



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

**FY2021 REPORT AND
RECOMMENDATIONS**

JULY 1, 2020 - JUNE 30, 2021



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

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Executive Summary

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

This document begins with special reports on the COVID-19 pandemic and on new data regarding transgender youth in Massachusetts, both of which present novel research. Following those reports are the Commission's core recommendations to the Governor and Legislature, which it is statutorily obligated to present annually. These recommendations follow the four policy areas into which the Commission has divided its work for the past four years: inclusion in schools and with families, homelessness, the juvenile and criminal justice systems, and health. The section on inclusion includes a special report on family acceptance of LGBTQ youth, which was authored after convening a task force on the issue and holding listening sessions with youth and families across the state. Finally, this report issues detailed recommendations to the 17 individual government entities with whom we currently hold such a relationship.

Special Report on COVID-19 and LGBTQ Youth

In March 2020, as the COVID-19 pandemic unfolded in Massachusetts and caused schools and workplaces to close, the Commission awarded \$18,000 in emergency grants to LGBTQ youth and organizations that serve them. All of the organizational grants went to organizations who were able to prioritize youth of color, and 90% of the individual grants went to youth of color. The Commission then followed up with all grant recipients to learn about their experiences and needs, both immediately and in the long-term. The Commission's research found that LGBTQ youth have been hit particularly hard by losing access to safe spaces at school and in the community; being forced to return to homes with families that do not know about or support their identities; having difficulties accessing care, particularly that which is LGBTQ-affirming; and facing severe socioeconomic fallout from losing jobs and housing, with national studies showing that LGBTQ people were especially likely to be impacted in this way by the pandemic.

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

New Data on Transgender Youth in Massachusetts

The Commission is providing in this report, for the first time, new data on gender identity and expression based on the most recent iterations of the Massachusetts Youth Risk Behavior Survey (MYRBS). This report shines new light into the specific challenges facing transgender youth, a population that faces more severe health and education inequities across the board when compared even to other LGBTQ students. This data analysis provides even more evidence on the need for additional support for transgender youth across the state. The Commonwealth has recently added, and seen defended at the ballot box, various legal protections for the transgender community. These data both justify the need for such laws and show that legal changes alone are not enough without accompanying social and cultural changes that will make spaces safer and more welcoming for transgender and gender-nonconforming youth.

	Transgender Students	Other LGBTQ Students	Non-LGBTQ Students¹
Skipped school in past month because felt unsafe***	28.5	9.1	3.5
Threatened or injured with weapon at school***	22.6	6.6	3.9
Made mostly As and Bs in school***	60.9	67.7	72.8
Have a physical disability***	24.5	16.8	11.1
Cannot talk to parents or teachers about important topics***	18.5	13.3	9.1
Made a suicide attempt in the past year***	27.2	16.6	4.7
Have ever used heroin***	15.3	3.4	1.0
Currently use e-cigarettes*	30.5	21.8	20.1

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

Increasing Inclusion Research and Recommendations

Recommendations to the Governor and Legislature on increasing inclusion:

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

The Commission has been deeply involved since its inception on increasing inclusion within schools. The 2017 Massachusetts Youth Risk Behavior Survey (MYRBS) results show that LGBTQ students are still 70% more likely to experience bullying than non-LGBTQ students, and are twice as likely to be threatened or injured with a weapon at school. These statistics among other risk factors are likely contributors to LGBTQ students also being 3.5 times more likely to skip school due to feeling unsafe and 3.9 times more likely to have attempted suicide in the previous year. Additionally, many of these disparities are even higher for racial and ethnic minorities, showing that much work is needed to ensure the safety of schools for LGBTQ students of color.

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

Since 1992, the Commission has co-produced the Safe Schools Program for LGBTQ Students (SSP) with the Massachusetts Department of Elementary and Secondary Education (DESE), with a primary focus on providing school districts and educators with professional development training. In FY 2018 and FY 2019 alone, SSP conducted approximately 300 training sessions for educators or school district personnel in 127 distinct districts, with an annual average of over 100 technical assistance sessions ranging from guidance over the phone to in-person advanced workshops. In a review of over 1,300 evaluation surveys completed by participants between December 2016 and January 2019, the Commission found that 49.75% rated the training as "Excellent" with another 50% rating the training as "Good" or "Very good," indicating a high level of satisfaction with the program. Additionally, 96% of the participants reported learning to better understand the experiences of LGBTQ students and families, and 89% said they would change their practices or policies based on what they learned.

More recently, the Commission has delved deeper into examining inclusion within families, given the key role that family acceptance or rejection plays in the lives of LGBTQ youth. This work is highlighted in a special report that discusses the formation of the Commission's Family Acceptance Task Force and the conducting of listening sessions across the state. The Commission issues therein specific recommendations to increase family acceptance of LGBTQ youth, an area in which the state government can play a critical role in training personnel who interact with families, reaching families themselves through public service announcements and events, and funding organizations that work with families, particularly in underserved communities and regions.

Ending Homelessness Research and Recommendations

Recommendations to the Governor and Legislature on ending homelessness:

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

Since the Commission restructured to focus its work on areas particularly affecting LGBTQ youth of color, it has been working in coalition with other organizations to address the major epidemic of youth homelessness. Corroborating the 2017 MYRBS data point that LGBTQ students are 2.8 times more likely to experience homelessness, the 2019 Massachusetts Youth Count found that 24.7% of homeless youth and young adults surveyed identified as LGBTQ. Furthermore, at least 47% of those respondents identified as Black, Latinx, Native American, Asian, or Pacific Islander.

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

The full report describes the progress that has been made in Massachusetts, including the Baker administration's 2018 *Massachusetts State Plan to End Youth Homelessness* and Boston's 2019 plan *Rising to the Challenge*. The Commission's recommendations echo some of the goals laid out in these plans and expands upon them, with a special section outlining best practices for providers to best support LGBTQ youth experiencing homelessness.

Advancing Justice Research and Recommendations

Recommendations to the Governor and Legislature on advancing justice:

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

LGBTQ youth are twice as likely to enter the juvenile system as their non-LGBTQ peers.² LGBTQ youth of color face even starker disparities and comprise a staggering estimated 85% of LGBTQ youth in the justice system.³ Transgender individuals are nearly twice as likely to have been incarcerated as other LGBQ people, with transgender people of color reporting a rate of past incarceration four times higher than other LGBQ people.⁴ The Commission also knows, from its own data analysis as presented in the data report below, that LGBTQ youth (particularly transgender youth and youth of color) are especially likely to face risk factors such as truancy out of fear of attending school, being involved in bullying and fights, and experiencing homelessness, all of which are drivers of justice systems involvement.

The overrepresentation of LGBTQ youth of color in the juvenile and criminal systems also reflects the racial disparities faced by all people, regardless of LGBTQ identity, involved in these systems. One national study found that as compared to White youth, Black youth are four times more likely to be incarcerated, Native American youth nearly three times as likely, and Latinx youth 1.5 times as likely.⁵ It is therefore deeply troubling, but not surprising, that an estimated 85% of LGBTQ youth in the justice system are youth of color.⁶ Experiences of discrimination that disproportionately affect and result in justice involvement for LGBTQ youth, particularly LGBTQ youth of color, parallel vulnerabilities that result in victimization, abuse, and further trauma within the justice-system⁷.

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

over the past several years on being a safer and more affirming place for LGBTQ youth, the adult criminal justice system has not made such strides. Furthermore, both the juvenile and adult systems can only do so much to prevent youth from actually *entering* these systems. Decreasing the incarceration of LGBTQ youth and youth of color in particular will also require law reform that is focused on equity and anti-racism, and on dismantling the structural factors that lead to the excessive incarceration of these populations. Finally, if the Commonwealth is to take these issues seriously, it is critical that we have more data on LGBTQ populations in the justice systems.

Improving Health Research and Recommendations

Recommendations to the Governor and Legislature on improving health:

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

The Commission's recommendations on health have historically placed a large focus on sexual health, as this is an area that consistently affects LGBTQ youth disproportionately. Despite a downward trend in HIV infection rates among the LGBTQ population at large, certain groups such as young people, people of color, and transgender people continue to be disparately affected. Potential causes of higher HIV rates include riskier sexual behavior and less frequent use of effective STI prevention methods, pointing to a need for LGBTQ-inclusive sexual health education. However, LGBTQ students are less likely to report learning about condom use or STI prevention in school, and only 18% of them receive sex education that is inclusive of LGBTQ identities. The Improving Health section then reviews several available health curricula that meet standards of inclusivity and medical accuracy.

The report goes on to describe other areas of health where LGBTQ youth are especially impacted. With regard to sexual victimization, they were 3 times more likely to report being hurt physically by a partner than non-LGBTQ youth. They engage in heroin use at 5.8 times the rate of non-LGBTQ youth, and use more intensely, putting them more at risk for HIV as well. LGBTQ youth also continue to face high rates of suicidality, in that they are 3.9 times more likely to attempt suicide as non-LGBTQ youth, with even higher rates among multiracial youth, sexual minority girls, transgender youth, and youth who are questioning their gender or sexuality in particular. Finally, eating disorders are a growing concern among LGBTQ youth, with 42% of diagnosed men identifying as gay or bisexual, and 71% of straight transgender youth reporting an eating disorder diagnosis.

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

Agency Recommendations

In addition to the core recommendations noted above – which require legislation, executive action, and/or interagency collaboration – the Commission has also issued unique and extensive recommendations to 17 government entities in the state. These recommendations are the result of relationships developed between the Commission and agencies through a liaison system and, as much as is possible, represent shared goals rather than the perspective of the Commission alone. These recommendations tend to focus on the topics of staff and vendor trainings, increasing LGBTQ-inclusive data collection, crafting LGBTQ nondiscrimination and inclusion policies, and conducting outreach and providing resources to the LGBTQ youth population.

Letter from Commission Leadership

June 18, 2020

This past weekend would have been the 50th anniversary of Boston Pride, a march that started with 30 people walking down the sidewalks of Boston on the Anniversary of the Stonewall riots, a protest against police brutality led by black and brown transgender and gender-nonconforming people. This year, instead of the traditional Pride parade down Boston's main streets, thousands of people joined in solidarity at Franklin Park to bring Pride back to its roots. Following the lead of black trans activists, the LGBTQ+ community and allies marched against police brutality through the streets of Roxbury and chanted in unison: Black Trans Lives Matter. Amidst Boston Pride's 50th anniversary, the indefinite pandemic, and the growing Black Lives Matter movement, we know that our mission to advise the Commonwealth on how to improve services and decrease inequities facing LGBTQ youth is more important than ever.

When the emergency shut down began due to the COVID-19 pandemic, we knew that LGBTQ youth would be disproportionately impacted by social isolation, job loss, inability to access critical mental and physical health services, and more. We are incredibly proud of the Commission's youth leadership who immediately began hosting virtual Gender & Sexuality Alliance (GSA) meetings to bring LGBTQ youth together to connect, cope, and build community with one another. We awarded \$18,000 in emergency grants to queer youth and the organizations that serve them to combat the adverse impact of the COVID-19 pandemic on LGBTQ youth. We also created a COVID-19 resource page filled with helpful information for LGBTQ youth in Massachusetts. Still, we know the full impact of the pandemic has yet to be felt, and maintaining these services to a growing LGBTQ population will become even more of a challenge.

When the world rightfully erupted after the murder of George Floyd by a Minneapolis police officer in May, we joined the outcry against systemic racism and police brutality and thought of Tony McDade, a black trans man unjustly murdered by Tallahassee Police, making him at least the 14th transgender or gender non-conforming person to have been fatally shot or killed by other violent means, this year alone. We know these murders often are unreported, falling between the cracks of the intersections of racism, sexism, homophobia, transphobia, and more. In order to address the ongoing crisis, our governmental institutions – be they schools, executive agencies, law enforcement, or anything else – must be LGBTQ-competent and bias-free. The Commission's core recommendations outline steps to advance this work here in Massachusetts, issued to specific agencies throughout the report.

As Massachusetts' LGBTQ community reflects on the progress made over the last 50 years, we must double down our commitment to dismantling white supremacy, cis-sexism, and patriarchy within our work - starting with ourselves. Since 2016, the Commission has engaged racial justice consultants to develop a racial justice framework for our work. This has included training and workshops for our staff, members, and agency partners, and reviews of our policy and programmatic work. As the saying goes, "nothing about us without us," I'm pleased to say that our large commission body is more representative of our diverse LGBTQ community today than when I joined in 2014 in regards to race, ethnicity, gender identity, age, geography and more - but we still have a long way to go.

The Commission joins many of our partners to say #BlackLivesMatter, and we continue to commit ourselves to the action those words require. We are grateful to the many members of state government, nonprofit organizations, community coalitions, and others who weighed in to help shape this report. We look forward to partnering with all branches and levels of government in Massachusetts to advance these goals throughout the new fiscal year.

Sincerely,

A handwritten signature in black ink that reads "Sasha Goodfriend". The signature is fluid and cursive, with the first name "Sasha" written in a larger, more prominent script than the last name "Goodfriend".

Sasha Goodfriend
She/Her/Hers
Chair, MA Commission on LGBTQ Youth

Special Report on COVID-19 and LGBTQ Youth

Introductory Note – June 18, 2020

The Commission is presenting the following report amidst a continued pandemic that has had a disastrous impact for LGBTQ youth, and particularly LGBTQ youth of color, in the Commonwealth. We commend the frontline workers who have put their lives on the line during this time, including healthcare professionals and support personnel, but also those who have kept our supermarkets stocked, transportation running, and news reported. We also express our gratitude to so many across the state government who have supported LGBTQ youth specifically, and responded to the pandemic more generally, despite the challenges they have faced.

While the COVID-19 virus itself has most strongly impacted older adults, youth – who face little risk of death from the virus – have borne the brunt of the closure of services, schools, and workplaces that were justifiably shut down to reduce the spread of the virus. The state and federal governments have taken various steps to stem the economic impact of these closures, and while these steps have been promising, they are merely the tip of the iceberg of what is needed. Youth and young adults need rent bills canceled, loans paid or forgiven, missed educational opportunities replaced, and wages raised to help them recuperate all they have lost. In short, the day has come for the Commonwealth to begin repaying the incalculable cost that young people have paid during the pandemic and shutdown.

It would be impossible to present this report without first noting that the Commonwealth has elected not to collect sexual orientation and gender identity (SOGI) data in its work in measuring and responding to the pandemic. This decision has dealt irreparable harm to the community. Such an erasure of our identities not only sends the message that LGBTQ people do not matter, it also means that we will never truly know the depth and breadth of the pandemic's impact. With critical months having passed, it is impossible for this harm to be undone. But we can begin to reconcile for this inaction by taking seriously the stories of LGBTQ youth and adults – such as those collected herein – because with our decision to not collect SOGI data on the pandemic, stories (and careful, expert analysis thereof) are all that we have.

In other words, a lack of data that is of our own doing cannot serve as an excuse for our government to ignore the impact COVID-19 has had on LGBTQ people, particularly those of color. This report represents a small contribution to the long list of what must be done to aid the recovery, and to avoid a repeat of this disaster.

Corey Prachniak-Rincón

They/Them/Theirs

Director, Massachusetts Commission on LGBTQ Youth

I. Introduction

On March 11, 2020, the World Health Organization declared the outbreak of a novel coronavirus known as COVID-19 to be a global pandemic.⁸ By May, the number of cases and deaths in Massachusetts alone had surpassed the official numbers in all of China, where the pandemic began.^{9,10} While the virus itself has disproportionately infected and taken the lives of older adults, the socioeconomic impact of the steps to reduce the virus's transmission has uniquely and devastatingly harmed youth and young adults. This population has almost overnight seen their schools and colleges shuttered, their housing closed or made unaffordable, their safe social spaces and support systems erased, and their jobs disappear.

To this end, in March, the Commission issued \$18,000 in emergency grants to LGBTQ youth who were impacted by the pandemic as well as organizations that serve such youth, with 90% of grants going to LGBTQ youth of color.¹¹ The Commission collected the stories of these youth to inform this report and the recommendations it includes. In sum, the Commission has found that the pandemic and the actions taken to contain it have disproportionately impacted LGBTQ youth for two reasons:

1. LGBTQ youth have unique needs and challenges that have been exacerbated by the pandemic, including needing safe spaces like Gender-Sexuality Alliances at schools, which are now closed, and facing rejection and violence in many of their homes, where they are now forced to remain at all times; and
2. LGBTQ youth face a wide range of disparities in areas such as homelessness and housing instability, juvenile, and adult criminal justice systems involvement, and physical and mental health issues that require specialized care, all factors that have been exacerbated and complicated by the pandemic.

“Our youth at Safe Homes said they need to have the food deliveries and burner phone donations continue. They said that they would like to see resources for trans youth and they want to know that we'll be back in our space together at some point soon! They're still sheltering at home with families who don't accept them or where it's not okay to be who they are and they're desperate to be back in welcoming, safe spaces. Some of our youth expressed feeling burnt out by all the virtual [services].”

– Safe Homes, organization grant recipient in Worcester, MA

To address these issues, as well as similar issues affecting many other marginalized populations, the response to COVID-19 must have both short- and long-term goals that are built around principles of equity, inclusion, and social change. Such change will not come from the federal government, where – since the start of the pandemic – the president has used racially-charged language to frame the pandemic,¹² blocked undocumented immigrants from accessing emergency services,^{13,14} restricted access to sexual and reproductive healthcare,^{15,16} and used the timing of the pandemic to remove LGBTQ protections for healthcare and social services access at the time when they are most needed.^{17,18} The same anti-science and discriminatory attitudes that have driven the federal administration for the past three years both facilitated the spread of the pandemic and hampered the U.S.’s ability to productively contribute to the global response. The U.S. is losing whatever moral and political authority it may have had under previous administrations at the same time as other actors, such as the Communist Party of China (CPC), gain influence.¹⁹ This is deeply concerning given the CPC’s longstanding repression of LGBTQ and other human rights,²⁰ as well as influence over international media outlets such as TikTok to suppress LGBTQ rights around the globe.²¹

Given these circumstances, it has thus never been more important for the Commonwealth of Massachusetts to take action and leadership to advance an equitable and inclusive response to the pandemic that addresses the impact on marginalized populations, including LGBTQ people and people of color. The Commission implores the Commonwealth to listen to the voices of these populations and the organizations serving them, such as the Massachusetts Public Health Association’s Task Force on Coronavirus and Equity.²² In addition to taking immediate steps to support LGBTQ and other marginalized populations, including ensuring equity of stakeholders and LGBTQ-inclusive data collection, the Commission also recommends that the Commonwealth implement long-term changes, including:

1. Increasing funding for safe spaces for LGBTQ youth, such as drop-in programs, social programs, and GSAs;
2. Ending homelessness and housing instability, including by addressing issues of familial rejection of LGBTQ youth;
3. Supporting LGBTQ youth in state custody or care; and
4. Improving access to LGBTQ-affirming care through training and licensing requirements, as well as an expansion of telehealth and other services.

These recommendations are explained in greater detail below, as well as in our full annual policy report and recommendations, available at <http://mass.gov/annual-recommendations>.²³

“The COVID-19 Relief grant gave our organization the ability to rapidly get out resources to LGBTQIA+ youth in our community as schools closed, parents jobs were closed or lost, and before EBT, IU and other state programs were able to have increased access. Since our regular programming closed along with everything else, we wanted to shift into emergency response to continue supporting the members of our community who seek safety, education and joy through the space we offer and programs we provide. This grant gave us an immediate and tangible way to continue to care for our community during an unprecedented moment.”

– Finca Luna Búho, organizational grant recipient in Cheshire, MA

II. Qualitative Data on LGBTQ Youth Experiences

In an effort to mitigate some of the hardships the LGBTQ youth community is likely to face due to the coronavirus, the Massachusetts Commission on LGBTQ Youth distributed \$18,000 in grants to LGBTQ youth and organizations that serve them in early March. Within two business days of making the application for funding available, the Commission received 44 individual applications and 14 organizational applicants, indicating the urgency and depth of the need. While all applicants met the qualifications for receiving grants, given funding limitations, the Commission was able to fulfill 20 individual requests and 7 organizational requests. Eighteen of the 20 individual grants went to youth of color, and the majority of the youth identified as transgender or gender-nonconforming. All seven organizational recipients indicated that these groups were among their priority populations.

The Commission interviewed grant recipients and performed a qualitative thematic analysis on their responses, focusing on the challenges and needs faced by LGBTQ youth of color, and a special consideration for transgender and gender-nonconforming youth of color. Several key themes emerged through this process. The three overarching themes were: (a) economic and housing insecurity, including paying bills, purchasing food and medications, and maintaining stable housing, (2) accessing health and social services, and (c) resilience and hope for the future.

“The coronavirus is going to highlight and pinpoint the way the system is allowing people like me to fall through the cracks. I am hoping positive change comes from this.”

– Youth from Central Massachusetts

A. Economic and Housing Instability

Two themes emerged from these interviews that are deeply intertwined with all other issues that the youth have identified: economic instability and housing instability. As has been outlined extensively in other sections of the recommendations, LGBTQ youth experience homelessness at much higher rates than heterosexual youth, and LGBTQ individuals are much more likely to live in poverty than heterosexual individuals.²⁴ These disparities are even greater for LGBTQ people of color and transgender and gender nonconforming individuals.²⁵ All of the youth interviewed reported concerns about their housing stability, financial stability, or both, indicating that this must be an area of high priority when addressing the impacts of the coronavirus, with particular attention being paid to the needs of LGBTQ youth of color.

Youth identified two common causes of housing and financial instability: the sudden closure of colleges and universities, which will be explored in more detail below, and the loss of income due to the closure of all non-essential businesses. This not only affected their ability to pay rent, but also their ability to afford food, medication, and other necessities like car insurance payments. Massachusetts has seen a record-breaking number of unemployment applications during the week of March 16th, nearly 148,000 compared to 7,500 the week prior,²⁶ and several youths stated that they were concerned about their ability to find a new job when the crisis has passed. The economic impacts of the coronavirus will be widespread, but it is clear that they will be especially devastating for an already marginalized population like LGBTQ youth.

“After a period of time out of work because of health issues, I ran out of my savings and had just accepted an offer to work at a long-term congregate residential home for teens. I was going to begin training, right before the coronavirus forced me to self-isolate at home. I had to cancel all further plans of working and make my health a priority, but now I have no income.”

– Youth from Central Massachusetts

“I cannot afford to store all of my belongings as well as feed myself, pay for my medications, and other bills. The money would allow me to store my belongings until I can move into housing supplied by my summer job as well as afford groceries and other things while I am currently out of work.”

– Youth from Greater Boston Area

“In response to the outbreak [my university] asked all students to leave campus. I lost my housing and my source of income. With my housing and my food source stripped away from me I was nervous that I would have to go home. I am transgender. My parents are not okay with this, in any way shape or form. While I haven’t been technically kicked out, living with my parents has led to extremely negative situations involving hospitalization, and suicide attempts. Between the emotional abuse, the occasional physical abuse and the constant invalidation of my identity, my parents’ home wasn’t an option.”

– Youth from Greater Boston Area

Multiple youth identified the abrupt closure of their college or university as a stressor that has created significant financial, logistical, and emotional hardships. Many LGBTQ youth do not have a safe home to return to, nor the funds to find a new place to live on incredibly short notice. Several of the youth interviewed report having an abusive home and family lives, and many of those youth made it clear that their home lives were unsafe due to their family’s reaction to their sexual orientation or gender identity. LGBTQ youth are at higher risk of physical violence from their parents than heterosexual youth, and family rejection can have lifelong consequences including higher rates of risky behaviors, adverse health outcomes, and psychological distress.²⁷

“Going home just isn’t feasible or safe for me.”

– Youth from Western Massachusetts

Many students rely on on-campus jobs for financial stability and with the closure of schools, those jobs are lost. Some students mentioned that their loan burden will be greater because of this as they will have to continue paying tuition without the support of their work-study job or other jobs they may have had. In addition to the financial and logistical difficulties, many students are dealing with the psychological impacts of the sudden loss of their daily routine, community, and sense of structure. This is especially difficult for LGBTQ youth, many of whom identified their college community as the first place that they felt safe to be themselves.

“I have medical bills to pay because my insurance doesn’t cover trans related healthcare. I have to continue to feed myself. I am lucky enough to have community and to have people whom I can talk with but friendship won’t keep me from plunging into debt. An income will.”

– Youth from Greater Boston Area

When asked specifically what resources might be most helpful to them and their community right now, most youth had similar answers. Nearly every young person interviewed said that financial support would be the most beneficial for them right now, for things like rent, food and other daily necessities, tuition, or medical bills. Several youth indicated that it has been difficult to get groceries as they have been traveling by foot, which limits how much they can carry, and because stores are frequently sold out of needed items.

B. Accessing Health and Social Services

While accessing services is always a challenge for LGBTQ youth, especially for transgender youth and/or youth of color, participants indicated specific challenges during the pandemic that both increased their need for services and increased the burdens in receiving them. One facet of this was in respect to mental health. Many of the youth interviewed reported feelings of anxiety and depression, as well as other mental health issues that are exacerbated by isolation and these uncertain times. Youth indicated that they were anxious about specific things, like losing a job or maintaining stable housing, as well as overall anxiety about what the future will hold. Studies consistently find that LGBTQ youth report disproportionate rates of mood and anxiety disorders, along with elevated rates of suicidality and substance use, the trauma of a global pandemic is likely to exacerbate these disparities.²⁸

LGBTQ youth are in general more likely to report feeling a sense of isolation from their community than heterosexual youth.²⁹ These youth often find a sense of belonging and community through peer support groups and drop-in-centers like BAGLY and Boston GLASS where they can safely express their identity. Research has found that having more friends with shared LGBTQ identities is actually a protective factor for LGBTQ people, improving overall health and ability to cope with stress.³⁰ Unfortunately, due to the social distancing measures that were put in place to slow the spread of the coronavirus, most youth centers and peer groups have been closed or moved online, which many of the youth feel is contributing to their sense of isolation and loneliness. This may exacerbate existing mental health issues during a particularly stressful time.

“Mental health has been very difficult to manage, as my depression tends to worsen when I am secluded or feeling unproductive.”

– Youth from Western Massachusetts

“I can't seek comfort from friends because of physical distancing which has made me more anxious. I feel a little lost. Definitely struggling.”

– Youth from Greater Boston Area

Many youth also asked for more mental health resources that are LGBTQ-affirming and available remotely. LGBTQ-competent and -affirming mental health services was already difficult for youth to access prior to the pandemic, and the challenges have grown as services have closed. At the same time, expansions in the coverage and offering of telemedicine presents an opportunity to improve access to LGBTQ-affirming care in regions that normally have particularly low access.

Beyond mental health, transgender youth reported needs specific to gender-affirming healthcare. Several of the youth reported that their health insurance does not cover their transition-related needs, or that they are now uninsured and must pay for things like hormones and syringes out-of-pocket. This puts an even greater financial strain on the youth who have lost their jobs and housing, as now they must find a way to pay for their needed medical treatments in addition to other basic necessities.

C. Resilience and Hope for the Future

Despite facing this wide-array of challenges, many of the youth interviewed emphasized their hope that this crisis will lead to a profound societal shift and a better future for everyone, especially for transgender and gender-nonconforming people, people of color, and people living with disabilities and chronic illnesses. Several youth spoke to the hope and joy they have felt in seeing their communities come together to support one another and their hope that this community building will continue even after this crisis has ended. The resilience of the community thus emerged as an important theme even as youth remain in critical need of additional state support.

“Deep down though, I am sad and scared. It's hard to not know what's going to happen for the next few months, and not see any of my friends who live outside of my home. I also don't know when I'll be able to work again, and how my education or my ability to get a job after getting my degree will be impacted by this.”

– Youth from Greater Boston Area

III. Policy Analysis and Recommendations

A. Immediate Considerations

The Commission calls on the Commonwealth to take immediate action in three areas that are vital for the survival and wellbeing of LGBTQ youth: (1) increasing the equity of stakeholders being brought to the table to make key decisions; (2) making data collection LGBTQ-inclusive and addressing other concerns with respect to data; and (3) implementing public health measures that, while not LGBTQ-specific, will greatly benefit the community because of the disparities it is currently facing.

1. Stakeholder Equity

The Commission urges the Commonwealth to include diverse stakeholders at the table through all aspects of the government's response to the pandemic, including reopening plans. Groups who are being disproportionately impacted by the pandemic itself or the shutdown that has ensued – including LGBTQ people, people of color, students, young adults, and lower-income workers – should all be prioritized for inclusion. For example, concerns have been raised that the Reopening Advisory Board does not include organized labor.³¹ This group also does not have representation from students, teachers, LGBTQ organizations, or organizations focused on people of color, despite the enormous toll that the pandemic and shutdown have taken on these entities.³² The Commission looks forward to seeing them included on this board or in future groups given equal weight and attention.

The Commission also implores the Commonwealth to listen to the voices of those who are organizing to look at and address disparities occurring within the pandemic and the government's response to it. For example, the Task Force on Coronavirus and Equity, convened by the Massachusetts Public Health Association, is comprised of organized with unparalleled diversity and qualifications³³ and issued powerful recommendations early in the pandemic,³⁴ but was not granted a request to meet with senior members of the administration. If diverse stakeholders are not at every table, the Commonwealth's response to the pandemic will fail.

2. LGBTQ-inclusive Data Collection

Massachusetts should immediately act to include sexual orientation and gender identity in all data collection being conducted in connection to the pandemic, as other states such as California and Pennsylvania have done.³⁵ Without this data, it will be impossible to assess the full impact of the pandemic on the LGBTQ community and ensure that this community's needs are being addressed. The failure to include such measures in data collection through the current point in time has dealt irreparable harm to the community.

There have also been persistent gaps in federal and state data collection and reporting throughout the COVID-19 pandemic with respect to infection and death rates by race and ethnicity. Massachusetts publicized racial and ethnic data for the first time on April 8, though the data was so sparse that it did not provide any meaningful insight into the true scope of the disparities facing communities of color amid this pandemic.³⁶ The data released on April 8 “included racial and ethnic information for less than one-third of the 433 people who have died and the roughly 17,000 people who have tested positive” up to that point.³⁷ At the same time, Congresswoman Ayanna Pressley pushed for future federal relief packages to require federal authorities to collect and report race-specific data, after a request to the federal Department of Health and Human Services for that purpose was ignored.³⁸ The Commonwealth’s collection and reporting of race-specific COVID-19 data has not improved much in the time since the initial April release. As of May 10, 46.1% of COVID-19 cases listed race/ethnicity as “Unknown/Missing,” while 45.8% of deaths listed race/ethnicity as “Unknown/Missing.”³⁹

Legislation filed as H.4672 was passed to improve data collection on COVID-19 cases and the impact on marginalized communities,⁴⁰ although data on LGBTQ identities was not explicitly included, leaving this issue still unaddressed by the Commonwealth.

3. Public Health Measures

Both the COVID-19 pandemic itself and the state and federal responses to it have revealed many gaps in our social safety net, particularly around health care access and public health. While its wide and rapid spread caused some to call COVID-19 “the great equalizer,” the data show that the virus has impacted marginalized populations and communities with underlying public health disparities at much higher rates.^{41,42} The Massachusetts Public Health Association (MPHA) released an analysis of state COVID-19 data in late April showing that, per capita, cases among Latinx residents were three times higher than among White residents, while per capita cases among Black residents were two-and-a-half times higher than among White residents.⁴³ Conditions such as poverty, racism, xenophobia, environmental injustice, and others lead to poor public health among marginalized communities.⁴⁴

Chelsea, Massachusetts provides a stark example of this. Chelsea has been hit hardest out of any city in Massachusetts, and as of May 6 has reported 2,244 confirmed cases of COVID-19, an infection rate of 5,957.85 per 100,000.⁴⁵ A large share of the population of Chelsea is “poor and vulnerable; immigrants, documented and undocumented, for whom fear and language are barriers to adequate health care and safety measures; low-wage workers in fields like hospitality and health care, who have no choice but to continue working in high-risk environments; residents who must crowd together on buses and in dense housing that would otherwise be unaffordable.”⁴⁶ On top of these underlying conditions, high levels of pollution and environmental degradation have fueled the spread of COVID-19 throughout Chelsea and greatly contributed to the extremely high infection rate.⁴⁷

“I think basic resources are so important right now. Making sure people have housing and housing stability, food, money for therapy, medication, supplies, etc. Current health care systems make it so certain people cannot afford to miss work that is endangering them and/or to seek proper help when they are sick.”

- *Youth from Western Massachusetts*

In response to these public health disparities, the Massachusetts Public Health Association convened an Emergency Task Force on Coronavirus and Equity to develop policy recommendations that address these disparities.⁴⁸ The MPHA recommendations include:

1. **Enact a Moratorium on Evictions and Foreclosures** (enacted April 20, 2020)
2. **Decarceration and Social Distancing in Prisons and Jails** (legislation filed and pending as H.4652)
3. **Emergency Paid Sick Time:** Legislation was filed April 21 to address the gaps in benefits provided by current state and federal laws, including the federal CARES Act.
4. **Safe Access to Testing and Treatment for Immigrants:** MPHA notes that Attorney General Maura Healey has reached out to immigrant communities to assure them that they can safely receive testing and treatment regardless of immigration status and will not be penalized under the federal public charge rule.
5. **Safe Quarantine for People Experiencing Homelessness:** The Baker Administration took steps in April to provide safe quarantine for people experiencing homelessness, including opening several hotels around the state. However, much remains to be done to ensure that shelter residents can safely follow physical distancing guidelines.
6. **Crisis Standards of Care:** The Equity Task Force joined with other advocates in calling for the state to update its crisis standards of care. These standards contain guidelines on how to allocate scarce medical equipment in the event that the demand for critical care resources outstrips supply. Advocates have noted that these standards and guidelines are based on assumptions that discriminate against people of color and people with disabilities and set a dangerous precedent. The Baker Administration revised the standards on April 20, 2020, but advocates maintain that they remain inadequate.⁴⁹

B. Long-term Considerations

The Commission’s full annual report outlines the many ways in which Massachusetts needs widespread socioeconomic change in order to achieve equity for LGBTQ youth. Every one of the Commission’s recommendations is not only still relevant today, but is in fact more relevant than ever. In each of the Commission’s four policy focus areas – social inclusion, homelessness, juvenile justice, and health – there are two main considerations: first, that disparities and problems that existed previously have been made even worse, and second, that these disparities put the community at continued risk during this and any future public health emergency.

“I think people are seeing that societal structures that have been deemed impossible are actually manageable.”

- *Youth from Western Massachusetts*

While the purpose of this report is not to repeat and reiterate the Commission’s full annual recommendations, the following framework might be helpful in understanding how these recommendations apply in our “new reality” and why they are more important now than ever.

1. Making All Services & Spaces Safer

Now more than ever, LGBTQ youth are dependent on services that provide them with a safe place to go, either physically or virtually. The need for LGBTQ youth programs will likely increase even more after the pandemic, as experts believe that problems such as child abuse and intimate partner violence are likely increasing even as use of services has currently declined.^{50,51,52} The programs that are serving LGBTQ during the crisis and that will face the tsunami of need after it ends include many that rely on state funding, such as the HIV line item, the Youth At Risk Grants (YARG), the Department of Public Health’s Safe Spaces for LGBTQIA+ Youth, and the Safe Schools Program for LGBTQ Students, which is co-sponsored by the Commission and the Department of Elementary and Secondary Education. While the FY 2021 budget will be strained by the decrease in revenue caused by the pandemic, funding for these types of services must not be cut. To do so would both exacerbate the long-term impact of the COVID-19 pandemic and reduce the Commonwealth’s preparedness for public health crises of the future.

While LGBTQ-specific spaces and services will always be essential for the wellbeing of these youth, it is also important that the state make progress on ensuring that society as a whole – including families, schools, state entities, healthcare, and social services – are safer and more affirming. This can be accomplished through the Commission’s recommendations on increasing inclusion, presented in its full annual report. These recommendations include training all state employees and providers (including entities that receive state funding) on LGBTQ competency, a recommendation that – if adopted – would have ensured that LGBTQ youth statewide were able to find more competent services during the pandemic, when access to LGBTQ-specific spaces and providers was more limited. A more LGBTQ-affirming health and social services workforce would also help to address many underlying health inequities faced by the community, as described below. Encountering discrimination and mistreatment is a main reason why LGBTQ people are not often retained in services. For example, 8% of sexual minority adults and 29% of transgender adults reported that a health care provider refused to see them due to their sexual orientation or gender identity.⁵³

Beyond training those who provide essential services to be more LGBTQ-inclusive, the Commission's recommendations on inclusion also highlight the importance of addressing family rejection. Issues involving family acceptance are even more prevalent now that many youth have had to deal with additional familial challenges in light of stay-at-home orders.

Finally, the Commission's recommendations on inclusion include how to strengthen inclusion at schools, specifically by improving anti-bullying policy. Rebuilding a safe and supportive school environment will be critical after the unprecedented closure of public schools for over three months during the pandemic. Commission members who work in the field of education fear that bullying may have increased and morphed during this time, in which teachers were not physically present with students to observe and intervene in situations of bullying. Many fear that students will need additional support in this area in the year ahead. The possibility of future outbreaks of this or other viruses, and a repeat of the school closings, also presents the need for long-term planning around electronic or "cyber" bullying.

"There is a severe lack of understanding of the coming out process... [and] what it's like being queer in a predominantly non-accepting space and the effect that can have on the student's learning and attendance."

- Massachusetts GSA Leadership Council participant

2. Addressing Underlying Health Inequities

The Commission's annual report details a wide array of health disparities facing LGBTQ youth, including with respect to mental health, sexual health, and substance use. In addition, it is estimated that 65% of LGBTQ adults have preexisting conditions, such as asthma, diabetes, heart disease, or tobacco use, that put people at heightened risk during public health emergencies such as the COVID-19 pandemic.^{54,55} LGBTQ adults are also twice as likely to not have health insurance as non-LGBTQ adults, making it harder to access care to address underlying disparities and during a public health emergency,⁵⁶ especially when facing issues of discrimination or low-quality care as described above.

The Commonwealth needs to adequately address these health inequities if it wishes to better prepare for future pandemics and ensure that such events do not have such a disparate impact on marginalized communities. For example, without adequately addressing the HIV epidemic, LGBTQ youth of color – and especially transgender women of color – will continue to be disproportionately at risk for viral infections that impact those who are immunocompromised. Addressing the HIV epidemic in the LGBTQ and Black communities must include treatment for those who are currently living with HIV, and prevention for those who are at risk for future seroconversion. There is no prevention method that is more upstream and potentially universal than insuring inclusive, comprehensive, and science-based health education in all Massachusetts

schools. While this most commonly brings to mind quality sexual health information, it also would mean LGBTQ-inclusion in a variety of other areas, and being included itself would yield benefits to the mental health of youth who too often do not see themselves in their school's curricula. Despite this being an obvious, tested, and critical intervention, the Commonwealth has failed to act for years on reforming health education, despite the efforts of many organizations and State House allies to do so. In the post-coronavirus world we are now living in, this is inexcusable.

Beyond health education, other health-related recommendations issued by the Commission herein – including funding for HIV services, improving PrEP access, and reforming the mental healthcare system – all would mean improvements to the underlying health inequities that have exacerbated the impact of COVID-19 on LGBTQ individuals, especially those of color. While none of these actions will itself mean protecting the community from a disproportionate impact of future pandemics, they all represent the type of systemic reform that the state must act on if it is to take the hard-learned lessons of the COVID-19 pandemic seriously.

3. Ending Poverty and Homelessness

LGBTQ youth are nearly three times as likely as other youth to experience homelessness, and transgender and gender-nonconforming youth, as well as youth of color, are particularly at risk.⁵⁷ This is true for many reasons, including facing rejection from families and enjoying less socioeconomic opportunity than other youth. Less economic opportunity also means that LGBTQ youth are more likely to become unemployed during economic downturns, including that brought about by the pandemic, as well as to suffer problems such as food insecurity. All of these issues must be addressed – both to undo the harms incurred by the community by the pandemic and the shutdown, and to build a more secure community that will be less at risk in future public health emergencies.

“I am applying to jobs and as a result of the coronavirus there are very few entry level jobs as many companies have had to freeze hiring. I need money to pay rent as I transition out of college and to sustain myself while I continue to try to secure a job.”

– Youth from Western Massachusetts

The most significant action the Commonwealth has taken with respect to housing insecurity is an eviction moratorium law signed on April 20 that prohibits landlords from filing eviction notices (unless the health and safety of other tenants is at risk) for the next 4 months or until 45 days after the state of emergency for coronavirus is lifted.⁵⁸ The moratorium will also protect homeowners from foreclosure and prevent many small businesses from being evicted from their store fronts if they are unable to make rent.⁵⁹ While progress has been made to offer some protection to renters and homeowners, people experiencing homelessness in Boston have been significantly impacted by COVID-19. According to city officials, a staggering 1 in 3 people in Boston's homeless community have tested positive for COVID-19 as of April 7.⁶⁰

Many LGBTQ youth who received grants from the Commission cited housing insecurity as a serious concern, as discussed above. As college housing closed with very little notice and jobs were cut, many youth lost their housing; some had to choose between moving in with unaccepting family members or living on the street. Considering how significantly LGBTQ youth are overrepresented among youth experiencing homelessness and housing instability, it is almost certain that this pandemic has greatly exacerbated these disparities. Without comprehensive data, however, it will be difficult to gauge the extent of this, which further highlights the need for SOGI collection in COVID-19 data.

While homelessness and housing instability have increased for LGBTQ youth as a result of the pandemic, they also contribute to the pandemic's spread because people experiencing homelessness are at much higher risk for contracting COVID-19 for several reasons.

First, they come into close contact with people and surfaces at higher rates compared to people who are housed.⁶¹ Individuals living in emergency shelters “rely on congregate-living facilities for services, like showers and laundry shared amongst a large group of people.”⁶² These services are often also underfunded and understaffed, making it harder to maintain sanitary conditions. Second, people experiencing homelessness are at higher risk for other underlying health conditions, such as chronic stress conditions that weaken the immune system.⁶³ Third, close, cramped conditions in most shelters make it virtually impossible for individuals in shelters to practice physical distancing.

“I hope people in more power will see this and start changing laws and policy for a thriving Boston.”

- *Youth from Greater Boston Area*

As detailed in our annual policy recommendations, housing instability and homeless require immediate and longer-term policy responses. The Massachusetts Youth Count, administered by the Massachusetts Coalition for the Homeless, is a critical source of data on youth experiencing homelessness in the Commonwealth. As the Youth Count is a collaborative effort between state and nonprofit entities, it should receive more support and funding, including more funding towards the youth ambassador program to ensure that it is inclusive of LGBTQ youth and youth of color. The state should also ensure that state agencies serving homeless youth are culturally competent in LGBTQ issues. The Department of Housing and Community Development (DHCD) should provide LGBTQ competency training to all housing providers and strive to ensure that all shelters receive training in this area. The state should further bolster their efforts in preventing youth homelessness and address the myriad ways in which LGBTQ youth become housing insecure and experience homelessness. Specifically, the state should further increase funding for the Residential Assistance for Families in Transition (RAFT) program and the budget line item for Youth at Risk Grants (YARG). As familial rejection is a leading cause of LGBTQ youth

homelessness, the state should undertake more robust upstream prevention measures as detailed in the Commission's recommendations report.

Beyond housing security, economic opportunity is another underlying issue that has caused LGBTQ people to be disparately impacted by the pandemic. Nationally, 15% of LGBTQ people work in restaurants and food services, 14% work in education, 7.5% work in hospitals, and 4% work in retail – all industries that have been severely impacted by the pandemic.⁶⁴ Data clearly show that LGBTQ people have faced even graver consequences economically than the general population. For example:

- 30% of LGBTQ respondents have had their work hours reduced, compared to 22% of the general population;
- 12% of the LGBTQ population report becoming unemployed, compared to 14% of the general population; and
- 20% of LGBTQ people report that their personal finances are “much worse off” than they were one year ago, compared to only 11% of the general population.⁶⁵

There are no simple fixes to address the income inequality facing LGBTQ youth and adults in U.S. and the state. However, increasing LGBTQ inclusion in homes and schools, training as many employers as possible on LGBTQ diversity, and addressing inequities in physical and (especially) mental health would all make significant long-term impacts. Additionally, all policies that serve to reduce income and wealth inequality on the whole – such as raising the minimum wage and implementing fair taxation – stand to disproportionately benefit LGBTQ people given their lower current socioeconomic standing.

One socioeconomic impact of COVID-19 that requires a specific policy response is food insecurity. Feeding America has found that 98% of food banks in their network have reported an increase in demand.⁶⁶ Further research has found that LGBTQ people, particularly LGBTQ people of color and those with disabilities, are more likely than non-LGBTQ people to experience food insecurity.⁶⁷ Several national surveys have found that 27% of LGBTQ adults experienced food insecurity in the last year, compared to 17% of non-LGBTQ adults.⁶⁸ Within the LGBTQ community, 42% of Black LGBTQ people, 33% of Hispanic LGBTQ people, and 31% LBT women reported experiences with food insecurity in the past year.⁶⁹ While this issue can be addressed through general measures to reduce income inequality and improve socioeconomic equality, as discussed immediately above, the state should also ensure that services helping individuals with food insecurity are LGBTQ inclusive. This includes ensuring that food banks and those who connect people to food access benefits, such as the Department of Transitional Assistance (DTA), are trained in LGBTQ inclusion and are conducting LGBTQ-specific outreach. DTA has already made significant progress on this issue in partnership with the Commission, as discussed in their section of the recommendations.

4. Supporting Systems-involved Youth

As discussed in the Commission's annual report, limited available data suggests that LGBTQ youth are more likely to be involved with state systems, including the child welfare system, juvenile justice system, and adult criminal justice system. They also face unique challenges and often have worse outcomes than other youth in the same system. The pandemic has shed light on some of the inherent safety risks posed by living in many of the facilities that comprise these systems, which means that in addition to making these systems safer, we also must ensure LGBTQ youth are diverted from these systems when appropriate. Because diversion in Massachusetts has benefitted White youth far more than it has benefited youth of color, and because LGBTQ youth of color are at heightened risk for systems involvement compared to White LGBTQ youth, it is particularly important that diversion programs prioritize LGBTQ youth of color.

Although Massachusetts has enacted an eviction moratorium for the duration of the pandemic, other pathways to housing instability and homelessness have remained unaddressed. Many youth involved with the Department of Children and Families run the risk of experiencing homelessness as they age out of the system, and this issue has increased during the pandemic.⁷⁰ A significant amount of youth and young adult homelessness in Massachusetts is a result⁷¹ of youth aging out of the foster care system, and this is likely to increase due to COVID-19. To remedy this, Massachusetts should impose a moratorium on case closures for older youth to ensure that these youth continue to receive the care and assistance they need. Massachusetts should also create emergency housing options for these young adults aging out, and could do so by converting empty university dormitories into emergency housing for young adults.

Numerous youth and juvenile justice reform advocates and organizations have urged Governor Baker and the state legislature to take urgent measures to reduce the number of people incarcerated or otherwise confined in youth detention facilities to help slow the spread of COVID-19. While the Department of Youth Services (DYS) took some proactive measures around reducing detained and committed youth in secure facilities, other entities within the justice system did not act until the Supreme Judicial Court compelled them to.

Specifically, DHS has released guidance in concert with the Executive Office of Health and Human Services regarding hygiene, health protocols, and physical distancing.⁷² As education is an integral part of success for DHS-involved youth, the department has been working to expand remote learning opportunities and has worked closely with the Department of Elementary and Secondary Education (DESE) to do so. DHS has further released an interim advisory on expediting release of committed young people serving time in a secure/residential facility to community-based supervision and guidance to expedite the release of detained young people held in overnight arrest or pre-trial detention in light of juvenile court closures.⁷³

Many signs point to a high likelihood of a second wave of COVID-19 in the coming months, and other pandemics and public health crises will surely follow in the future. The time is ripe for the

state to take sustained action on protecting those in the adult criminal justice system from future harm and reducing the number of people who are incarcerated. Considering that people of color are vastly overrepresented among incarcerated individuals, including LGBTQ people of color, reducing the prison population for those who do not pose a threat to society should already be a goal of the state government. It is certainly a view held by this Commission. However, despite the severity of the COVID-19 crisis and the disproportionate rate of infection among incarcerated individuals, much of the response by the adult criminal justice system has only happened by court order.

On April 3rd, the Supreme Judicial Court issued a ruling stating that some incarcerated individuals can be released from state prisons and jails early to slow the spread of COVID-19.⁷⁴ The Court ruled that pre-trial detainees “not charged with certain violent offenses and those held on technical probation and parole violations are eligible for hearings to determine if they can be released.”⁷⁵ Recognizing that courts have limited jurisdiction over individuals who have already been sentenced, the SJC urged the Department of Corrections and the Parole Board to utilize the tools within their authority to allow individuals to be supervised in the community through parole and further urged the Parole Board to expedite the release of over 300 individuals whose requests for parole had already been approved. Despite the SJC ruling, the Parole Board delayed the release of these individuals, resulting in a second lawsuit.⁷⁶

It is practically impossible to physically distance in any correctional setting, jail, or prison. This is a primary reason why the infection rate of COVID-19 among state prisoners is reported to be 2.6 times higher than the general population, and the infection rate among Department of Corrections (DOC) employees is reported to be 1.5 times higher than the general population. In addition to several rulings from the Supreme Judicial Court and guidance from the Department of Youth Services (DYS) aimed at reducing the prison population amid the ongoing crisis, there is legislation pending in the state legislature from Rep. Lindsay Sabadosa regarding decarceration amid the COVID-19 crisis.

H.4652, *An Act Regarding Decarceration and COVID-19* aims to reduce the number of pre-trial and sentenced individuals in prisons and jails in order to allow those facilities to practice safe physical distancing procedures both for individuals who remain incarcerated and for the staff and contractors in those facilities.⁷⁷ The legislation:

1. Sets criteria to allow individuals who can safely serve their confinement at home or in other community-based settings to mitigate the spread of COVID-19 within confinement facilities;
2. Requires these facilities to immediately address long-standing problems regarding sanitary conditions to improve hygiene in these facilities; and
3. Removes barriers for incarcerated individuals to contact their families by providing for free phone calls and emails during the public health emergency.

Finally, any international organizations have also drawn attention to the particular hardships and concerns that sex workers are facing in light of the COVID-19 crisis. This is relevant to the work of the Commission considering that LGBTQ youth are much likelier to engage in sex work and in survival sex when experiencing housing instability and homelessness.⁷⁸ In addition to sex workers facing a loss of income and an increase in harassment and discrimination, many sex worker-led organizations have reported being excluded from “national social protection schemes and exclusion from emergency social protection measures being put in place for other workers.”⁷⁹ While not much has been written about COVID-19’s impact on sex workers in Massachusetts, a new report by the International Committee on the Rights of Sex Workers in Europe (ICRSWE) sheds light on some broad, common truths.⁸⁰ The ICRSWE report notes that sex workers in Europe live on the “economic margins” and often have less money in savings and often cannot turn to government programs for support.⁸¹ Sex workers often come from groups who are already economically and socially marginalized, including LGBTQ individuals, many of whom experience homelessness due to family rejection.⁸² UNAIDS has called on countries to take immediate action to protect the health, safety, and rights of sex workers and has issued their own set of recommendations, which range from short-term emergency supports to longer-term recommendations to end the criminalization of sex workers.⁸³

IV. Conclusion

This report presents novel research on the impact of the COVID-19 pandemic on LGBTQ youth in Massachusetts. Some of this impact is unique to LGBTQ individuals, while other facets are merely issues that are felt particularly strongly by the LGBTQ community because of preexisting inequities. While the recommendations presented herein include several items that have arisen in response to the pandemic, many are reiterations of recommendations that the Commission has issued to the state for many years. The less that is done to address fundamental inequalities and unmet needs of marginalized populations, such as LGBTQ people and people of color, the more devastating the results of the current crisis will be, as well as the results of whatever crises may follow. On the other hand, if the state can learn and adapt from the pandemic, it may be able to address many of the failings of our socioeconomic safety net and public health infrastructure that have always existed but have recently come into sharper focus.

“I’m really hopeful about the collective resistance of the people.”

– *Youth from Greater Boston Area*

New Data on Transgender Youth in Massachusetts

Every two years, the Commonwealth conducts the Massachusetts Youth Risk Behavior Survey (MYRBS) by using a representative sample of high school students. The biannual survey includes questions on gender identity and sexual orientation, as well as a variety of other demographic indicators. Last year, the Commission used its annual report to present an analysis on the intersection of LGBTQ status and gender, race, and ethnicity.⁸⁴ This year, using data from the 2015 and 2017 iterations of the survey, the Commission is reporting specifically on the disparities facing transgender youth in the Commonwealth.

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

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

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

I. Inclusion, Bullying, and Support

Transgender students face staggering disparities with respect to school-based inclusion and safety. Nearly three in ten (28.5%) of transgender youth had skipped school within the past month because they felt unsafe, which was more than three times the rate of non-transgender LGBTQ youth and more than eight times the rate of non-LGBTQ youth. It is easy to understand this fear when examining other factors such as the increased chance of being bullied (26.2% of transgender students compared to 13% of heterosexual, cisgender students), being threatened or injured with a weapon at school (22.6% of transgender students compared to 3.9% of heterosexual, cisgender students), or being involved in a physical fight (24.4% of transgender students compared to 11.7% of heterosexual, cisgender students). Transgender students were also almost four times as likely as heterosexual, cisgender students to face sexual contact against their will, with a staggering 20.4% reporting such abuse, which may also contribute to their fear of going to school.

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

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

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

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

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

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

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

p<.001

II. Sexual and Behavioral Health

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

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

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

In terms of sexual health, while transgender youth were less likely to have had sexual intercourse overall, they were more likely to have had sexual intercourse before age 13 when compared to all peers, and more likely to have four or more sexual partners when compared to non-LGBTQ peers. They were also almost four times as likely as non-LGBTQ peers to have ever experienced sexual violence by someone they were dating. These data indicate the urgent need to have LGBTQ- and specifically transgender-inclusive health education as a means to educate both transgender students *and* their peers who engage in romantic relationships and/or sexual relations with transgender individuals about healthy, consensual sexual and dating behaviors.

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

Table 3. Experiences Relating to Sexual Health among Massachusetts High School Students, by Sexual and Gender Identity, 2015-2017

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

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

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

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

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

III. Risk Factors for Homelessness and Justice Involvement

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

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

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

Table 5. Percent of Massachusetts Students Who Faced Homelessness and Related Experiences, by Sexual and Gender Identity, 2015-2017

	Transgender Students	Other LGBTQ Students	Non-LGBTQ Students
Ever experienced homelessness***	4.6	1.6	0.6
Ever been kicked out, ran away, or abandoned**	6.7	6.8	3.9

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

IV. Conclusion

In this original analysis of data on transgender high school students in Massachusetts, the Commission finds strong evidence of wide-ranging disparities facing this growing population. While the number of youth who have come out as transgender or questioning their identity speaks to the growing representation of transgender people in our society, there is a clear need to better support this population given the overwhelming disparities they face in terms of social inclusion, sexual and behavioral health, homelessness, and more. The Commission's recommendations in the pages that follow indicate the best and most promising practices to address these disparities, including making schools more inclusive of transgender students with antibullying efforts and inclusive curricula, improving the competence of the state workforce to serve transgender people, increasing healthcare access for gender-affirming care, and addressing the causes of homelessness and juvenile justice involvement.

Special Report on Family Acceptance in Massachusetts

Promoting inclusivity and support in schools has been a main objective of the Commission since its founding. Addressing support and inclusion within families has been more challenging because while the data are clear that familial support is critical for LGBTQ youth to thrive, there have been fewer interventions and programs offered in Massachusetts that focus on family-based support.

The Commission defines family acceptance not just as the absence of rejection, but also as familial affirmation and engagement in youths' social and emotional development within their authentic LGBTQ identities. Family engagement encapsulates a wide spectrum of possible dynamics, from family acceptance to affirmation, which have well-documented effects on the

A lot of lack of acceptance in families comes from [the families] being uneducated."

- South Shore PFLAG participant

health of LGBTQ youth.⁸⁵ Research demonstrates that family acceptance is a protective factor across many health outcomes and therefore must be promoted and supported,⁸⁶ while family rejection has significant negative impacts that create lifelong elevated risks for adverse health outcomes.⁸⁷ Accordingly, the Commission's recommendations for family acceptance align with the goal of preventing family rejection.

In Massachusetts, since gaining marriage equality, youth are coming out earlier than before. While this is a positive development for youth in accepting environments, others are exposed to bullying, insecurity, and rejection earlier in adolescence.⁸⁸ Recognizing this paradoxical consequence of progressive policy, it is important to address bullying and discrimination that continues to disproportionately affect LGBTQ youth. In addition, more accepting cultural environments have led adolescents reporting LGBTQ+ identities to nearly double from 7.3% to 14.3% between 2009 and 2017, meaning that this vulnerable population is now more visible but still remains at risk for discrimination and suicidality.⁸⁹

"Last year at Pride, a youth came up to our table seeking resources on homelessness, because their parents were about to kick them out because of their sexuality. I would like to see more education for parents of LGBTQ+ youth to encourage understanding and acceptance of LGBTQ+ identities."

— Board Member, Bisexual Resource Center

To learn more about family acceptance in Massachusetts, the Commission formed the Family Acceptance Task Force, a group of representatives from relevant governmental and non-governmental agencies and organizations who attended listening sessions around the state, performed a community needs assessment, and asked for policy recommendations which are summarized below.

I. Literature Review

A. Harms Associated with Family Rejection

Family rejection adversely impacts the physical, mental, emotional, and social health of LGBTQ+ youth. At baseline, this group experiences higher rates of negative self-image, substance use, depression, and suicidal ideation than their peers.⁹⁰

Recent studies demonstrate that LGBTQ+ youth are more likely to suffer physical violence from their parents⁹¹ and that there is a great deal of psychological distress associated with parental rejection.⁹² As one study showed, parental behavior was sometimes modeled by siblings, especially younger siblings, straining the sibling relationships and furthering isolating LGBTQ+ youth.⁹³

“My mom ignored [my chosen name] for two and a half years...”

- South Shore AGLY participant

Research focused on foster care has found that many foster youth express intersectional identities and are sometimes brought into the foster system after rejection by their birth families following coming out. LGBTQ+ youth are overrepresented in the foster system, accounting for 15-30% of foster youth while comprising just 3-11% of the general population⁹⁴, and they experience varying levels of caregiver acceptance.⁹⁵ While they are 2.43x more likely to be involved in foster care, there is a lack of standardized training in caring for LGBTQ+ youth in the foster system, which leads 42% of LGBTQ+ youth to be removed from foster care homes due to issues with the youth's identity.⁹⁶ Coming out to foster caregivers is often difficult because of youths' prior experiences with rejection, and some foster caregivers request alternate placement following LGBTQ+ identity disclosure. Repeated episodes of caregiver rejection put youth at risk for homelessness, dropping out of school, and practicing survival sex. Repeated instances of rejection act counter to family acceptance which promotes resilience, confidence, security, and emotional well-being. Up to 75% of youth engaging in survival sex were previously engaged in foster care.⁹⁷ Long-term mental health sequelae of these adverse childhood experiences have led advocacy groups and researchers to develop trainings to better equip the foster system to care for this vulnerable population. Recommendations by Schofield et al. (2019) were to conduct assessments, training, and preparation to care for LGBTQ+ youth within the foster system, to connect caregivers to social workers adept in serving LGBTQ+ youth, and to thoroughly vet foster caregivers for their attitudes toward LGBTQ+ issues prior to enrolling them in the system.

The disproportionately high prevalence of LGBTQ+ youth among the homeless youth population is well-established and discussed in depth later in this report. Research demonstrates that there are strong links between family dynamics and homelessness in this population.⁹⁸ In cases where youth do come out, the process of coming out often exacerbates previous underlying conflict and heightens the risk for housing instability.⁹⁹

B. Benefits of Family Acceptance

Developing family acceptance is equally as important as countering family rejection. Higher levels of family acceptance are associated with increased rates of self-esteem and social support, as well as decreased rates of substance abuse, suicidal thoughts, and lifetime suicidal attempts.¹⁰⁰ While it is ideal to receive support from all members of the family (especially parents), it is not always possible. One study examined youth coming out to different family members and found that 25% of sexual minority youth first came out to a sister, 20% to a mother, 16% to a brother, and only 1 of the 56 participants had first come out to a father.¹⁰¹ One hundred percent of participants who had a sexual or gender minority sibling were out to that sibling.¹⁰²

“He became a role model for younger students. They call him Dad.”

- LexPride participant on an exemplary

LGBTQ+ people often identify “chosen family” as a network of close friends who accept them and support them during and following rejection. Chosen families are protective against adverse mental health outcomes and form key safety net supports when LGBTQ individuals experience problems that their families would normally help them through, like disease or financial trouble (Newman, 2019). Other sources of support include school resources and groups like Gender and Sexuality Alliances relieve some of the rejection, bullying, and school-based harassment that LGBTQ+ youth face. Connectedness with a parent, teacher, or other trusted adult is a protective factor against depression, suicide, or substance use.¹⁰³ When parental acceptance is not possible, the presence of a responsible and trusted adult figure can have many of the same effects.¹⁰⁴ It was also seen that the support of a trusted adult had an even more powerful protective effect in these areas than support from a peer.¹⁰⁵ For example, feeling connectedness with a teacher is associated with lower rates of tobacco and alcohol use.¹⁰⁶

Online resources were able to address identity-specific social needs and helped youth feel more connected with their communities, especially in settings with limited offline LGBTQ resources. Youth sought health information, mental health services, and sexual health advice online.¹⁰⁷ This demonstrates that developing reputable information through the Massachusetts government’s website along with appropriate terminology and visual cues (e.g. rainbows) would signify safety and advocacy.

C. Special Considerations for Transgender Youth

Most of the literature surrounding LGBTQ youth and family dynamics focuses on sexual minority youth, with relatively less focus on gender diverse youth. While it is true that the likelihood of acceptance did not vary based on sexual minority or gender minority identity,¹⁰⁸ transgender youth and their families have unique concerns compared to their sexual minority peers and therefore require specific attention specific to their needs.¹⁰⁹ There are groups in Boston, like the Trans Teen and Family Narratives Project at Boston Children’s Hospital, doing important community-based participatory research with transgender teens throughout New England, and consultation

with this group and/or reviews of their ongoing contributions to the literature will directly inform this community's needs in Massachusetts.¹¹⁰

As with sexual minority youth, family acceptance of transgender youth has clear benefits, especially for mental health.¹¹¹ Parental support is associated with lower rates of psychological stress, and suicidal thoughts,¹¹² and transgender youth who receive support from their parents also have a lower perceived burden of transgender identity, fewer depressive symptoms, and increased life satisfaction.¹¹³ It is important to recognize that gender diverse identities affect all family members in our present sociopolitical context, meaning that supportive programs for transgender youth may have positive ripple effects for families. In the best cases, adequate support for families promotes improved interpersonal relationships and focus on affirming gender diverse identities; in worst case scenarios, gender diversity becomes a divisive stressor.¹¹⁴ To avoid isolation and rejection, programs enabling social connection, as well as linkage to appropriate professional support through an online database of transgender friendly mental health and health providers, are needed.

Most interventions to promote family acceptance were piloted on a small scale, but there were a number of studies that examined group therapy specifically for parents and families with transgender youth. As part of the group process, parent peers provided insight and emotional support to one another, and parents reported positive associations with having a space to express fears and concerns with other parents who had similar experiences.¹¹⁵ For example, one parent discussed how her parent support group gave her space to express her emotions so that her child would not see her experiencing as much distress at home.¹¹⁶

“We lost family, and the support groups have become our family – we spend holidays together now.”

☞ *Northampton PFLAG participant*

D. Increasing Family Acceptance in Massachusetts

Building parents' capacity to communicate with each other and their LGBTQ youth is vital. Although parents often report an initial period of sexual orientation or gender identity rejection when their children come out, research demonstrates a consistent theme of parental desire for family communication.¹¹⁷ Parents stated that their greatest barrier to communication with their children was a lack of knowledge around LGBTQ issues.¹¹⁸ Educating families and peers through public school programs, such as sexual orientation and gender identity inclusive curricula, could be a starting point to improving communication and education relevant for family acceptance of LGBTQ youth.

Most interventions and proposals focus on themes of connectedness, safety, and resilience. Group therapy seems to be beneficial for parents in terms of communication skill development¹¹⁹ and expanded knowledge base of LGBTQ youth issues.¹²⁰ Appropriately trained social workers are also avenues of support, linking families to education and resources during the critical coming out process.¹²¹ While the parental role cannot be underestimated, there are untapped resources in other trusted adult and extended family relationships, such as with aunts, siblings, teachers, mentors, and coaches.¹²²

Finally, the literature on family engagement offers little information that directly addresses the needs of LGBTQ youth of color, and this is one of the greatest gaps in our knowledge.¹²³ One study determined that LGBTQ youth of color tended to have fewer culturally-responsive spaces compared to their white peers.¹²⁴ Support is needed for research efforts that better represent the needs of LGBTQ youth of color and their families.

Because family acceptance is critical to the well-being of LGBTQ youth, the Commission developed the Family Acceptance Task Force in 2018. In December 2018 and February 2019, the Commission held two meetings for stakeholders from various government agencies and LGBTQ youth supportive organizations. This group has met to discuss the role of family acceptance in the lives of LGBTQ youth, and how the Commission can form recommendations to support the health and well-being of LGBTQ youth in Massachusetts. The Task Force engages in listening sessions with LGBTQ youth and their families throughout Massachusetts in order to develop formal recommendations for policy changes that promote family acceptance. The first iteration of recommendations is described below.

II. Family Acceptance Task Force Findings

For the first time, the Commission presents this section summarizing in-person listening session findings to better document the needs reported by LGBTQ youth and their families regarding acceptance and support. We hope that this section will function as a conduit for this population's voice to be heard by state representatives both now and in future iterations of the Commission's recommendations.

The Commission approached organizations catering to LGBTQ youth and their families throughout the Commonwealth of Massachusetts. Interviews were held with eight different organizations serving LGBTQ youth and families in Massachusetts between November 2019 and March 2020. The groups consisted of parents, youth, and sometimes both, including:

- 1) Massachusetts Gender and Sexuality Alliance (GSA) Leadership Council: A Boston-based group that creates and informs policy, supports leadership development, promotes inclusive learning environments for all students, and convenes local GSA chapters for networking and collaboration.

- 2) South Shore Parents, Families, and Friends of Lesbians and Gays (PFLAG): A support/advocacy group for parents of LGBTQ+ youth based in Duxbury, MA.
- 3) South Shore Alliance of GLBT Youth (SShAGLY): A support/advocacy group for LGBTQ+ youth based in Duxbury, MA.
- 4) Northampton Parents, Families, and Friends of Lesbians and Gays (PFLAG): A support/advocacy group for parents of LGBTQ+ youth based in Northampton, MA.
- 5) LexPride: A group whose mission is to “develop community and advance full equality for LGBTQIA+ people and their families and allies,” based in Lexington, MA.
- 6) Boston GLBTQ Adolescent Social Services (GLASS): This group provides supportive services to LGBTQ+ youth of color in the Boston metropolitan area and Framingham, MA. Boston GLASS also provides educational resources to health providers and community organizations.
- 7) The Boston Alliance of Lesbian Gay Bisexual Transgender Queer Youth (BAGLY): A youth-led, adult-supported organization “committed to social justice and creating, sustaining, and advocating for programs, policies, and services” for LGBTQ+ youth in Boston, MA.
- 8) Florida State University (FSU) Institute for Family Violence Studies – LGBTQ+ Family Life Project: A research and advocacy group that researches ways to limit adverse childhood events (ACEs) and educates juvenile justice officers and first responders about LGBTQ+ youths’ needs.

Recognizing that the data comes from a vulnerable population, extra care was taken to ensure confidentiality. Quotes with identifying information are not used in this report, but do contribute to aggregated results. Group interviews were semi-structured and conversational, based off of a pre-written list of questions.

Common themes were identified across all listening sessions involving LGBTQ youth and/or parents. All of the themes fit into the family acceptance “ecosystem,” are centered on needs and recommendations to promote safety and support for adolescents during the coming out process, and together will provide the best possible chance for family acceptance. The themes highlighted in the needs assessment and recommendations include the following divisions: 1) families, 2) schools, and 3) community.

III. Needs Assessment and Recommendations

A. Family Recommendations

The needs assessment for family acceptance and support for LGBTQ youth starts at the family level. Youth, in particular, expressed a need for model safety plans and housing alternatives in case of rejection. Despite the increased societal acceptance of LGBTQ populations, some youth face neglect, rejection, abuse, and homelessness during and after coming out. Resources and shelters should be readily accessible for at-risk youth intending to come out.

The parents who attended listening sessions spoke for youth with various gender identities, sexual orientations, and stages of coming out. Because of this, they said that education campaigns about LGBTQ youth and resources should be available to all parents through public schools. They posited that standardized education on these topics would reduce LGBTQ+ youths' rate of adverse childhood experiences and damaging behaviors like misnaming and misgendering.

Families who attended PFLAG meetings described them as essential sources of support, as the coming out process for their children also involves a family-level coming out experience. Hearing about other parents' reactions, both positive and negative, enhanced parents' support for their own children. Parents described their willingness to advocate for their children but also expressed that it can be confusing and draining, especially during periods of gender exploration and fluid identity. Thus, increased funding opportunities for PFLAG groups and networking activities would be beneficial for families undergoing similar experiences to support and learn from each other.

"It was very helpful to talk to other parents who had gone through it – that was a real support to me... All I kept hearing is that if they don't have family support, the suicide rate is so high – that terrified me."

- South Shore PFLAG participant

Policy recommendations for the state to directly support families of LGBTQ youth converge around financing opportunities for advocacy and support groups in addition to education campaigns. Financially, parents and youth recommend a larger sum of state money set aside for LGBTQ programming and grants for support groups like PFLAG, BAGLY, and public school GSAs. While the Commission serves to liaise between the state government and LGBTQ youth and families, town halls and direct interactions between government officials and LGBTQ families would further demonstrate the commitment to serving this marginalized group.

B. School Recommendations

Parents and youth extolled the importance of having advocates outside of the family, and these advocates were overwhelmingly teachers who “are really educated” in LGBTQ issues, as well as school nurses, counselors, and administrators. School employees who referred students to external support groups (for

example, BAGLY) and served as mentors for school GSAs enabled students to feel a sense of community and peer support. Both parents and students advocated for GSAs in all public schools and referrals for additional external support organizations like BAGLY elsewhere in the state. One participant said that without a GSA chapter at her school, she “felt very disconnected.” Another student who came out at a young age said, “My option at that time was to wait until high school.” LGBTQ youth recommend that public schools begin offering GSA programming as early as middle school, a time when bullying is particularly prominent and gender identities are being explored. In addition to GSA groups, the Safe Schools program should be offered as an opt-out rather than opt-in, as its curriculum benefits all students. A third programming option that students hope the state will promote in public schools is the concept of “leadership tracks,” where LGBTQ students are encouraged to engage in student government and leadership positions. Such programming would likely provide faculty mentorship as well as older student partnerships, similar to Big Brothers Big Sisters programs at some schools.

“Create an environment where students and teachers can talk to each other.”

- Massachusetts Gender and Sexuality Alliance Leadership Council participant

“Kids in the school, after finding out [I’m trans], are starting to really get to me...The teachers tell them and remind them, but they don’t listen and they don’t care.”

- South Shore AGLY participant on being misgendered at school

“I’m a retired teacher... parents ask you everything when you’re a teacher... so if you have something you can give to parents, that would be helpful.”

- South Shore PFLAG participant

The Safe Schools Program was cited as a tremendous support to LGBTQ youth that should be expanded. That program networks role model teachers and guidance counselors who act as charismatic mentors for students. One parent said that it would be “life changing” to have openly LGBTQ-identified educators in schools, and she hoped that schools would be supportive of teachers’ decisions to come out through enhanced recruitment and efforts at retention.

Interviewees expressed a desire for Massachusetts public schools to provide trainings and resources to educators interested in serving the LGBTQ population and to allow symbols of support, like rainbow flags and stickers, to be displayed publicly to denote safe spaces. Overt symbols of support were said to “make a ton of difference” in the everyday lives of not just LGBTQ students, but all students.

Finally, students and parents outside of the Boston area explained that resources, opportunities, and facilities are not standardized throughout Massachusetts. Anti-bullying campaigns, gender-neutral facilities, pronoun trainings, and the Safe Schools program need to be implemented everywhere in the state so that all LGBTQ students and families can expect similar levels of support and safety in the MA public school system. School employees should also undergo bystander training to prepare them to address bullying when observed.

One student said, “a lot of LGBTQ+ history gets censored.” Another echoed, “even the Pulse Nightclub shooting is overlooked sometimes. When you think of [gun violence] in America, you don’t think of the Pulse Nightclub and it was one of the worst mass shootings ever.” The state board of education should review its curricula to ensure inclusion of age-appropriate LGBTQ topics, for example: covering the HIV pandemic in science and health courses, discussing the Pulse Nightclub shooting in history classes, and enrolling students in opt-out comprehensive sex education that covers gender diversity, sexual orientation, and prepares students to lead healthy sexual lives without holding them to unrealistic abstinence-only standards.

Lastly, students need gender-neutral facilities and single occupancy bathrooms in schools. Some students at the listening sessions described going to school nurses’ private bathrooms to avoid gender dysphoria and/or bullying. Every public school in Massachusetts should have gender-neutral facilities, and such facilities should be standardized throughout the state.

C. Community

Interviewees in several listening sessions described police and other first responders as part of a “bastion of homophobia,” meaning that they lack training in how to appropriately deal with LGBTQ individuals in emergency settings. Participants described paramedics misgendering transgender youth and inciting gender dysphoria. Youth and parents both asked for community-level LGBTQ awareness trainings, especially for public servants and first responders. The public education campaign would ideally reach other parents and youth as well, leading to increased family and community knowledge about LGBTQ youth, and overall acceptance.

“Public safety – police, firefighters, EMT, 911 – the first thing they want to know is ‘male or female.’ The average cop on the beat... doesn’t have much exposure.”

– Northampton PFLAG participant on first responder training

Multiple participants expressed a specific need for publicly funded grassroots support groups, especially those that can help parents navigate the sometimes overwhelming process of their youth coming out and potentially needing medical or mental health care (for example, enrollment in hormonal affirmation therapy). Support is even more important for underrepresented groups in the LGBTQ population, such as those with intersectional identities who suffer systemic racism in addition to homophobia and/or transphobia. Within the milieu of support groups, communities should also develop databases of appropriate resources, therapists, health providers, and more to ensure that families and youth are linked with appropriate services.

In addition to maintaining an online database of facilities, the state should maintain, in partnership with the Commission, an online database of funding sources, public health services, and other supports specific to the LGBTQ community. Emphasis should be placed on supporting LGBTQ youth in rural areas and youth at risk for homelessness (for example, by providing LGBTQ aware temporary youth housing). Finally, emergency funding for LGBTQ youth suddenly facing homelessness or abuse should be available and advertised online. Survival sex occurs in Massachusetts, especially among homeless LGBTQ populations, and these youth deserve a better safety net option from the state.

“Many of us have been concerned about our kids’ personal safety. Some of our kids pass a little more, some of them don’t... Is there a hotline for trans kids? Is there a way they can go online and do something through social media? A lot of therapists are booked. They just need someone to talk to.”

- Northampton PFLAG participant

Endnotes

¹ For the purposes of reporting on this data, we have simplified the categories into “transgender students,” meaning any student who identified as transgender or as unsure of their gender identity; “other LGBTQ students,” meaning any student who reported being lesbian, gay, bisexual, or unsure of their sexual orientation, but did *not* report being transgender or unsure of their gender identity; and “non-LGBTQ students,” meaning those who reported a heterosexual orientation and who reported not being transgender or questioning.

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