that MassHire follow this model to create positions dedicated to overseeing the outreach & resource development to LGBTQ youth.

Acknowledgments: The Commission sincerely thanks the contributions of its MassHire liaisons.

Office of the Child Advocate

1. Visit, investigate, and report on congregate care facilities.
2. Conduct a LGBTQ training audit of youth-serving facilities.
3. Develop a strategic plan for LGBTQ youth outreach, and ensure meaningful LGBTQ community participation in all projects and initiatives.
4. Address the needs of LGBTQ transition-aged youth.
5. Continue to report on available SOGI data, and collaborate with child-serving agencies on consistent reporting and intersectional data analysis.
6. Examine needs of LGBTQ youth in residential schools and identify opportunities to collaborate with the Commission's Safe Schools Program.
7. Continue to identify opportunities to address suicidality among LGBTQ youth, including through collaboration with the Commission.

Introduction

The Office of the Child Advocate (OCA) is an independent executive branch agency with oversight and ombudsperson responsibilities, established by the Massachusetts Legislature in 2008. The OCA's mission is to ensure that children receive appropriate, timely and quality state services, with a particular focus on ensuring that the Commonwealth's most vulnerable and at-risk children have the opportunity to thrive. Through collaboration with public and private stakeholders, the OCA identifies gaps in state services and recommends improvements in policy, practice, regulation, and/or law. The OCA also serves as a resource for families who are receiving, or are eligible to receive, services from the Commonwealth.

As has been shared by the Commission in past reports, sustained and meaningful change for youth in state systems requires multisystem collaboration that is overseen by an active and attentive watchdog agency. Far too often, efforts to hold state systems, particularly the Department of Children & Families, accountable for the experiences of LGBTQ youth who interact with them have largely fallen to the Commission and to nonprofit organizations, none of whom have the authority or capacity to exercise the powers given to the OCA under state law - leaving a significant oversight gap. With these FY 2026 recommendations, the Commission emphasizes the necessity of the OCA to use its authority to the fullest extent to investigate mistreatment of youth by state systems, and to hold these entities and policymakers accountable for the numerous failures of the system to support the safety and well-being of all youth.

Past & Ongoing Work

Since the Commission began issuing recommendations to the OCA, progress in multiple areas has occurred. Notably, the OCA has offered increased training opportunities for its staff, and has worked with its Complaint Line team to encourage demographic information collection to improve data efforts.

FY 2026 Recommendations to the Office of the Child Advocate

1. Visit, investigate, and report on congregate care facilities.

Massachusetts law gives the Child Advocate or their designee access to all facilities operated, licensed, and funded by an executive agency. Massachusetts law also tasks the OCA to “investigate and ensure that the highest quality of services and supports are provided to safeguard the health, safety and well-being of all children receiving services.” In its FY 2023 annual recommendations report, the Commission recommended that OCA play a more active role in providing oversight of congregate care facilities, and in FY 2024 recommended that the OCA implement a plan for visits to congregate care facilities to investigate the policies and practices of each facility. In May and September 2023, the OCA expressed its disagreement with this recommendation and shared that it does not believe that it is statutorily mandated to visit facilities in order to fulfill its statutory obligations. In May 2023, the OCA noted that, while it does have such authority, it does not believe that - given there are over 300 programs - visiting every congregate care program would be an effective use of the OCA’s staff time and resources, and could potentially do more harm than good, particularly given the OCA’s commitment to collaboration with state agencies and external provider organizations.

The OCA further noted that, as EEC is responsible for the licensing of residential programs - and part of this process includes regular visits to congregate care facilities - the OCA operates as a secondary layer of oversight and investigate cases through its complaint line, reviews of Critical Incident Reports, and reviews of substantiated reports of abuse or neglect in out-of-home settings. Any concerns relating to youth in specific programs or facilities is shared with either DCF or EEC, and also discussed during an OCA-facilitated interagency group. The Commission continues to recommend that the OCA initiates - whether in partnership with DCF and EEC or on its own - investigations into the policies and practices of congregate care facilities. Such investigations should also include compliance with nondiscrimination requirements, LGBTQ cultural competency, and clear intentional engagement with youth to better understand their experiences.

Despite the lack of progress on part of this recommendation, the Commission does appreciate the OCA's current work in meeting some of the recommendation through its new youth outreach campaign. The purpose of the campaign is to educate youth involved in DCF, DMH, and DYS care of their rights, to provide information about the OCA Complaint Line, and hear from youth about the challenges they are facing. In its April 2025 meeting with the Commission, the OCA shared that the month prior it had begun visiting congregate care settings; at the end of each visit, youth are given an opportunity to meet with OCA staff one-on-one to discuss any concerns they might have - the OCA informs the Commission that some of the youth are using this opportunity to share their concerns. Additionally, the OCA shared that its staff are notifying youth about their rights in congregate care settings, specifically noting that programs cannot discriminate against them on the basis of their gender identity and/or sexual orientation.

In October 2024, the OCA shared that it has begun distributing posters - which the Commission was grateful for the opportunity to offer feedback on - and brochures about its complaint line to congregate care settings.

2. Conduct a LGBTQ training audit of youth-serving facilities.

As referenced in the above recommendation, the Commission recommends that the OCA develop and implement a plan to review whether staff at group homes, residential schools, and other youth-serving facilities are receiving training on LGBTQ cultural engagement and other LGBTQ-related topics. Such reviews should be reported out to the public and include the content covered in the trainings; the OCA should further work with each of these entities to measure the impact of the trainings. The Commission appreciates the OCA's interest in this recommendation, particularly as it relates to DCF's congregate care trainings.

In its October 2024 meeting, the OCA shared that it has launched a training project evaluating the training needs of child-serving agencies - including DMH, DCF, DYS, DPH, and DDS - with the goal of identifying gaps and areas of opportunity, including areas where the OCA may be able to provide additional training and technical assistance, and understanding the accountability process for each agency. While this project is looking at a wide variety of training topics related to serving children and youth, training related to LGBTQ cultural engagement and other related topics is on the list being examined.

3. Develop a strategic plan for LGBTQ youth outreach, and ensure meaningful LGBTQ community participation in all projects and initiatives.

The Commission recommends that the OCA develops an equity-focused strategic plan highlighting its commitment to building connections with LGBTQ youth and community organizations. With the ongoing attacks and anti-LGBTQ rhetoric across the country, LGBTQ youth need the support of child advocates now more than ever. The Commission continues to recommend that the OCA improve its attention to the inclusion of LGBTQ youth in its public affairs work, particularly via public statements, social media, and events or programming. While the Commission understands that the OCA has limited capacity, it is critical that an agency representing the well-being of young people is transparent and attentive to the intersectional identities that youth hold. The Commission further emphasizes that engaging youth in a meaningful way in all OCA initiatives, particularly those involving outreach and training opportunities.

Meaningful and transparent engagement for LGBTQ youth in state projects and initiatives is essential for effective policy and program reform. Far too often, particularly in regard to state initiatives, marginalized youth are tokenized or left out entirely. For youth-serving or -representing agencies, it is essential to involve youth in paid opportunities to offer expertise and skills development opportunities on programming, outreach campaigns, policy development, and research input/design. The Commission recommends that the OCA proactively improve its connections to LGBTQ community organizations and LGBTQ youth, particularly given the agency's intent to solicit more usage of its Complaint Line and other projects. Without building relationships and trust with LGBTQ youth, it is unlikely that any agency will effectively engage youth in a way that provides real feedback for their initiatives. While the OCA agrees with this recommendation, it has previously noted in past communications with the Commission that it has sought feedback in the past from GLAD Law, as well as collaborated with the Commission on various projects. However, more proactive relationship-building with LGBTQ youth-serving organizations can only help strengthen the OCA's work.

4. Address the needs of LGBTQ transition-aged youth.

The OCA has shared its agreement that a significant amount of work remains to be done for all child-serving agencies to address the disparate needs and experiences of LGBTQ transition-aged youth. For several years, the Commission has identified numerous barriers that LGBTQ young adults transitioning out of the child welfare system face - including identity documents with incorrect name and gender marker information, barriers to employment, and a shortage of LGBTQ-affirming housing resources - and would be eager to work with OCA to ensure state efforts address these issues.

Additionally, the Commission understands that the OCA has been working on a new project to address the needs of transition-aged youth. In the summer of 2025, the OCA will begin conducting interviews and focus groups with transition age youth in partnership with a variety of organizations that currently serve these youths. This will serve as a crucial opportunity to hear directly from youth what their experiences have been, what worked well, and what can be improved, which will then help set direction for next steps. In the fall of 2024, the OCA shared that it has begun working on a project to identify services and resources available to transition-aged youth, how these services are funded, and understanding how to communicate funding needs to state leadership to better allocate funds to struggling programs. This resulted in the release of what the OCA called a "TAY Budget". The OCA connected directly with key legislators to ask support for these budget priorities in the FY26 budget.

5. Continue to report on available SOGI data, and collaborate with child-serving agencies on consistent reporting and intersectional data analysis.

The Commission understands that the OCA faces a number of limitations, particularly around availability of data from child-serving agencies, in its data analysis and reporting work. As more agencies, including DCF and DYS, continue to improve their SOGI data collection standards and more data becomes available, the Commission advises that the OCA should implement a more intentional approach to intersectional analysis and reporting wherever possible, with the understanding that agencies sometimes may not be able to report this data due to low population sizes and confidentiality needs. Additionally, the Commission recommends that the OCA expand its reporting practices to data on LGBTQ youth involved in critical incidents; in response, the OCA has shared with the Commission that it is currently in the process of updating its database to better track and identify patterns and trends to address this issue.

In May 2024, the OCA shared that it has recently done a complete overhaul of its database over the past fiscal year, and is now collecting much more demographic data and risk factors of the youth who come to its attention. Mirrored after the SOGI data collection categories of DCF, the OCA also added many of the compounding factors the Commission has previously shared to its risk factor list. As a result of this work, the OCA was able to include SOGI data in the OCA's FY24 Annual Report.

Furthermore, the Commission notes the importance of the contributions of the Juvenile Justice Policy and Data Board (JJPAD) and the Childhood Trauma Task Force to the significant gaps in research on youth who are dually-involved in the child welfare and juvenile justice systems. The Commission is aware that neither the OCA nor the JJPAD have the authority to order any state agency to collect data in a particular way, though it does collaborate with relevant agencies and can consistently advise and hold agencies accountable for their data collection practices and failures.

6. Examine needs of LGBTQ youth in residential schools and identify opportunities to collaborate with the Commission's Safe Schools Program.

Very little is known about the experiences of LGBTQ youth in residential schools in Massachusetts. The Commission appreciates OCA's 2017 report of the Interagency Working Group on Residential Schools, and its interest in addressing this area more concretely. Residential schools are licensed by both DESE and EEC, and, there remain complicated issues to address due to systemic gaps and policy failures. In FY 2024, the OCA shared that its interagency meetings with DMH, EOE, EEC, DESE, and DCF typically act as an information sharing session to identify any concerns with specific residential schools or system-wide trends; ensures that agencies understand any concerns; and assists in coordinating responses as necessary.

The Commission recommends that, as the OCA continues to work to address systemic gaps in service provision for residential schools, it investigates into the specific experiences of LGBTQ youth in the schools. The Commission further recommends that the OCA publicly reports out on the workings of the interagency group, or works with each agency to ensure that the public receives transparent information about the state's progress to address issues with residential programs.

7. Continue to identify opportunities to address suicidality among LGBTQ youth.

In its 2020 report on youth suicides in Massachusetts, the agency noted that there is little data available capturing suicidality rates among youth involved in Massachusetts state systems, though national data indicates that youth in state systems are more than three times as likely to commit suicide. With the OCA's work with JJPAD and the Youth Suicide Prevention Task Force through DPH, the Commission hopes to continue the conversation about what initiatives are occurring to help address this significant gap in research in FY 2026.

Acknowledgments: The Commission sincerely appreciates the contributions of its OCA liaisons.

Glossary - Appendix A

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/aromantic/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 more than one gender.

Cisgender: a term used for someone whose gender identity matches their sex assigned at birth, i.e. who is not transgender or gender expansive.

Cisnormativity: Cisnormativity refers to the societal assumption that gender identity and assigned sex at birth align for the majority of people, and that cisgender identities are the norm or default. Cisnormativity reinforces the gender binary and traditional gender roles, with the assumption that individuals are either male or female based on their assigned sex at birth. Cisnormativity operates through various forms of discrimination, including but not limited to, exclusion from social and political power, lack of legal protections, and limited access to healthcare.

Cissexism: Cissexism refers to the systemic and individual practices that privilege and center cisgender individuals and experiences, while marginalizing and devaluing transgender and gender non- conforming individuals. Cissexism operates through various forms of discrimination, including but not limited to, exclusion from social and political power, lack of legal protections, and limited access to healthcare. Cissexism reinforces gender binary norms, assumptions, and expectations, and contributes to the perpetuation of transphobia and discrimination against transgender and gender non- conforming individuals.

Consent: In a sexual context, consent means an agreement to participate in sexual activity by lawful adults. Consent must be freely given, meaning it was not obtained by force or coercion, under the influence of drugs or alcohol, or while unconscious or incapacitated, and must be fully informed. Consent also must be specific and reversible, so it only applies to activities that are wanted at the time they occur. Some models of consent require that it also be both explicit and enthusiastic. All sexual activities, not just heterosexual sex or sex involving intercourse, can be characterized as consensual or not.

Deadnaming: Deadnaming refers to the act of referring to a transgender individual by their former or birth name, rather than their chosen name that reflects their gender identity. Deadnaming is a form of disrespect and invalidation of an individual's gender identity and can be emotionally harmful.

Demisexual: an individual experiences sexual attraction only after forming a strong emotional connection with someone

First-generation immigrant youth: First-generation immigrants are the first foreign-born family members to gain citizenship or permanent residency in the country.

Foreign-born youth: a group of youth including naturalized U.S. citizens, lawful permanent residents, refugees, asylees, legal nonimmigrants (holders of temporary visas), and those who are undocumented

Gay: an overarching term to refer to a broad array of sexual orientation identities other than heterosexual. Can also refer more specifically to the identity of attraction to others of the same gender.

Gender diverse: Gender diverse refers to the wide range of gender identities and expressions that exist beyond the binary categories of male and female. It includes individuals who identify as non-binary, genderqueer, genderfluid, as well as those who identify as transgender or cisgender. Gender diverse individuals may express their gender in a variety of ways, and their experiences may be shaped by intersecting identities, such as race, ethnicity, class, and disability.

Glossary - Appendix A

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 expansive: Gender expansive refers to a wide range of gender identities and expressions beyond the binary categories of male and female. Gender expansive individuals may identify as non- binary, genderqueer, genderfluid, or any other gender identity outside of the binary. It can also refer to individuals who express their gender in a non-conforming way, such as through clothing, hairstyles, or mannerisms that are not traditionally associated with their gender.

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 genderqueer and nonbinary. 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.

Heteronormativity: Heteronormativity refers to the societal assumption that heterosexuality is the norm or default sexual orientation, and that relationships and identities outside of heterosexuality are abnormal or deviant. Heteronormativity reinforces the gender binary and traditional gender roles, with the assumption that men are attracted to women and vice versa. It is a system of beliefs and practices that privileges and centers heterosexual individuals and experiences while marginalizing and excluding non-heterosexual identities and relationships.

Heterosexism: Heterosexism is a systemic and individual set of beliefs, attitudes, and practices that privilege and normalize heterosexual relationships, while marginalizing and stigmatizing non-heterosexual identities and relationships. Heterosexism reinforces the notion that heterosexuality is the norm and ideal, and that other sexual orientations are deviant, abnormal, or inferior. Heterosexism operates through various forms of discrimination, including but not limited to, exclusion from social and political power, lack of legal protections, and limited access to healthcare.

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.

Glossary - Appendix A

Misgendering: Misgendering is the act of using language that does not accurately reflect an individual's gender identity. This can include using incorrect pronouns, titles, or descriptors that do not align with an individual's gender identity.

Neopronouns: non-traditional pronouns that individuals may use to refer to themselves or others, particular those who do not feel comfortable using gendered pronouns like he/him or she/her. Neopronouns can include words like fae/faer, ze/hir, and xe/xem, as well as other custom-made pronouns

Nonbinary: describes any gender identity which does not fit the male and female binary spectrum. A person who identifies as gender nonbinary may identify as both male and female, somewhere in between, have multiple genders, have a third gender entirely, or no gender at all, 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: attracted to others regardless of gender identity or expression

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 of 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

Reproductive health: a health focus on the provision of healthcare services, health facilities, research, and a person's relationship with their provider

Reproductive justice: a contemporary and political approach in activism using a human rights framework to draw attention to and resist laws, public, and corporate policies based on racial, gender, and class oppression, noting that people have the right to have safe and healthy autonomy over their own body

Reproductive rights: the centering and protections of a person's legal rights to reproductive health care, including the right to an abortion, birth control, affordable healthcare, prenatal and pregnancy care, and sexual health education

Second-generation youth: youth born in the United States with at least one first-generation parent

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 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.

Glossary - Appendix A

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, usually through a medical transition. Today, many consider the term outdated and offensive, preferring to use "transgender" as a more inclusive and affirming term.

Transvestite: outdated term to describe someone who wears the clothes of the "opposite" sex. Cross- dresser is currently the preferred term.

2025-26 – COMMISSION MEMBERS

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