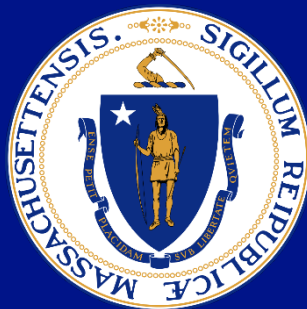


The Commonwealth of Massachusetts  
Commission on Lesbian, Gay, Bisexual,  
Transgender, Queer & Questioning Youth

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FY2018 ANNUAL POLICY RECOMMENDATIONS



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# A Letter from Leadership and An Introduction

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**June 20, 2017**

In June of 1992, Governor William Weld swore in the first members of the Governor’s Commission on Gay and Lesbian Youth. Almost exactly 25 years later, the Massachusetts Commission on Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) Youth, now an independent state agency, remains the first and only entity of its kind in the country.

The first report of the Governor’s Commission painted a bleak picture for lesbian and gay youth, with suicide, school violence, and family rejection a part of everyday life. As Randy Driskell, then a senior at Wareham High School, testified during the first set of public hearings held by the Governor’s Commission:

*“I was spit on, pushed, and ridiculed. My school life was hell. I decided to leave school because I couldn’t handle it...After three years of conditioning, I forgot all the things my mother taught me. I lost respect for myself and wanted to die.”*

Another young person at the 1992 hearings described being forced out of his home. Troix Bettencourt, then 18 years old, testified:

*“I got kicked out of my house in July, and at that point there was violence involved. My mother went nuts and came at me with an iron and I ran downstairs and I locked the door and she called the police. The police came and they asked what was going on. And I told them, and my mother started saying that I’m always in Boston with the fags and that I’m doing this and I’m doing that. And he started cracking all kinds of gay jokes and telling me what he would do to his kids if they were gay and he told me that I should leave.”*

Much has changed since 1992. Suicide and bullying rates have fallen, and Massachusetts has led the nation in implementing LGBTQ youth supportive policies in and out of schools, including a guidance on supporting transgender students issued in 2013 and a policy on LGBTQ youth in the juvenile justice system adopted in 2014. In partnership with the Department of Elementary and

Secondary Education, the Commission has implemented an extensive anti-bullying program that helps improve school climate and promotes student leadership in hundreds of schools across the state each year.

Notable, however, is what remains unchanged. Current conversations with LGBTQ youth, educators, service providers, and families reveal that physical and mental health, safety, and housing stability are still pressing problems. Data suggest that even where health outcomes have improved for all youth, alarming disparities remain, with LGBTQ youth experiencing higher rates of substance use, school bullying, sexual violence, homelessness, and poor physical and mental health outcomes. These data point to even more alarming trends among transgender youth, youth of color, and youth experiencing homelessness.

Ending these disparities will happen only with dedicated resources, focused attention, and sustained collaboration among all involved. In these recommendations, the Commission sets out a plan for state agencies to build a strong foundation for working with LGBTQ young people by ensuring that LGBTQ nondiscrimination policies and guidance, training, and data collection are in place. The Commission is also eager to partner with state agencies to implement innovative policies and programs to address issues related to family rejection, healthcare, homelessness, criminalization, and violence prevention for LGBTQ youth.

Massachusetts has long prided itself on its leadership for LGBTQ young people. Twenty-five years after the founding of Governor's Commission, we must approach our mission with no less urgency than the first group of Commission members in 1992 to finally realize a vision in which all youth in the Commonwealth thrive.

Sincerely,

**Michel Anteby**, Chair

**Sasha Goodfriend**, **Alex Nally**, and **Jonathan Reveil**, Vice Chairs

**Hannah Hussey**, Director of Policy and Research

## Who We Are

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### MISSION AND VALUES

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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 and advocate to all branches of state government effective policies, programs, and resources for LGBTQ youth to thrive.

The Commission is committed to the elimination of inequities in health, education, and economic security for LGBTQ young people. We aim to work collaboratively with state agencies and other partners to support implementation of these recommendations, including monitoring and reporting on progress.

We believe that addressing the needs of young people experiencing multiple forms of marginalization will lead to a better Commonwealth for all residents. We especially prioritize LGBTQ youth of color, LGBTQ youth in out-of-home settings, transgender and gender-nonconforming youth, and rural youth.

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### HISTORY

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The Governor's Commission on Gay and Lesbian Youth was first established in 1992 in response to high suicide rates among gay and lesbian young people. That Commission was dissolved in 2006, and the Legislature quickly replaced it by creating the Massachusetts Commission on Gay and Lesbian Youth (Act of Jul. 1, 2006, Ch. 139 §4, codified in Mass. Gen. Laws Ch. 3 §67).

The Commission has since adjusted its name to more fully reflect the youth it serves. In 2014, the Legislature approved a change to the Commission's authorizing legislation, designating us the Massachusetts Commission on Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) Youth. Twenty-five years after the creation of the original Governor's Commission, we remain the first and only such statewide commission in the country.

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### A NOTE ON LANGUAGE

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When discussing LGBTQ youth, it is important to note that young people conceptualize themselves and their identities in a variety of ways not limited to prevailing definitions of lesbian, gay, bisexual, transgender, queer, or questioning. In thinking about LGBTQ young people, it is especially important to consider intersections of sexual orientation and gender identity with race and ethnicity.

This document generally refers to LGBTQ youth in discussing research and recommendations. Where data collection has been more narrow, we refer accordingly to lesbian, gay, and bisexual (LGB) or lesbian, gay, bisexual, and transgender (LGBT) youth.

For further information on language related to LGBTQ youth, see the Glossary.

## **Trends in Data**

Risk factors across a broad spectrum of categories have improved for all youth in the past decade, but gains for LGBTQ youth have been less clear. While data suggest some positive trends for LGBTQ youth, by and large, they remain at higher risk than their heterosexual, cisgender (or nontransgender) peers.

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## **DEMOGRAPHICS**

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According to the 2015 Massachusetts Youth Risk Behavior Survey (YRBS), 12.5 percent of Massachusetts high school students identify as LGBTQ. This figure includes 11.1 percent of students who describe themselves as gay, lesbian, bisexual, or not sure of (questioning) their sexual orientation, and 2.9 percent of students who indicated they were transgender or questioning their gender identity.<sup>1</sup>

Notably, the percent of students who identify themselves as LGBTQ varies by race and gender. More female-identified than male-identified students reported being LGBTQ: 15.4 percent versus 9.4 percent, respectively. Among racial and ethnic groups, 18 percent of Latinx youth, 13 percent of multi-racial youth, 12 percent of white youth, 10 percent of black youth, and 10 percent of Asian youth identified as LGBTQ.<sup>2</sup>

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<sup>1</sup> Goodenow, C. (2016). Analysis of 2015 Massachusetts Youth Risk Behavior Survey data on behalf of the Massachusetts Commission on LGBTQ Youth. Unpublished

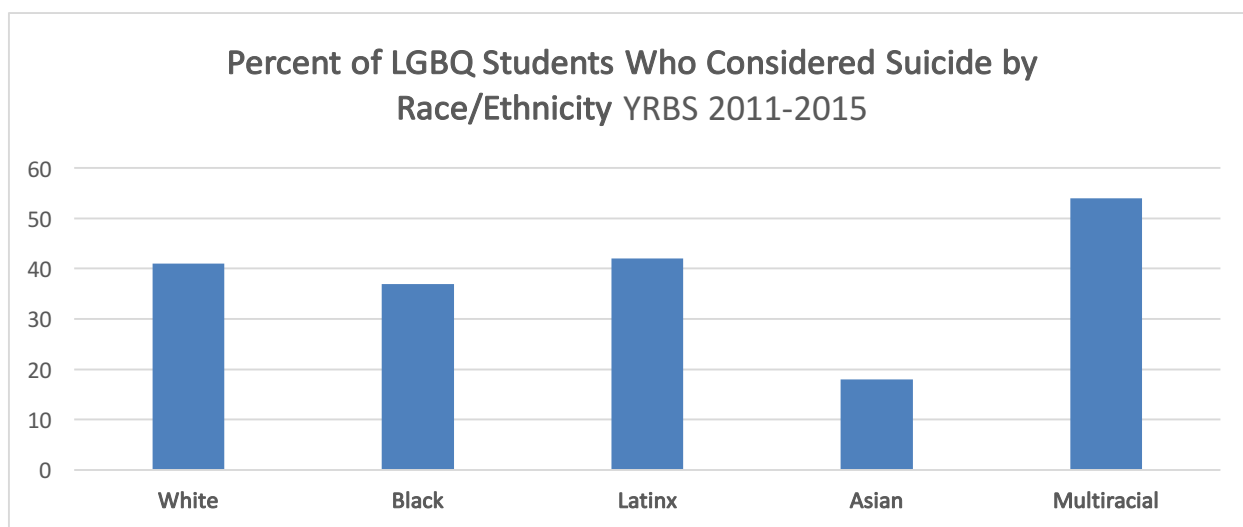
<sup>2</sup> Ibid.

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## MENTAL HEALTH

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Twenty-five years after a Governor’s Commission on Gay and Lesbian Youth was first established in Massachusetts to address suicide among gay and lesbian youth, suicide ideation and other mental health risks remain distressingly high for LGBTQ students. According to 2015 YRBS data, 41 percent of LGBTQ youth have seriously considered suicide in the past year, compared to 11 percent of their heterosexual, cisgender classmates. More than one third of transgender students and nearly one quarter of LGB students report a suicide attempt in the previous year. And 43 percent of LGBTQ students report doing something to hurt themselves on purpose in the past year, such as cutting or burning themselves, compared to 14 percent of their peers.<sup>3</sup>



Risk and resilience factors differ by race, ethnicity, gender identity, and sexual orientation. Further research is needed to examine disparities within LGBTQ populations in Massachusetts, given national findings. For instance, research suggests that bisexual youth may be less likely to have an adult in their family to talk to when they are sad, when compared to gay and lesbian youth.<sup>4</sup>

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## VIOLENCE AND VICTIMIZATION

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Data suggest that LGBTQ youth both disproportionately experience and perpetrate violence, indicating a complicated cycle of victimization and violence. According to the 2015 Massachusetts

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<sup>3</sup> Ibid.

<sup>4</sup> Andre, A. et al. (2014). *Supporting and Caring for Our Bisexual Youth*. The Human Rights Campaign Foundation. <http://www.hrc.org/youth-report/supporting-and-caring-for-our-bisexualyouth>

Youth Health Survey (YHS), LGBT students are twice as likely to experience bullying at school as their peers and three times as likely to experience cyberbullying. On the same survey, LGBT students also reported having perpetrated bullying or cyber-bullying in the past year at twice the rate of their peers.<sup>5</sup> Similarly, the YRBS shows that LGBTQ students are three times more likely than their peers to report being threatened or injured with a weapon at school in the past year, and twice as likely to say they carried a weapon to school in the past 30 days.<sup>6</sup>

Data also point to disturbing rates of physical and sexual victimization. According to the 2015 YHS, among students who have been on a date, 22.5 percent of LGBT respondents reported that a date hurt them physically, compared to 7.5 percent of heterosexual, cisgender respondents. LGBT students were also more likely than their peers to report that they had physically hurt a date: 5.9 percent versus 1.6 percent. Additionally, the YHS shows LGBT youth experiencing sexual contact against their will at six times the rate of their peers.<sup>7</sup>

While neither the YHS nor YRBS ask specifically about abuse by parents or guardians, other research indicates that this is also a risk. A report from The Fenway Institute on LGBTQ youth of color who live, work, or play in Boston found that more than half of their sample reported psychological abuse by parents or another adult living in their home “sometimes,” “often,” or “very often” during their first 18 years of life, and more than one third reported physical abuse.<sup>8</sup>

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## SUBSTANCE USE

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Cigarette smoking has steadily declined among all youth in the past decade. However, LGBTQ youth continue to smoke at elevated rates. LGBTQ youth report smoking one or more cigarettes in the past month at twice the rate of heterosexual, cisgender students. LGBTQ students also report

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<sup>5</sup> Massachusetts Department of Public Health. (2016) Analysis of the 2015 Massachusetts Youth Health Survey data. Unpublished

<sup>6</sup> Goodenow, C. (2016). Analysis of 2015 Massachusetts Youth Risk Behavior Survey

<sup>7</sup> Massachusetts Department of Public Health. (2016) Analysis of the 2015 Massachusetts Youth Health Survey data Unpublished.

<sup>8</sup> Kerith Conron, Johannes Wilson, Sean Cahill, Jessica Flaherty, Mio Tamanaha, and Judith Bradford, “Our Health Matters: Mental Health, Risk, and Resilience among LGBTQ Youth of Color who Live, Work, or Play in Boston,” The Fenway Institute (2015), [http://cdn2.hubspot.net/hubfs/308746/com2395-ourHealthMatters-report\\_v5-small.pdf?t=1448898437715](http://cdn2.hubspot.net/hubfs/308746/com2395-ourHealthMatters-report_v5-small.pdf?t=1448898437715)



using synthetic marijuana, inhalants, cocaine, ecstasy, and methamphetamine at higher rates than their peers.<sup>9</sup>

Notably, as the Commonwealth takes steps to combat the opioid crisis, LGBTQ youth report having used heroin at nearly seven times the rate as their peers: 6.7 percent versus 1 percent, respectively. The disparity grows dramatically when looked at by gender identity alone: combined 2013 and 2015 YRBS data show 15.8 percent of transgender students reporting heroin use at least once, compared to 1 percent of their peers.<sup>10</sup> The YRBS has collected data on transgender students for only two years, thus resulting in a limited sample size and results that should be interpreted with caution. Nevertheless, these preliminary data point to a troubling trend and a need for further research.

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## ECONOMIC SECURITY

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Contrary to public perception, national research suggests that LGBTQ communities often fare worse than the general population on key economic indicators.<sup>11</sup> Although limited data are available, existing information indicates that LGBTQ young people in Massachusetts may also experience higher degrees of economic instability. A study on LGBTQ youth of color in Boston found that nearly one third were unemployed. More than half of the respondents said they were receiving public benefits or some form of government assistance, and 30 percent reported food insecurity.<sup>12</sup> Mirroring national trends, state data also show that LGBTQ young people are disproportionately represented among unaccompanied homeless youth: approximately 16 percent of respondents in the 2015 unaccompanied homeless youth count reported their sexual orientation as lesbian, gay, bisexual, queer, questioning, or other, with an additional six percent who declined to answer.<sup>13</sup> It is likely that this number is an underestimate, as not all continuums of care conducted outreach aimed at LGBTQ youth.

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<sup>9</sup> Goodenow, C. (2016). Analysis of 2015 Massachusetts Youth Risk Behavior Survey

<sup>10</sup> Goodenow, C. (2016). Analysis of 2015 Massachusetts Youth Risk Behavior Survey

<sup>11</sup> Center for American Progress and Movement Advancement Project. (2014). *Paying an Unfair Price: The Financial Penalty for Being LGBT in America*. <http://www.lgbtmap.org/file/paying-an-unfair-price-full-report.pdf>

<sup>12</sup> Conron et al. (2015). “Our Health Matters.”

<sup>13</sup> Massachusetts Commission on Unaccompanied Homeless Youth Commission. “Massachusetts Youth Count 2015: Methodology and Findings.” [https://www.mahomeless.org/images/Massachusetts\\_Youth\\_Count\\_2015.pdf](https://www.mahomeless.org/images/Massachusetts_Youth_Count_2015.pdf)

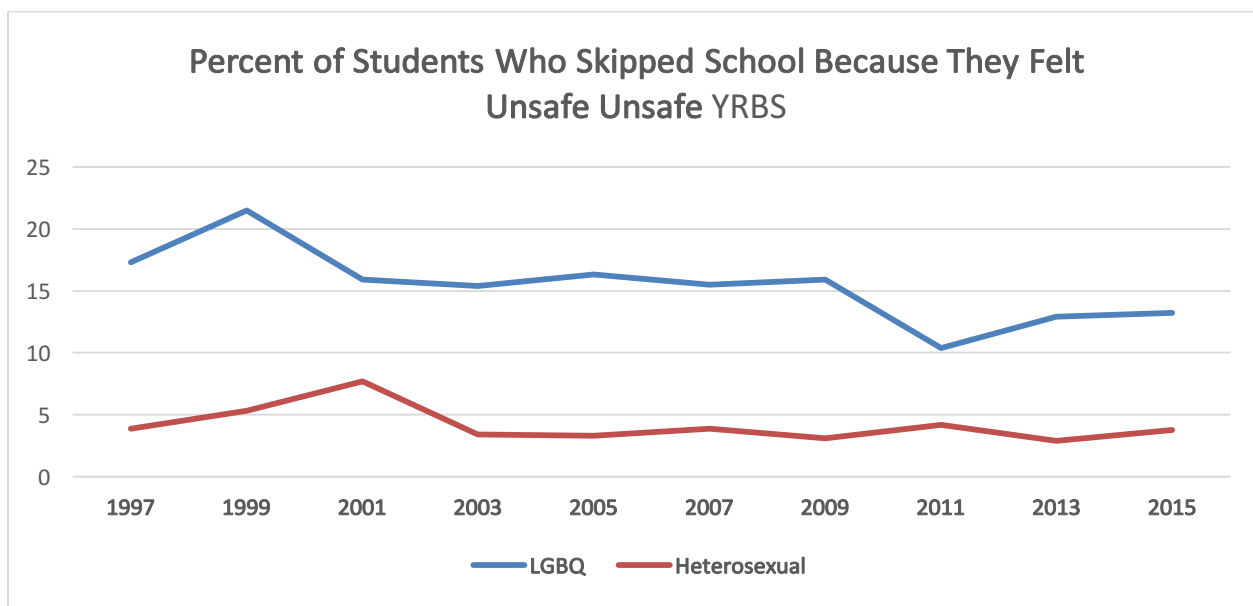
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## EDUCATION

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While many LGBTQ students achieve academic success at similar rates as their peers, data point to several factors that may interrupt education for LGBTQ students or impact their educational aspirations. Most notably, LGBTQ students remain more than four times as likely than their classmates to skip school due to feeling unsafe, posing a challenge for regular attendance.<sup>14</sup> Additionally, LGBTQ students are less likely to report feeling that they can talk to a teacher or school staff member about a problem.<sup>15</sup>

Unfortunately, limited data exist on high school completion rates for LGBTQ students. However, a study on LGBTQ youth of color in Boston found that one in five respondents thought there was no more than “a 50-50 chance” that they would graduate high school or complete their GED by the age of 30.<sup>16</sup>



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<sup>14</sup> Goodenow, C. (2016). Analysis of 2015 Massachusetts Youth Risk Behavior Survey

<sup>15</sup> Ibid.

<sup>16</sup> Conron et al. (2015). “Our Health Matters.”

## Recommendations for Fiscal Year 2018

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*“In middle school I saw this boy being bullied because he was gay. I stood up for him and everyone labeled me a lesbian, so I went with it for a year until I started to fight back. I would lose some fights, I would win most of them. I fought for him. I found other LGBTQ kids and I fought for them. He committed suicide so I felt dead inside...At the end of that year, I met a group of LGBTQ kids and one was transgender. I had never heard of that before and I didn’t really understand. I figured out I was transgender and I didn’t care if anyone accepted me because I accepted me. I’ve been out almost three years and I think I’m happier because of it, no matter the bullying or my parents telling me who I am and who I’m not.”*

*– Youth, Metro West*

*“[It’s important to ensure] that residential and group home placements have policies that support, and allow, trans and non-binary youth to use computers to research gender expression aides like binders, etc. We’ve had young people who had internet privileges revoked because they were researching gender expression aides that the staff believed were ‘sex toys.’”*

*– Provider, Greater Boston*

*“Every single program we run, we have LGBTQ youth. LGBTQ youth and families shouldn’t have to identify as LGBTQ and go into a particular program to get responsive services. That’s the next generation of how we work in the state.”*

*– Service Provider, Southeast Massachusetts*

# Department of Early Education and Care

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The Department of Early Education and Care (EEC) not only provides guidance on early education, but also has important priorities such as working with teenage parents and licensing child-serving organizations that work with state government, including temporary shelters and foster homes. The Commission has worked with EEC for a number of years, and we are impressed by the Department's commitment to youth of all ages under its care.

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## EEC RECOMMENDATIONS

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- 1. Amend licensing regulations to require licensees to provide training and professional development to staff on sexual orientation, gender identity, and best practices for serving LGBTQ youth.**
- 2. Clarify that providers can and should house transgender youth based on their gender identity.**
- 3. Share information about LGBTQ-affirming residential placements with the Department of Children and Families.**

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## BACKGROUND & RESEARCH

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LGBTQ youth are disproportionately represented in state systems of care. Although Massachusetts data are limited, estimates from Los Angeles suggest that approximately 19 percent of youth in foster care are LGBTQ.<sup>17</sup>

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

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<sup>17</sup> Wilson, B. D.M., Cooper, K., Kastanis, A., Nezhad, S. (2014). Sexual and Gender Minority Youth in Los Angeles Foster Care. The Williams Institute. [http://williamsinstitute.law.ucla.edu/wp-content/uploads/LAFYS\\_report\\_final-aug-2014.pdf](http://williamsinstitute.law.ucla.edu/wp-content/uploads/LAFYS_report_final-aug-2014.pdf)

*“Where we need to do a better job at advocacy is with our elementary school age children. I've had clients five to ten years of age understand that they "love" their same sex classmate(s) but be very confused by it all. It can be brushed off by adults as "a phase," I think, because of the child's age. I know the focus has been on our high risk population of 13-18 year olds, but I'd like a more proactive approach to education, advocacy, and family coaching for our much younger kids.”*

*– Service Provider, Cape and Islands*

*"We wanted to foster or adopt because we know there is such a need for transgender and gender-nonconforming youth in the system. What was really important to me as a trans person was finding an adoption agency to work with that understood my identity, where it wouldn't be an issue. During my home study, the process took a turn to focus solely on my identity. I was asked questions about what kind of surgery I had had. In the home study document that goes out to everyone – even all the providers that we work with – basically what you get to know about me is that I am trans. It talks nothing about who I am. It's not strength-based. It felt like my social worker was asking a lot of questions just to satisfy her own curiosity and it caused us a lot of stress. Later, during our disclosure meeting, someone else asked if we would force our child to be transgender or gender-nonconforming – and it was like, would you ever ask a cisgender person if they would force their kid to be cisgender?"*

*– Pre-adoptive parent*

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## EXPANDED RECOMMENDATIONS

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### **Amend licensing regulations to require licensees to provide training and professional development to staff on sexual orientation, gender identity, and best practices for serving LGBTQ youth.**

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

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

Without affirming placements, transgender young people experience barriers to success and stability. Where relevant, we urge EEC to clarify that licensees should make housing and placement decisions for transgender youth in residential programs on the basis of their gender identities, consistent with best practices and stated preferences of the young person. Where any young person expresses safety-based concerns, EEC should support licensed programs in making individualized housing and placement decisions for the young person.

### **Share information about LGBTQ-affirming residential placements with the Department of Children and Families.**

EEC works closely with the Department of Children and Families on child welfare matters. We urge both agencies to prioritize LGBTQ youth and share information about LGBTQ-affirming placements.

## Department of Elementary and Secondary Education

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Since 1993, the Safe Schools Program for LGBTQ Students at the Department of Elementary and Secondary Education (ESE) has been a national leader in creating policies and programs to foster safe and supportive environments for LGBTQ students. At one time and until the loss of tobacco settlement funds in the 2000s, ESE was able to fund the Safe Schools Program at up to \$800,000 annually. The Commission has supported the Department in increasing its capacity to create landmark policies, to provide professional development and technical assistance to schools, and to promote student leadership development.

Since the establishment of a Memorandum of Understanding (MOU) with the Department in 2013, the Commission has been working in collaboration with ESE on multiple initiatives, including trainings for school personnel on bias-based bullying and policy guidance to fully implement An Act Relative to Gender Identity and the Principles for Ensuring Safe and Supportive Learning Environments for LGBTQ Students. We are grateful to Commissioner Mitchell Chester for his leadership on these issues, the support of key staff, and his annual communication to school administrators. We also thank the Department for providing space and support for Safe Schools personnel. We are pleased that Massachusetts is now collecting information on gender identity through the Massachusetts Youth Risk Behavior Survey (YRBS) and support the continued inclusion of questions on gender identity and transgender students on the YRBS and the School Health Profiles.

The Commission continues to partner with ESE in administering the student-run, adult-supported Massachusetts GSA Leadership Council. Councils meet bimonthly to develop recommendations to ESE and the Commission, and to support students in developing leadership skills and improving school climate. In addition, the Commission and ESE have collaborated for the past six years to offer a three-day leadership summit for student leaders and advisors from across Massachusetts.

We are particularly pleased at the Department's leadership on behalf of transgender and gender-nonconforming students. At the beginning of the 2016-2017 academic year, the Department launched a third gender marker in its student database, providing students the ability to select "nonbinary" in addition to "male" or "female." Continued integration of the needs of LGBTQ students in all aspects of the Department's work has made it a national leader in this arena.

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## ESE RECOMMENDATIONS

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- 1. Increase collaboration between the Safe Schools Program for LGBTQ Students and programs for special education, early education, adult education, after-school programming, and the Safe and Supportive Schools Commission.**
- 2. Implement and report on a school climate survey with items assessing bullying as required by the Massachusetts Anti-Bullying Law.**
- 3. Finalize and disseminate model curriculum units and supplementary curricular materials in Social Studies, English Language Arts, and Health.**
- 4. Provide an update to sexual health resources, such as the 1991 HIV/AIDS Policy and the health frameworks, to include new information and relevant sexual health education content.**
- 5. Deepen understanding of LGBTQ student disparities by continuing to ask a gender identity question and adding an item on gender expression to the YRBS, and disseminating sexual orientation and gender identity and expression (SOGIE) data from the YRBS, School Health Profiles, and other relevant sources.**

*“The word "fag(got)" is thrown around as easily as "dumb" or "like." And it has become acceptable to describe something as gay (in a derogatory way). Being a semi-out trans man has its downs, as well. I've been verbally harassed and stared at in locker rooms (female), and I get weird looks in the hallways. Being outed is as much of a worry as that homework assignment I forgot to do or that test that I forgot to study for that's in, oh, two minutes. But, at the same time, I have an amazing support network of friends, school faculty, and my parents. So, not everything is as bad as it seems. I'm just a regular boy who likes music and nerf guns and cars and video games and sports the same as any other person.”*

*– Middle School Student*



*“The education for LGBTQ issues is lacking at best. The information we receive in health classes is either overgeneralized or inaccurate. I remember in 10th grade I was essentially teaching my health class for my teacher because he just wasn't well educated on what he was talking about. I also get very stressed out at school because there's only one gender neutral restroom and it is all the way on the first floor, but most of my classes are on the fourth. I'm trans (ftm), but I'm far from passing. I can't go into the guys' restroom because I don't look like a guy and I can't go into the girls' because it's very uncomfortable for me and because most of my school knows I'm trans. Because of this I just refuse to use the restroom at school unless I'm already on the first floor. But even then, it's a single stall and teachers often use it even though the faculty bathroom is three steps to the left and is always empty.”*

*– Student, Greater Boston*

*“For my school project, I'm doing it on trans women of color. My history teacher was like, 'that's not a big thing.' And I said, 'I'm doing it on the Stonewall riots,' and he says, 'what's that?' He's a U.S. history teacher! It's funny that we're learning about how wonderful the Pilgrims were, but what about the transgender women that risked their lives for their rights that he knows nothing about? My high school is very diverse – 80 percent of the school is of students of color – so I feel like that's very important. They act like LGBTQ history just started in 2000 – and no!”*

*– Student, Southeastern Massachusetts*

*“[I see] administrators making arguments that 5th-8th grade students are not developmentally ready for LGBTQ supports to be visible in a middle school building. I see straight/cisgender students' and parents' comfort being prioritized over the LGBTQ students' needs. I see*

administrators not wanting to deal with parents who disagree with having LGBTQ visibility in middle school.”

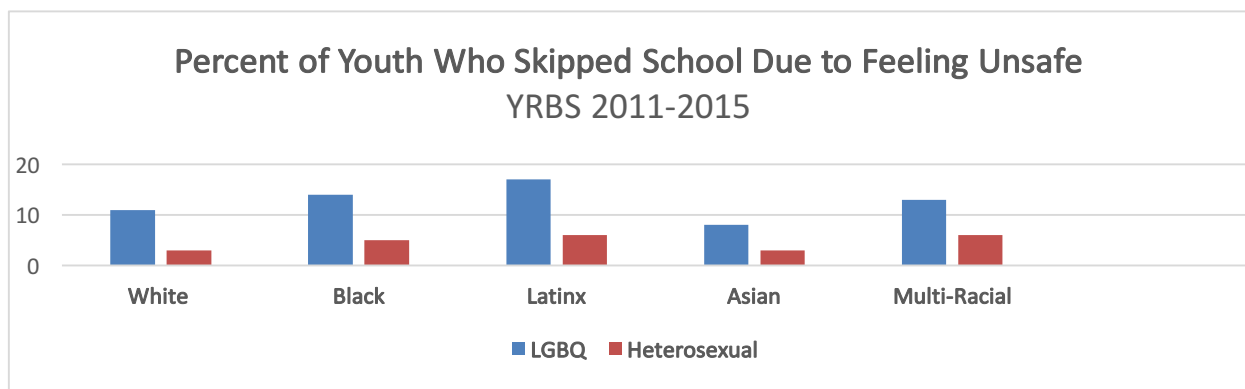
– Educator

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## BACKGROUND & RESEARCH

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Acknowledging the above efforts, the data suggest that while there are many well-adjusted, well-supported LGBTQ students who are thriving in inclusive schools, LGBTQ students still face significant barriers to accessing a quality education and remain at much higher risk for a variety of negative outcomes. A survey of LGBTQ students in Massachusetts found that the majority had heard anti-LGBTQ remarks, including 29 percent of respondents who heard staff make negative comments about someone’s gender expression.<sup>18</sup> Additionally, 42 percent of survey respondents said they had experienced a form of discrimination at school in the previous year, such as being disciplined unfairly for public affection in comparison to their non-LGBTQ peers, prevented from using their preferred name and correct gender pronouns, and being unable to use the school restroom aligned with their gender identity.<sup>19</sup>



Data collected by Massachusetts state agencies show similar trends, suggesting complex cycles of violence and victimization. For instance, according to the Massachusetts Youth Health Survey, LGBT students are twice as likely to experience bullying at school as their peers and three times as likely to experience cyberbullying. On the same survey, LGBT students also reported having

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<sup>18</sup> GLSEN. (2017). School Climate in Massachusetts (State Snapshot). <https://www.glsen.org/sites/default/files/Massachusetts%20State%20Snapshot%20-%20NSCS.pdf>

<sup>19</sup> GLSEN. (2017). School Climate in Massachusetts (State Snapshot). <https://www.glsen.org/sites/default/files/Massachusetts%20State%20Snapshot%20-%20NSCS.pdf>

perpetrated bullying or cyber-bullying in the past year at twice the rate of their peers. Suicidality remains a disturbingly prevalent problem.<sup>20</sup> Notably, these risk factors vary based on gender, race, and ethnicity.

These negative experiences may contribute to discipline disparities between LGBTQ students and their peers, with national research finding that LGBTQ students are suspended at higher rates.<sup>21</sup>

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## EXPANDED RECOMMENDATIONS

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### **Increase collaboration between the Safe Schools Program for LGBTQ Students and programs for special education, early education, adult education, after-school programming, and the Safe and Supportive Schools Commission.**

LGBTQ students and students from LGBTQ families need safe and supportive learning environments both in and out of the classroom. LGBTQ youth who are very young, who have disabilities, who are enrolled in adult education, and who are at risk for school discipline often have unique needs. By leveraging the resources of the Safe Schools Program, the Department has started to address the needs of these young people. We recommend that ESE continue to integrate resources and staff from the Safe Schools Program into programmatic work in each of these areas to maximize the opportunities provided for LGBTQ young people and their families.

### **Implement and report on a school climate survey with items assessing bullying as required by the Massachusetts Anti-Bullying Law.**

Massachusetts law requires ESE to develop a student survey on school climate to be administered at least once every four years assessing the prevalence, nature, and severity of bullying in schools. As ESE undertakes work to assess school climate, the Commission encourages ESE to include specific items assessing bias-based bullying related to sexual orientation, gender identity, and gender expression and to include demographic items on student sexual orientation and gender identity. The Commission also requests that ESE share results from this survey with the Commission, with particular attention to the experiences of students who are or are perceived to be LGBTQ.

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<sup>20</sup> Massachusetts Department of Public Health. (2016) Analysis of the 2015 Massachusetts Youth Health Survey data. Unpublished

<sup>21</sup> Greytak, E.A., Kosciw, J.G., Villenas, C., and Giga, N. M. (2016). From Teasing to Torment: School Climate Revisited. GLSEN.  
[https://www.glsen.org/sites/default/files/TeasingtoTorment%202015%20FINAL%20PDF%5B1%5D\\_0.pdf](https://www.glsen.org/sites/default/files/TeasingtoTorment%202015%20FINAL%20PDF%5B1%5D_0.pdf)

**Finalize and disseminate model curriculum units and supplementary curricular materials in Social Studies, English Language Arts, and Health.** Student feedback indicates that LGBTQ young people have a need to see themselves reflected in curricula. A model health curriculum unit is particularly important, given that existing curricula often fail to address the specific health needs of LGBTQ young people. We urge the Department to continue collaborating with Safe Schools staff to approve new curriculum units in a timely manner.

**Provide an update to sexual health resources, such as the 1991 HIV/AIDS Policy and the health frameworks, to include new information and relevant sexual health education content.**

When ESE first issued a policy on HIV/AIDS in 1991, the HIV/AIDS epidemic was still new. Knowledge on HIV/AIDS, reducing sexual health risks, and promoting healthy behaviors has increased significantly in the past two decades. Additionally, it is now clear that HIV/AIDS prevention works best in the context of comprehensive, medically accurate sexual health education. While the 1991 policy remains both relevant and important, we recommend that ESE issue an update that: addresses advances in HIV/AIDS knowledge; recognizes the complexity of intersecting identities, including gender identity, gender expression, sexual orientation, and race; and recommends best practices for sexual health education at the district level. The Commission suggests that the ESE health frameworks also be revised to better meet the sexual health education needs of LGBTQ students.

**Deepen understanding of LGBTQ student disparities by continuing to ask a gender identity question and adding an item on gender expression on the YRBS, and disseminating sexual orientation and gender identity and expression (SOGIE) data from the YRBS, School Health Profiles, and other relevant sources.**

The inclusion of a gender identity question on the YRBS in 2013 and 2015 has allowed the Commission to speak to LGBTQ health disparities in a trans-inclusive way and to identify areas of particular concern for transgender students. We urge ESE to maintain this question on the 2017 YRBS. In addition, the Commission is pleased that ESE has expressed interest in adding a CDC-approved question on gender expression to the 2017 YRBS. National data have revealed that gender-nonconforming students experience disparities in substance use, violence, victimization, and

safety. A better understanding of risk factors for gender-nonconforming students in Massachusetts would enable the Safe Schools Program, school administrators, health professionals, and other providers to appropriately target interventions. The Commission requests the opportunity to share YRBS data as well as data from the School Health Profiles and updates on our work in a biannual presentation to the Board of Education, which last happened in 2015.

## Department of Higher Education

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

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### DHE RECOMMENDATIONS

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- 1. Encourage public and private higher education institutions to, if they have not already done so, enact anti-discrimination policies and best practices that include sex, gender identity, gender expression, and sexual orientation to be in compliance with the Attorney General's *Guide to Civil Rights in Schools*.**
- 2. Continue to support quantitative and qualitative data collection measures within the public higher education system to address potential inequities in sexual violence occurrence among LGBTQ students versus their non-LGBTQ counterparts.**

*“It is mostly accepted and comforting, but going to a small university, there are some stifling situations where many people choose to be closeted. I would like more visibility of LGBTQ+ inclusion as many areas are inclusive yet some individuals who are new to the area for college still hold prejudices.”*

*– College Student, Greater Boston*

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## BACKGROUND & RESEARCH

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While there is limited information regarding the experience and outcomes of LGBTQ students in public university and college campuses across the country, including in Massachusetts, national research suggests that LGBTQ college students face barriers to access and achievement in higher education programs. Despite the existence of inclusive anti-discrimination policies at some institutions, many LGBTQ students and staff members face harassment or feel pressured to hide their sexual orientation or gender identity on campus. Indeed, the harassment and discrimination that many LGBTQ high school students experience continues beyond secondary school and into higher education. Campus Pride is a nationally recognized organization that rates colleges and universities based on their LGBTQ friendly policies and programs. A report by Campus Pride indicates that LGBTQ individuals are significantly more likely to experience harassment on campus compared to their non-LGBTQ peers.<sup>22</sup> Harassment based on sexual orientation or gender identity may also intersect with racial bias, resulting in even higher levels of harassment for LGBTQ students of color in higher educational settings.<sup>23</sup> The Commission would like to note that four of the 29 public institutions of higher education in Massachusetts are listed on the national Campus Pride index; where Salem State University<sup>24</sup> and UMass Dartmouth<sup>25</sup> both earned a three star rating; Bridgewater State University<sup>26</sup> which earned a four star rating; and UMass Amherst<sup>27</sup> which has maintained its five star rating. The Campus Pride Index issues each campus a rating out of five stars that is determined by the existence of and commitment to forms of LGBTQ student inclusion such as inclusion policies, institutional support, academic life, housing and residence life, student life, campus safety, counseling and health, and LGBTQ recruitment and retainment efforts.<sup>28</sup>

Stress and concerns induced by anti-LGBTQ campus climate, whether through lack of support or targeted acts of hate, can interfere with the education of LGBTQ students. The Commission heard from students and campus professionals we surveyed in 2015 that LGBTQ college students are

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<sup>22</sup> Rankin, S., Weber, G., Blumenfeld, W., & Frazer, S. (2010). 2010 state of higher education for lesbian, gay, bisexual, and transgender people. Campus Pride. Retrieved from <http://www.campuspride.org/Campus%20Pride%202010%20LGBT%20Report%20Summary.pdf>

<sup>23</sup> Rankin, S. (2003). Campus climate for gay, lesbian, bisexual, and transgender people: A national perspective. National Gay and Lesbian Taskforce. Retrieved from <http://www.thetaskforce.org/downloads/reports/reports/CampusClimate.pdf>

<sup>24</sup> <https://www.campusprideindex.org/campuses/details/588?campus=salem-state-university>

<sup>25</sup> <https://www.campusprideindex.org/campuses/details/105?campus=university-of-massachusetts-dartmouth>

<sup>26</sup> <https://www.campusprideindex.org/campuses/details/66?campus=bridgewater-state-university>

<sup>27</sup> <https://www.campusprideindex.org/campuses/details/84?campus=university-of-massachusetts,-amherst>

<sup>28</sup> <https://www.campusprideindex.org/faqs/index>

more likely to consider withdrawing from their institution and more likely to fear for their physical safety on campus than their non-LGBTQ peers. Additionally, LGBTQ students often feel that their public college or university does not provide adequate resources on LGBTQ issues or respond appropriately to incidents of harassment on campus. We are particularly concerned that this is the reality on some public campuses, especially at community colleges where limited resources exist for student services.

Finally, sexual violence is pervasive on college campuses across the country. For instance, a survey of Minnesota college students found that 12 percent of bisexual students, 7 percent of gay and lesbian students, and 3.3 percent of heterosexual students reported a sexual assault in the past year.<sup>29</sup> The same study found that 47 percent of bisexual college students, 33 percent of gay and lesbian students, and 17 percent of heterosexual students reported one or more incidents of sexual assault in their lifetime.

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

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<sup>29</sup> Lust, K. College Student Health Survey Report 2007–2011: Health and Health-Related Behaviors Minnesota Postsecondary Lesbian, Gay, and Bisexual Students. Boynton Health Service, University of Minnesota. [http://www.bhs.umn.edu/surveys/survey-results/2007-2011\\_LGB\\_CSHSReport.pdf](http://www.bhs.umn.edu/surveys/survey-results/2007-2011_LGB_CSHSReport.pdf)



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## EXPANDED RECOMMENDATIONS

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**Encourage public and private higher education institutions to, if they have not already done so, enact anti-discrimination policies and best practices that include sex, gender identity, gender expression, and sexual orientation to be in compliance with the Attorney General's *Guide to Civil Rights in Schools*.**

As with younger students, students in higher education programs do best when their classrooms and campuses offer a safe, welcoming climate free from violence, discrimination, or harassment. Given its positioning in the state, DHE is uniquely positioned to support institutions in establishing policies and guidance that provide campus professionals with the tools they need to support LGBTQ young people.

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

National data indicate that sexual violence continues to have a disproportionate impact on LGBTQ students.<sup>30</sup> We urge DHE to continue supporting data collection that allows Massachusetts institutions to identify the extent of the problem and existence of disparities on their campuses and to work to address them.

## Department of Children and Families

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<sup>30</sup> Jaimes Perez, Z. and Hussey, H. (2014). A Hidden Crisis: Including the LGBT Community when Addressing Sexual Violence on College Campuses. The Center for American Progress. <https://cdn.americanprogress.org/wp-content/uploads/2014/09/LGBTHarassment-brief3.6.pdf>

Since 2005, the Department of Children and Families (DCF) has had an internal LGBTQ liaison program, with representation from nearly every Area Office across the state. These liaisons are DCF workers who voluntarily serve as a resource for their colleagues and area supervisors in order to address the needs of LGBTQ youth. Through the liaisons, DCF has created a LGBTQ guide for social workers, foster parents, and other adults working with LGBTQ young people in DCF care, and has created an infrastructure for data collection on sexual orientation and gender identity.

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

*“A transgender young person currently in a foster home in Massachusetts experienced issues with their social worker and attorney. The social worker and attorney were not using proper pronouns when speaking to the young person or referring to the young person in court, avoided eye contact with the young person, and overall seemed uncomfortable and unaccepting of this young person's gender identity and expression.”*

*– Attorney, Greater Boston*

*“[During the LGBTQ component of our MAPP training], there was a couple in front of us, and the husband said “Why are we talking about these things?” And the wife said “Don’t worry. We won’t get a child like that.” I was shocked that you would say that on this night, in earshot of several queer couples...My biggest concern going through MAPP class was unintended comments made by some of the social workers. When we had the sexual assault component and talked about different experiences children might have had, in the case of one social worker in particular, every single example he gave involved two gay men. I don’t think he was intending to do that, but you need to be cognizant of bias when you’re speaking.”*

– *Foster Parent, Western Massachusetts*

“Our child identifies as a boy who likes to wear dresses. His interests include dolls and fingernail polish. He says, 'I'm a boy and I like to do girl things.' His experiences haven't been so great with providers in the DCF system. People have not allowed him to wear dresses or have told him 'that's not right, boys don't do that.' When he moved into our home we bought him new dresses. On the first day of school he got all dressed up with sandals. Then, while waiting for the bus, he said at the last minute, 'I can't do this.' He doesn't have self-confidence because he's been bullied and teased - and often by adults, not the kids. We've had two in-home therapists who have talked about building self-esteem, and we've asked how they will take race and gender identity into account, because that's part of it. They just gloss over that and don't see them as important parts of his self-identity.”

– *Pre-Adoptive Parent*

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### DCF RECOMMENDATIONS

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- 1. Adopt a LGBTQ policy and fully distribute the LGBTQ Guide to all existing and new staff to ensure easy access via internal systems on an ongoing basis.**
- 2. Identify LGBTQ-friendly foster placements, hotline homes, and residential facilities in every region across the Commonwealth, and store this information in a manner easily accessible to DCF workers (maintaining appropriate levels of privacy).**
- 3. Expand training programs to all workers and supervisors on issues that affect LGBTQ youth and young adults, with particular attention to gender identity and to the best practices outlined in the new LGBTQ guide.**
- 4. Ensure standardized training for foster families consistent with current best practices.**

## 5. Create a plan to implement and train staff on the collection of data related to sexual orientation and gender identity.

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### BACKGROUND & RESEARCH

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Nationally, there are more than 500,000 youth in the foster care system. A study conducted on the foster care system in Los Angeles found that 19 percent of youth in the foster system were LGBTQ – a percentage significantly higher than estimates of LGBTQ youth in the general population.<sup>31</sup> The disproportionately high number may be due in part to family rejection: Approximately 50 percent of LGBTQ youth in the U.S. report negative reactions upon coming out to their families, and 26 percent report being kicked out of their home by a family member.<sup>32</sup> The Massachusetts Homeless Youth Count found that of unaccompanied youth experiencing homelessness, 10 percent are bisexual, 4 percent are gay and lesbian, 1 percent are queer, and 1 percent are questioning, with additional youth listing other options – percentages that are likely under-representations.<sup>33</sup>

Further, results from the National Homeless Youth Provider Survey found that family rejection and familial abuse significantly contribute to homelessness among LGBTQ youth. According to the survey results, 68 percent of LGBTQ clients who are homeless experienced family rejection, with 54 percent reporting experiences of familial abuse.<sup>34</sup> Family rejection poses obstacles to reunification and has the potential to re-traumatize vulnerable populations of youth.

In a collaborative effort between DCF and Parents, Families, and Friends of Lesbians and Gays (PFLAG), Caitlin Ryan of the Family Acceptance Project came to Massachusetts in 2012 to provide training on pastoral care for LGBTQ youth. We encourage continued collaborative efforts to create intervention strategies that promote family acceptance of LGBTQ youth, and note the LIFT program recently launched in New York City as a potential model.<sup>35</sup>

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<sup>31</sup> Wilson, B. D.M., Cooper, K., Kastanis, A., Nezhad, S. (2014). Sexual and Gender Minority Youth in Los Angeles Foster Care. The Williams Institute. [http://williamsinstitute.law.ucla.edu/wp-content/uploads/LAFYS\\_report\\_final-aug-2014.pdf](http://williamsinstitute.law.ucla.edu/wp-content/uploads/LAFYS_report_final-aug-2014.pdf)

<sup>32</sup> Ray, N. (2006.) Lesbian, Gay, Bisexual, and Transgender Youth: An Epidemic of Homelessness. New York: National Gay and Lesbian Task Force Policy Institute and National Coalition for the Homeless.

<sup>33</sup> Massachusetts Commission on Unaccompanied Homeless Youth Commission. “Massachusetts Youth Count 2015: Methodology and Findings.” [https://www.mahomeless.org/images/Massachusetts\\_Youth\\_Count\\_2015.pdf](https://www.mahomeless.org/images/Massachusetts_Youth_Count_2015.pdf)

<sup>34</sup> Durso, L.E. & Gates, G. (2012). Serving our youth: Findings from a national survey of service providers working with lesbian, gay, bisexual, and transgender youth who are homeless or at risk of becoming homeless. Los Angeles: The Williams Institute with True Colors Fund and The Palette Fund.

<sup>35</sup>The Center. The LGBTQ Institute for Family Therapy (LIFT) Certification Program. <https://gaycenter.org/lift>



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## EXPANDED RECOMMENDATIONS

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### **Adopt a LGBTQ policy, fully distribute the LGBTQ Guide to all existing and new staff, and ensure easy access to the guide via internal systems on an ongoing basis.**

In Massachusetts, many adults working with LGBTQ youth want to do the right thing, but sometimes, they simply do not know how. The LGBTQ Guide provides valuable guidance with best practices for meeting the needs of LGBTQ youth and has the potential to serve as a model for other state agencies. However, limited distribution of the Guide means that not all DCF employees or contracting staff are aware of it as a resource or know that it exists. The Commission strongly urges DCF to ensure that each employee, including all new hires, receives a paper or electronic copy and that a digital version is easily accessible to staff and to vendors. The Commission also notes that guidelines work best in the context of a clear policy regarding nondiscrimination in services to LGBTQ youth and encourages DCF to adopt such a policy to set consistent expectations for staff, youth, and families.

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

While state law prohibits discrimination on the basis of a young person's sexual orientation and gender identity, the Commission continues to hear that LGBTQ youth have inconsistent experiences while in state care. The Commission commends DCF for taking steps to provide training and resources to all foster parents; however, some foster parents feel unable to fully support LGBTQ youth, while other foster parents are eager to take a LGBTQ young person into their home. The Commission recommends that each DCF area office identify at least two homes that have the capacity to be exceptional placements for LGBTQ youth and identify LGBTQ "hotline homes" within each region to be shared across area offices. The ability to identify and track specialized LGBTQ homes would be enhanced by family resource workers asking parents about their background and comfort level with LGBTQ youth during the home study process, both for new foster families and during the re-licensing process. Massachusetts would not be the first jurisdiction to adopt such a model; for instance, Washington, D.C. currently includes questions

related to sexual orientation and gender identity of foster youth on applications for foster parents.<sup>36</sup> The D.C. model asks not only about fostering LGBTQ youth but also about the LGBTQ status of the prospective foster family, allowing them to track the success of foster parent recruitment efforts within the LGBTQ community.

**Expand training programs to all workers and supervisors on issues that affect LGBTQ youth and young adults, with particular attention to gender identity and to the best practices outlined in the new LGBTQ guide.**

DCF regulation (110 CMR 7.104) requires that licensed foster/adoptive homes must be able to nurture children in the home, “including supporting and respecting a child’s sexual orientation or gender identity.” DCF has begun to partner with local providers to offer training, but so far has not provided a larger framework to make such training efforts sustainable over time or to enable more permanent culture change. DCF is eligible, as a Title IV-E agency, to assess resources from the federal government to provide training to caseworkers on LGBTQ competency. We encourage DCF to learn more about opportunities to access these federal funds in support of LGBTQ-affirmative training. We suggest that DCF monthly staff meetings provide one time during which LGBTQ content could be offered.

**Ensure standardized training for foster families consistent with current best practices.**

The Commission commends DCF on its revisions to the Massachusetts Approach to Partnerships in Parenting (MAPP) foster parent training curriculum. However, feedback from prospective foster parents suggests that the quality of current training is inconsistent, exposing some training attendees to outdated ideas about LGBTQ identities. The Commission urges DCF to ensure that all trainers can access and are using the most updated curriculum so that all foster families have knowledge of how to best meet the needs of LGBTQ young people.

**Create a plan to implement and train staff on the collection of data related to sexual orientation and gender identity.**

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<sup>36</sup> Government of the District of Columbia Child and Family Services Agency, Adoption & Foster Care Application, [https://www.google.com/url?q=http://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Foster%2520Home%2520Licensing%2520Forms%2520%2528January%25202015%2529.pdf&sa=D&ust=148156182255300&usg=AFQjCNGgeem8TB6vCNmoEI5\\_z3QNKCwRNng](https://www.google.com/url?q=http://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Foster%2520Home%2520Licensing%2520Forms%2520%2528January%25202015%2529.pdf&sa=D&ust=148156182255300&usg=AFQjCNGgeem8TB6vCNmoEI5_z3QNKCwRNng)

The DCF LGBTQ Liaisons have created standards for asking about and recording the sexual orientation and gender identity (SOGI) of youth, where the youth is willing to share. Such data would be useful in permitting DCF staff to more fully meet the needs of LGBTQ-identified youth, as well as to track trends for LGBTQ youth over time. While resources exist on asking and recording SOGI data, for such data to be useful, it is important that DCF create an implementation plan with buy-in across the agency and to train staff on appropriate and affirming methods to talk with youth about their sexual orientation and gender identity. We note that a pilot in Allegheny County, Pennsylvania, may be informative for this work.<sup>37</sup>

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<sup>37</sup> Martin, M., Down, L., and Erney, R. (2016). Out of the Shadows: Supporting LGBTQ Youth in Child Welfare through Cross-System Collaboration. Center for the Study of Social Policy. <http://www.cssp.org/pages/body/Out-of-the-Shadows-Supporting-LGBTQ-youth-in-child-welfare-through-cross-system-collaboration-web.pdf>



# Massachusetts Commission for the Blind

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The Massachusetts Commission for the Blind (MCB) is the principal agency in the Commonwealth that works on behalf of people of all ages who are blind. MCB provides the highest quality rehabilitation and social services to blind individuals, leading to independence and full community participation.

We look forward to developing a relationship with Commissioner Paul Saner and his staff to address the meaningful inclusion of LGBTQ youth in all programs and services.

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## MCB RECOMMENDATIONS

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- 1. Designate a liaison to work with the Commission to identify opportunities for more fully serving LGBTQ youth.**

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## BACKGROUND & RESEARCH

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Unfortunately, limited research exists that examines the experiences of LGBTQ populations who are blind, much less LGBTQ youth. Nevertheless, sexual and gender minority identities exist within blind communities. For example, Blind LGBT Pride International, an affiliate of the American Council of the Blind, has been thriving since 1996, conducting annual member conferences.

By considering recommendations for MCB, the Commission hopes to ensure that the unique needs of LGBTQ youth who are blind are met by the MCB.

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## EXPANDED RECOMMENDATIONS

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- Designate a liaison to work with the Commission to identify opportunities for more fully serving LGBTQ youth.**

The Commission’s “agency relations” model pairs a Commission liaison with one or more agency staff to address the meaningful inclusion of policies and practices responsive to LGBTQ youth, particularly through: the collection of data and conducting of assessments; the development and strengthening of LGBTQ-affirming resources; training to increase cultural competency of staff working with LGBTQ youth; and the development of stronger guidance, model policies, and best practices with regard to sexual orientation and gender identity. The Commission looks forward to

collaborating with MCB in identifying opportunities for better serving LGBTQ youth and providing support to MCB in the development and implementation of policies, practices, programs, and resources.

# Massachusetts Commission for the Deaf and Hard of Hearing

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The Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) is the principal agency in the Commonwealth that works on behalf of people of all ages who are Deaf and hard of hearing. The mission of MCDHH is to provide accessible communication, education, and advocacy to consumers and private and public entities so that programs, services, and opportunities throughout Massachusetts are fully accessible to persons who are Deaf and hard of hearing.

The Commission congratulates the MCDHH on offering a LGBTQ training for MCDHH staff and providers in October 2016 and for convening a LGBTQ policy working group. We look forward to a fruitful partnership with MCDHH that builds on the steps it has already taken.

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## MCDHH RECOMMENDATIONS

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- 1. Finalize a policy and guidance ensuring nondiscrimination for MCDHH staff and clients based on sexual orientation and gender identity.**
- 2. Include categories for sexual orientation and gender identity in databases and agency forms, where appropriate, and train staff on implementation.**
- 3. Collaborate with community partners to provide training and continuing education opportunities and to identify appropriate referrals.**

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## BACKGROUND & RESEARCH

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Although there are limited data available on the intersections of LGBTQ identities with Deaf and hard of hearing communities, the available research suggests that LGBTQ Deaf and hard of hearing youth experience unique challenges. Both LGBTQ and Deaf and hard of hearing individuals experience risks for sexual violence and for HIV/AIDS, and accurate and culturally competent sexual health information is often unavailable.<sup>38</sup> Such research speaks to a likely gap in inclusive resources and education for Deaf and hard of hearing youth on sexuality and gender.

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<sup>38</sup> Schaad, A. L. ((2016). An Interview with Three Deaf Lesbians: Intersectionality and Saliency of of Identity Variables. Dissertation, Wright State University School of Professional Psychology.  
[https://etd.ohiolink.edu/!etd.send\\_file?accession=wsupsysh1435740841&disposition=inline](https://etd.ohiolink.edu/!etd.send_file?accession=wsupsysh1435740841&disposition=inline)

Given the dearth of data or policy on intersections of the LGBTQ and Deaf and hard of hearing communities, Massachusetts has the opportunity to be a leader in this arena. In working to implement recommendations for LGBTQ youth served by MCDHH, we are confident that the agency will be a key partner in ensuring the wellbeing of all young people in Massachusetts.

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## EXPANDED RECOMMENDATIONS

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### **Finalize a policy and guidance ensuring nondiscrimination for MCDHH staff and clients based on sexual orientation and gender identity.**

MCDHH staff have already adopted a variety of best practices for working with LGBTQ youth and young adults. By adopting a policy and guidance and disseminating them to all staff, MCDHH can institutionalize existing practices to promote consistency among all staff and providers and ensure they become standard practice for new hires. We also suggest that MCDHH work with the Massachusetts Commission on LGBTQ Youth and other community partners to ensure that community members know what resources are available to them as LGBTQ Deaf and hard-of-hearing individuals through MCDHH.

### **Include categories for sexual orientation and gender identity in databases and agency forms, where appropriate, and train staff on implementation.**

The Commission encourages MCDHH to review its data collection systems and forms and identify opportunities to ensure that client names and gender pronouns are listed consistent with their gender identity. MCDHH may also consider collecting data on sexual orientation and gender identity to better understand and serve LGBTQ clients. The Commission recommends accompanying changes to data collection systems with training for relevant staff on best practices in LGBTQ data collection.

### **Collaborate with community partners to provide training and continuing education opportunities and to identify appropriate referrals.**

MCDHH employees, contractors, and associated interpreters could benefit from ongoing training and education in LGBTQ cultural competency and other areas of expertise, including LGBTQ specialization in American Sign Language (ASL) and awareness of available resources for LGBTQ youth in Massachusetts. We encourage MCDHH to collaborate with providers, the Commission,

and community members to find opportunities to organize and offer such trainings. We also recommend that MCDHH disseminate resource lists to staff and contractors.

# Massachusetts Rehabilitation Commission

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The Massachusetts Rehabilitation Commission (MRC) promotes equality, empowerment, and independence of individuals with disabilities by enhancing and encouraging personal choice and the right to succeed or fail in the pursuit of independence and employment within the community. Since the Commission first issued recommendations to MRC, the agency has offered training opportunities in LGBTQ cultural competency, conducted an internal staff climate survey related to LGBTQ issues, and created an internal LGBTQ working group. The Commission applauds this progress and is eager to strengthen our collaboration to address the unique challenges facing LGBTQ young people with disabilities.

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## MRC RECOMMENDATIONS

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- 1. Adopt LGBTQ-inclusive intake forms and appropriately train staff on implementation procedures.**
- 2. Provide LGBTQ cultural competency training for all youth-serving staff and providers.**

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## BACKGROUND & RESEARCH

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While Massachusetts-specific data are limited, ReachOutUSA estimates there are 4 million LGBTQ people with disabilities in the United States. Available research shows that compared to heterosexuals, LGB individuals exhibit higher prevalence and earlier onset of disabilities.<sup>39</sup> Among men, 22 percent of heterosexual men, 26 percent of gay men, and 40 percent of bisexual men are disabled.<sup>40</sup> Within Massachusetts, data suggest that LGBTQ students report having a physical

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<sup>39</sup> Conron, K. J., Mimiaga, M. J., & Landers, S. J. (2010). A population-based study of sexual orientation identity and gender differences in adult health. *American Journal of Public Health*, 100, 1953–1960; Fredriksen-Goldsen, K., Kim, H., & Barkan, S. (2012). Disability among lesbian, gay, and bisexual adults: Disparities in prevalence and risk. *American Journal of Public Health*, 102, e16-e21; Fredriksen-Goldsen, K. & Kim, H. (2012). Hispanic lesbians and bisexual women at heightened risk of health disparities. *American Journal of Public Health*, 102, e9-e15; Lick, D. J., Durso, L. E., & Johnson, K. L. (2013). Minority stress and physical health among sexual minorities. *Perspectives on Psychological Science*, 8(5), 521-548.

<sup>40</sup> Fredriksen-Goldsen, K.I., Kim, H., and Barkan, S.E. (2012). Disability Among Lesbian, Gay, and Bisexual Adults: Disparities in Prevalence and Risk. *American Journal of Public Health* 102(1): e16–21.

disability or long-term health problem at more than twice the rate of their peers, and that they are also more likely to report having a long-term learning disability.<sup>41</sup>

Preliminary research on LGBTQ people with disabilities has found significant disparities and unique barriers to accessibility and livelihood for LGBTQ populations when compared to their heterosexual counterparts. While these gaps are best documented in elderly populations, LGBTQ youth likely face many of the same challenges. Incidents of hate crimes, sexual violence and abuse are more prevalent among LGBTQ and disabled populations, putting individuals who identify with both categories at heightened risk.

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## EXPANDED RECOMMENDATIONS

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

In order to address the specific needs of LGBTQ youth who come into contact with MRC, we recommend the implementation of routine, state-led data collection on sexual orientation and gender identity and expression. Revision of intake forms to include fields for voluntary disclosure of sexual orientation and gender identity should likewise be pursued. These intake forms should also provide spaces for individuals to share their preferred name to be used by staff. Where desired fields differ from data required for federal reporting purposes, we encourage MRC to work with the Commission and state and federal partners to identify solutions that satisfy reporting requirements while maintaining respect for LGBTQ youth identities. Further, we suggest that MRC provide appropriate training to staff responsible for client intake to protect the privacy and confidentiality of the youth and to ensure that staff ask questions related to sexual orientation and gender identity in a respectful manner. Finally, we recommend that MRC adopt data collection procedures that document the experiences of LGBTQ youth within the agency as a mechanism to assess the areas of greatest need within MRC. Such protocols could also serve as a measure of the effectiveness of LGBTQ cultural competency trainings and other areas of progress. Analysis of this data would improve knowledge of the intersections of sexual orientation and gender identity with disability, where only limited data exist.

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<sup>41</sup> Goodenow, C. (2016). Analysis of 2015 Massachusetts Youth Risk Behavior Survey data on behalf of the Massachusetts Commission on LGBTQ Youth. Unpublished

**Provide LGBTQ cultural competency training for all youth-serving staff and providers.**

We are encouraged by the commitment that MRC has already demonstrated in training staff. We urge MRC to ensure that all staff routinely receive education on LGBTQ youth populations, including both new and existing employees.



# Department of Mental Health

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

Beginning in 2014 when Commissioner Fowler identified LGBTQ individuals as a population needing priority attention, DMH has consistently demonstrated leadership in its commitment to LGBTQ youth. Now under Commissioner Mikula, the Department has taken a number of steps to ensure greater support and services to LGBTQ clients across the age spectrum. The Department is currently engaged in a multi-year project to evaluate, strengthen, and advance the cultural competency and services it offers to its LGBTQ clients. In collaboration with experts in the field, DMH has already conducted several needs assessments and identified areas where its services and support are strongest and where DMH needs further training and assistance.

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## DMH RECOMMENDATIONS

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- 1. Complete drafting the new “Prohibition of Unlawful Discrimination Including Against LGBTQI Persons” policy, and receive feedback from field offices and community-based LGBTQ organizations.**
- 2. Develop guidance regarding policy, drawing on examples from other state agencies and incorporating data from a recent DMH climate survey.**
- 3. Continue facilitating trainings centered on competency in LGBTQ youth care in geographic regions and at inpatient and outpatient DMH facilities.**

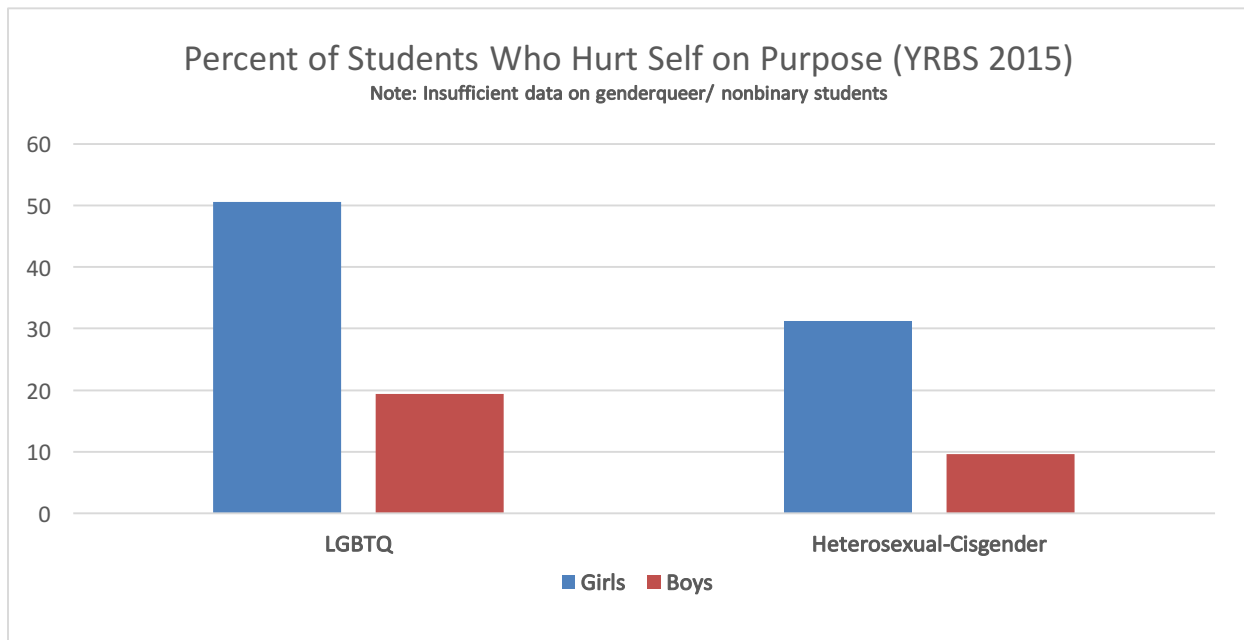
*“The queer youth that I work with are so smart and complex. They are often loud and lively and engaged, and at other times they are dealing with deep struggles. We have many youth that have mental health issues (PTSD, depression, anxiety). We also have a decent amount of youth who don't have many struggles and who are living affirmed and supported lives.”*

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## BACKGROUND & RESEARCH

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State and national data suggest that although LGBTQ youth are typically well-adjusted and mentally healthy, factors such as violence, victimization, and family rejection increase their risk of mental illness. The Massachusetts Youth Risk Behavior Survey (YRBS) indicates that LGBTQ youth are at significantly higher risk than their heterosexual counterparts for suicidal ideation and substance abuse. For instance, LGBTQ youth are nearly five times as likely to have attempted suicide in the past year as their peers.<sup>42</sup>



Studies show that LGBTQ youth are at increased risk of mental health problems such as depression and anxiety, and that experiences of violence and victimization based on sexual orientation and gender identity can contribute to post-traumatic stress disorder. One study indicated that almost 25 percent of youth with same-sex romantic or sexual partners had experienced some form of physical or psychological victimization within the previous 18 months.<sup>43</sup> Increased victimization among sexual minority youth has been observed to result in increased depression, suicide ideation, and

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<sup>42</sup> Goodenow, C. (2016). Analysis of 2015 Massachusetts Youth Risk Behavior Survey data on behalf of the Massachusetts Commission on LGBTQ Youth. Unpublished

<sup>43</sup> Halpern, C. T., Young, M. L., Waller, M. W., Martin, S. L., & Kupper, L. L. (2004). Prevalence of partner violence in same-sex romantic and sexual relationships in a national sample of adolescents. *Journal of Adolescent Health, 35*(2),124-131.

transmission of STIs in adulthood. With such alarming and disproportionate risks, it is critical that mental health providers and policymakers understand what contributes to mental health problems among LGBTQ youth. Providers need to know how best to provide supportive environments and inclusive systems of care that promote positive coping mechanisms.

It is vitally important that all mental health services such as, but not limited to, those in drop-in programs, emergency housing programs, and long term transitional housing programs be trauma-informed.

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## EXPANDED RECOMMENDATIONS

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### **Complete drafting the new “Prohibition of Unlawful Discrimination Including Against LGBTQI Persons” policy and receive feedback from field offices and community-based LGBTQ organizations.**

The Commission commends DMH on its work to establish an agency-wide policy as a foundation for nondiscrimination. We recommend that the policy be completed and finalized in a timely manner with both internal and external input.

### **Develop guidance regarding policy, drawing on examples from other state agencies and incorporating data from a recent DMH climate survey.**

The Commission has seen that policy is most effective when accompanied by concrete guidance that provides clear tools and recommendations for policy implementation. We believe that DMH can further solidify its forthcoming policy by developing additional guidance, using its climate survey to prioritize areas of focus. The Commission is eager to work with DMH to provide input and suggest additional partners.

### **Continue facilitating trainings centered on competency in LGBTQ youth care in geographic regions and at inpatient and outpatient DMH facilities.**

Equipping staff with the tools they need is critical to providing affirming services for LGBTQ youth and young adults. We encourage DMH to build on its successes so that training on best practices and agency policy reaches all staff. We also suggest DMH creates a system to periodically evaluate

the efficacy of training and retention of information, as well as a strategy to ensure that training is available to contracted vendor staff.

# Department of Public Health

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The Commission remains grateful to the Department of Public Health (DPH) for its longstanding support of the Commission and of LGBTQ youth communities. DPH clearly recognizes the long-term health and economic benefits of public health interventions with youth. We thank DPH for providing vital administrative and operational support to the Commission. DPH hosts most Commission meetings and houses staff that make the work of a volunteer-based membership possible.

DPH has long been committed to developing consistent policies and practices for working with LGBTQ populations. Notably, DPH administers the Safe Spaces for LGBTQ Youth Program, which provides critical opportunities for LGBTQ youth to find support, build resiliency, and develop leadership skills. Additionally, DPH has made LGBTQ young people a priority population in its strategic plan for smoking prevention, and has provided ongoing resources through programs focused on suicide prevention and HIV/AIDS.

We particularly commend the Office of Youth and Young Adult Services (OYYAS) within the Bureau of Substance Abuse Services for initiating and implementing a plan to increase the capacity of OYYAS and its provider system to serve LGBTQ youth and young adults. This included: a thorough review of all OYYAS and contracted program policies and working documents for inclusive language and LGBTQ specific data; exploring strategies for collecting data related to sexual orientation and gender identity; and training staff at all levels to ensure a more welcoming environment for LGBTQ youth and young adults. We urge the rest of the Department to use the work of OYYAS as a model.

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## DPH RECOMMENDATIONS

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- 1. Increase the state’s capacity to serve LGBTQ youth of color through promoting racial equity within the Department.**
- 2. Finalize and implement a LGBTQ nondiscrimination policy for employees and vendors, with particular attention to transgender youth and adults.**

3. **Revise policies to permit broader marketing of information around HIV/AIDS services.**
4. **Expand training opportunities for key staff and contracting organizations.**
5. **Approve, disseminate, and create a clear implementation plan for sexual orientation and gender identity and expression (SOGIE) data standards and increase dissemination of SOGIE data.**
6. **Work with BORIM to consider SOGIE data collection for physicians and in electronic medical health records, indicate LGBTQ cultural competency on physician profiles, and establish standards for LGBTQ cultural competency training within required trainings on sexual and domestic violence.**

*“Groups like WAGLY (the West Suburban Alliance of Lesbian Gay, Bisexual and Transgender Youth) have really helped me.”*

*– Youth*

*“Some adults aren’t well educated. I’ve had to explain nonbinary and genderfluid to both of my parents. People should be better informed to know more.”*

*– Youth*

*“It’s scary to think about holding your partner’s hand in public and fearing your safety. I would like the domestic violence against LGBTQIA+ youth as they come out acknowledged.”*

*– College Student, Central Massachusetts*

*“I would like to see more education for medical personnel so they don’t make assumptions on the teen’s identity and orientation in basic physical exams and counseling.”*

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## BACKGROUND & RESEARCH

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In 2011 the Institute of Medicine (IOM) released “The Health of Lesbian, Gay, Bisexual and Transgender (LGBT) People: Building a Foundation for Better Understanding,” which reported on the mental and physical health of LGBTQ populations, including a chapter devoted to LGBTQ youth.<sup>44</sup> While the report notes that “LGBT youth are typically well adjusted and mentally healthy,” they consistently have been found to be at increased risk for depressive symptoms and suicidality in comparison to their non-LGBTQ counterparts. Other research suggests that LGBTQ youth are at higher risk for mental illnesses such as depression or suicidality due to factors such as anti-LGBTQ victimization, stigma, and family rejection.<sup>45</sup> Risks for transgender youth are particularly notable, with combined 2013 and 2015 Massachusetts Youth Risk Behavior Survey (YRBS) data suggesting that nearly one third of transgender youth reported a suicide attempt in the past year.<sup>46</sup>

Across the country, LGBTQ individuals are disproportionately likely to use substances such as drugs, alcohol, and tobacco, often to cope with the impacts of stigma and discrimination, with particular impacts on bisexual youth. In Massachusetts, LGBTQ youth are twice as likely to have smoked a cigarette than their non-LGBTQ counterparts.<sup>47</sup> Data also show that LGBTQ youth are nearly seven times as likely to have used heroin one or more times in their life than their heterosexual peers.<sup>48</sup>

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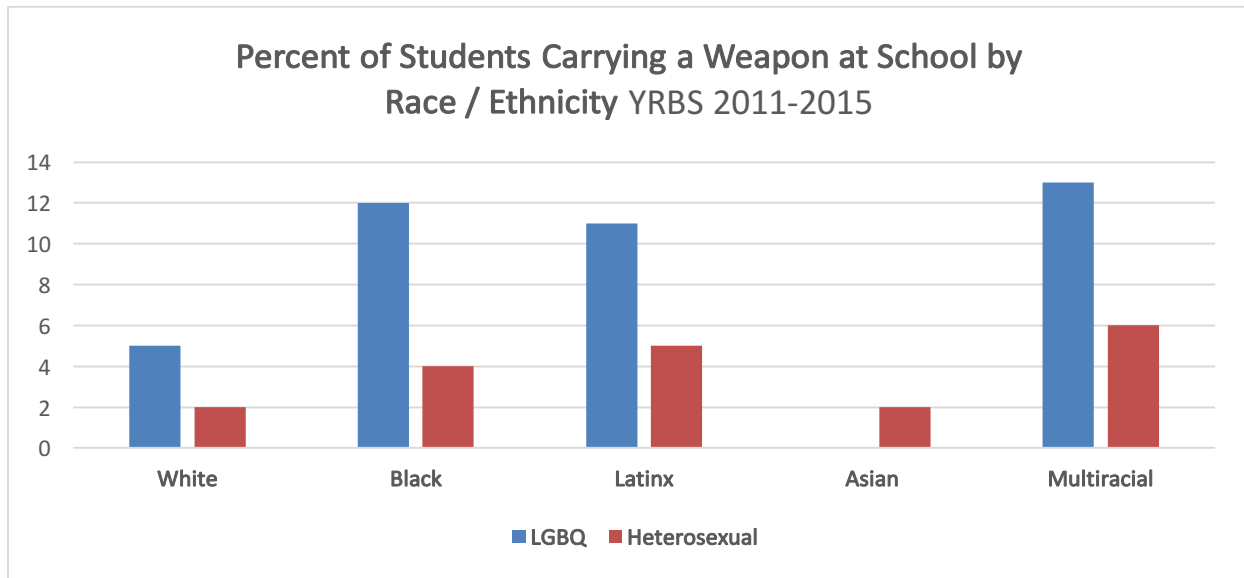
<sup>44</sup> Institute of Medicine, Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. (2011). *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington, DC: The National Academies Press.

<sup>45</sup> Levin, A. (2011). LGBT Individuals Not Getting Equal Attention in Research. *Psychiatric News*, 46(11): 17-19.

<sup>46</sup> Goodenow, C. (2016). Analysis of 2015 YRBS data on behalf of the Massachusetts Commission on LGBTQ Youth. Unpublished.

<sup>47</sup> Ibid.

<sup>48</sup> Ibid.



LGBTQ young people also experience negative outcomes with regard to violence, with many getting caught up in cycles of victimization. For instance, 2015 YRBS data shows that LGBTQ youth are more likely to report being a member of a gang and carrying a weapon at school.<sup>49</sup> These data have significant implications for youth violence work.

The Centers for Disease Control (CDC) released a report assessing the health-risk behaviors of students in grades 9-12 based on National Youth Risk Behavior Surveillance System data from 2001-2009, collected by seven states and six large urban school districts (including Massachusetts and Boston) that include questions about sexual identity and/or behavior in their biannual study.<sup>50</sup> According to the CDC report, sexual minority students reported a higher prevalence of health risk behaviors (relative to their heterosexual peers) ranging from 49 percent to 90 percent in seven out of ten categories. The seven categories for which sexual minority students demonstrated higher prevalence rates included: violence victimization (e.g., did not go to school because of safety concerns); behaviors that relate to attempted suicide (e.g., made a suicide plan); tobacco use (e.g., ever smoked cigarettes); alcohol use (e.g., binge drinking); other drug use (e.g., current marijuana

<sup>49</sup> Ibid.

<sup>50</sup> Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health. (2011). Youth Risk Behavior Surveillance System. <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>



use); sexual behaviors; and weight management (e.g., use of diet pills, laxatives to lose weight). These data reiterate that persistent gaps in health outcomes remain for LGBTQ youth.

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## EXPANDED RECOMMENDATIONS

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### **Increase the state's capacity to serve LGBTQ youth of color through promoting racial equity within the Department.**

Data suggest that LGBTQ youth of color experience unique risk factors as well as unique opportunities for building resiliency. The Commission appreciates the work that the Bureau of Community Health and Prevention has undertaken through its Racial Equity Initiative to incorporate a racial justice lens throughout the Bureau's work. We urge DPH to continue to support this work, identify strengths of the initiative and areas for further improvement, and consider adapting it for other bureaus within the Department.

### **Finalize and implement a LGBTQ nondiscrimination policy for employees and vendors, with particular attention to transgender youth and adults.**

The Department of Public Health has long prioritized services to marginalized populations in its programs. However, not all DPH employees or funded providers fully understand what constitutes discrimination against LGBTQ clients, nor do all employees or providers understand best practices for serving and supporting LGBTQ people. The Commission and DPH have worked together in the past on draft policies and guidance, and we urge DPH to finalize and fully implement a document that provides clarity to employees and contracted providers on best practices for complying with Executive Order 526 and state nondiscrimination law. The Commission recommends that compliance with such a policy be integrated into procurement processes.

### **Revise policies to permit broader marketing of information around HIV/AIDS services.**

The Commission applauds DPH's longstanding dedication to preventing and reducing the spread of HIV/AIDS. However, although Massachusetts has had success overall, new infections continue to rise disproportionately among young black and Latino men who have sex with men. Innovative work suggests that promoting messages about PrEP and HIV testing via mobile social media apps holds promise, and feedback from providers suggests this is a necessary strategy for effective

outreach.<sup>51</sup> We recommend that DPH permit funding to be used for health promotion campaigns conducted within these apps, with a particular focus on men of color who have sex with men, transgender women, and other communities at heightened risk.

### **Expand training opportunities for key staff and contracting organizations.**

Although DPH staff, like other state employees, are required to undertake mandatory diversity training, this training is not adequate to ensure that culturally competent services are provided in all DPH-funded programs. The Bureau of Substance Abuse Services (BSAS) Office of Youth and Young Adult Services (OYYAS) has modeled an excellent approach of staff training in LGBTQ cultural competency. We recommend that the Department investigate implementing this model in other units, prioritizing those with programs serving youth and young adults.

### **Approve, disseminate, and create a clear implementation plan for sexual orientation and gender identity and expression (SOGIE) data standards and increase dissemination of SOGIE data.**

DPH has a tradition of leadership in LGBTQ data collection, notably as an early adopter of sexual orientation and gender identity questions in the Youth Health Survey and Behavioral Risk Factor Surveillance System. DPH's attention to data collection standards suggest that DPH has the potential to be a leader in the state, and the country, in consistent, standardized, and respectful collection of SOGIE data across a wide array of health programs and surveillance surveys. In order for the new standards to be the most impactful, it is important that all relevant staff are aware of their existence and understand how and when to implement them. We urge DPH to establish and then follow a comprehensive implementation plan for these standards throughout the Department.

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<sup>51</sup> Chayes, M. (2014). NYC Promotes Acceptance of Controversial HIV Drug. *Newsday*. <http://www.newsday.com/news/new-york/nyc-promoting-acceptance-of-controversial-hiv-drug-1.9447395>; Caccamo, A., Friedman, A., and Witbart, L. (2016). Using Market Research to Reach Young Adult Dating-App Users for Sexual Health Promotion. *2016 National Conference on Health Communication, Marketing, and Media*. <https://nphic.confex.com/cdc/nphic16/webprogram/Paper37178.html>; Holloway, I., Rice, E., Gibbs, J., Winetrobe, H., Dunlap, S., and Rhoades, H. (2014). Acceptability of Smartphone Application-Based HIV Prevention among Young Men Who Have Sex with Men. *AIDS and Behavior* 18(2): 285-296. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3946790/>; Su, J., Holt, J., Payne, R., Gates, K., and Ryder, N. (2015). Effectiveness of Using Grindr to Increase Syphilis Testing among Men Who Have Sex with Men in Darwin, Australia. *Australian and New Zealand Journal of Public Health* 39(3):293-294. <http://onlinelibrary.wiley.com/doi/10.1111/1753-6405.12342/full>; Massachusetts Getting to Zero Coalition. *Massachusetts Comprehensive Plan to Eliminate HIV Discrimination, AIDS Related Deaths, and New HIV Infections: A Report of the Massachusetts Getting to Zero Coalition*. [http://www.gettingtozeroma.org/wp-content/uploads/2017/01/Getting-To-Zero-MA-Comprehensive-HIV-Plan\\_2016\\_v1.pdf](http://www.gettingtozeroma.org/wp-content/uploads/2017/01/Getting-To-Zero-MA-Comprehensive-HIV-Plan_2016_v1.pdf)

**Work with the Board of Registration in Medicine (BORIM) to consider SOGIE data collection for physicians and in electronic medical health records, indicate LGBTQ cultural competency on physician profiles, and establish standards for LGBTQ cultural competency training within required training on sexual and domestic violence.**

The Commission is pleased to have opened a productive conversation with BORIM in the past year. We are eager to further collaborate with BORIM, other boards of registration, and appropriate staff at DPH on issues that impact LGBTQ young people's access to culturally competent healthcare.

## Office for Refugees and Immigrants

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

ORI has taken promising steps to ensure that adequate services are available to LGBTQ immigrant youth. We commend ORI for conducting staff training on the needs and experiences of LGBTQ youth, most recently with their unaccompanied refugee minor program providers in July 2016, and for their participation in an interagency working group to develop practice guidance for working with LGBTQ youth. We hope that ORI will continue to support LGBTQ youth in the future.

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### ORI RECOMMENDATIONS

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

*“Many LGBT students, particularly students of color in immigrant communities, still fear coming out in school. [We need] more education in the communities, not just in schools.”*

*- Educator, Greater Boston*

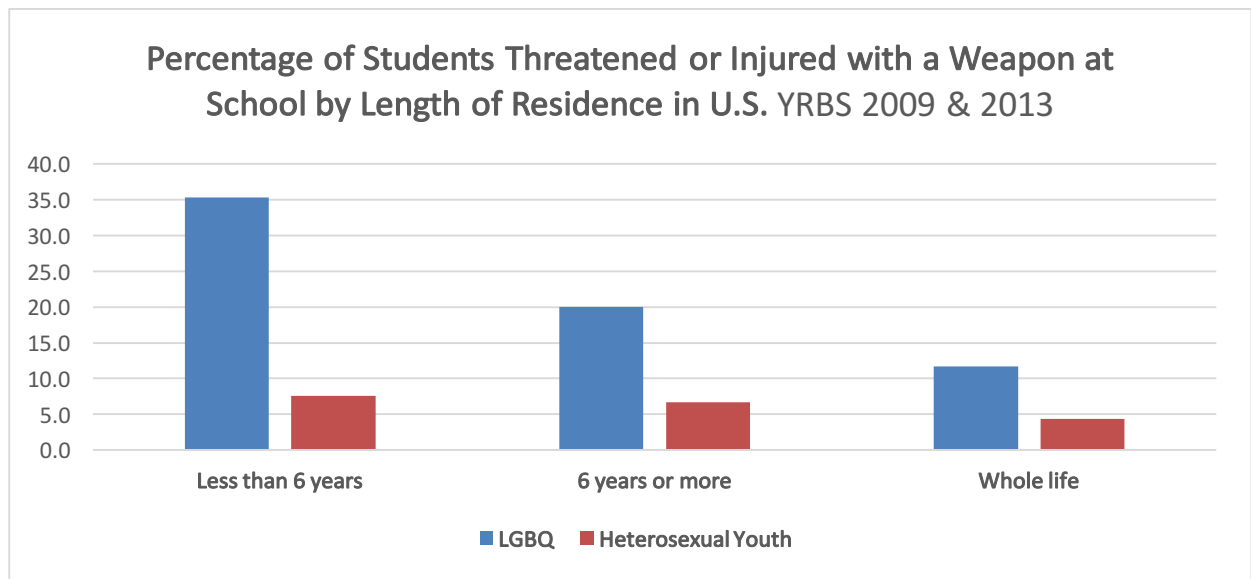
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### BACKGROUND & RESEARCH

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Young LGBTQ refugees, asylees, and migrants face a unique set of challenges in establishing themselves in the United States. Like other communities, migrant populations hold diverse understandings of sexuality, gender, and identity. While there are little data on how many migrant youth and young adults are LGBTQ, one study of undocumented migrants between 18 and 35 found that 10 percent identified as LGBTQ.<sup>52</sup>

In some instances, these young people come to the United States seeking to escape persecution or violence based on their sexual orientation or gender identity; others come for unrelated reasons but must navigate a system in which their sexual orientation or gender identity compound the challenges they already face as migrants more broadly.



A recent survey conducted within LGBTQ immigrant communities – including asylees, U.S. citizens with immigrant parents, individuals in the U.S. with a visa or temporary protected status, and undocumented individuals, among others – found that respondents reported high rates of discrimination related to both their immigration status and their sexual orientation and gender identity.<sup>53</sup>

<sup>52</sup> Wong, T. and Valdivia, C. (2014). *In Their Own Words: A Nationwide Survey of Undocumented Millennials*. Washington and New York: United We Dream Network and Unbound Philanthropy, retrieved from <http://unitedwedream.org/wp-content/uploads/2014/05/Undocumented-Millennials-Survey-Summary.pdf>

<sup>53</sup> Jaimes Pérez, Z., Marrero Hi, D., and Padilla, C. (2016). No More Closets: Experiences of Discrimination among the LGBTQ Immigrant Community. United We Dream, retrieved from: <http://unitedwedream.org/wp-content/uploads/2016/01/Report-No-More-Closets-1.pdf>

Additionally, LGBTQ migrant youth may face heightened health and safety risks. In Massachusetts, sexual minority high school students who have been in the United States for six years or less reported higher rates of school victimization and suicidality than heterosexual immigrant youth as well as sexual minority students who had lived in the United States their whole lives.<sup>54</sup>

This dual-layer minority status creates obstacles to accessing resources and support. The importance of meeting LGBTQ youth where they are – both geographically and psychologically – is especially pronounced for refugee and migrant youth populations. Although federal immigration law establishes protections for undocumented migrant children who are victims of abandonment, abuse, or neglect, most of these protections are time-sensitive and those who claim them are often too late. Massachusetts has an opportunity to lead in efforts to ensure that eligible migrant LGBTQ children have a chance to apply for protection.

Services for LGBTQ migrant youth should be trauma-informed and culturally competent. They must take into account the experiences of LGBTQ youth before becoming refugees, as well as the distinct dynamics among various migrant communities, including differing attitudes towards LGBTQ people.

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## EXPANDED RECOMMENDATIONS

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### **Finalize a LGBTQ nondiscrimination policy and guidance.**

The Commission is glad to have worked with ORI in discussing models for agency policy and guidance. Finalizing such policy will provide staff and providers with the tools they need to best serve LGBTQ youth and to comply with Executive Order 526 and state nondiscrimination law.

### **Identify LGBTQ-affirming medical, housing, legal, and community resources.**

Such resources should be made available to refugee resettlement and immigration service providers. For examples of possible models, we point to the National Heartland Alliance International Rainbow Welcome Initiative, “Resources for UAC Programs.”<sup>55</sup>

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<sup>54</sup> Goodenow, C. (2017). Analysis of 2009 and 2013 Combined YRBS Data on behalf of the Massachusetts Commission on LGBTQ Youth. Unpublished.

<sup>55</sup> Heartland Alliance. *Resources for UAC Programs*. <http://www.rainbowwelcome.org/for-uac-programs>

### **Require training and professional development for service providers on sexual orientation, gender identity, and serving LGBTQ youth.**

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

### **Require ORI contracting agencies to provide referrals and other services for LGBTQ youth.**

LGBTQ refugees and migrants are susceptible to isolation and violence within their ethnic, national, and religious communities of origin. Because of prior experience, LGBTQ refugees and immigrants may also distrust service providers who share their background. Moreover, isolation from a supportive community and social, legal, medical and other resources can leave refugees vulnerable to violence and exploitation by people outside their communities of origin. Not all contracting organizations currently have the capacity to fully serve LGBTQ refugees and youth, although we are eager to support them as they seek to increase their capacity to do so. We recommend that ORI work with contracting organizations to add language in relevant brochures and relevant print materials to provide resources, and to indicate that they work with LGBTQ communities and/or refer clients to service organizations that do have the capacity to work with LGBTQ youth.

# Department of Transitional Assistance

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The Department of Transitional Assistance (DTA) assists low-income individuals and their families to meet their basic needs, increase their incomes, and improve overall quality of life, including families who are LGBTQ and/or have LGBTQ youth, as well as young people up to 26 years of age. We welcome continued collaboration with Commissioner Jeff McCue and appreciate the work that has already been done to make the local DTA offices more affirming of LGBTQ youth. We congratulate DTA for their work in successfully drafting, finalizing, and approving a new nondiscrimination policy and guidance that incorporates sexual orientation and gender identity and agreeing to provide customer service training to all caseworkers.

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## DTA RECOMMENDATIONS

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

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## BACKGROUND & RESEARCH

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According to a national study by the Williams Institute, LGBT people are disproportionately food insecure. Indeed, LGB adults aged 18 to 44 raising children are nearly two times more likely than their heterosexual counterparts to receive SNAP benefits. For youth ages 18 to 24, the data are also stark: 26 percent of LGB youth participate in SNAP, compared to 17 percent of heterosexual youth.<sup>56</sup>

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<sup>56</sup> Gates, G. J. (2014). Food Insecurity and SNAP (Food Stamps) Participation in LGBT Communities. Williams Institute, retrieved from <http://williamsinstitute.law.ucla.edu/research/health-and-hiv-aids/lgbt-people-are-disproportionately-food-insecure/>



More broadly, data indicate that LGBTQ communities are particularly vulnerable to poverty. Commonly cited estimates suggest that approximately 40 percent of homeless youth are LGBTQ and that one in five transgender individuals between the ages of 18 and 24 have experienced homelessness, many of whom have experienced neglect, abuse, or violence.<sup>57</sup> According to one analysis of national census data, individuals in same-sex couples are more likely than their counterparts in different-sex couples to report receiving TANF.<sup>58</sup> Poverty rates are especially high among some LGBTQ parents and some LGBTQ communities of color.<sup>59</sup>

LGBTQ young people – whether living with their family of origin, surviving on their own, or parenting a child - often face barriers to accessing the supports they need. These barriers can include perceived social stigma surrounding public benefits as well as distrust of providers who can connect them to support services. These feelings often originate from their own prior experiences or the prior experiences of their friends and families.

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## EXPANDED RECOMMENDATIONS

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### **Designate staff to implement LGBTQ-inclusive policies within DTA services and contract agencies.**

As exemplified by the LGBTQ liaisons within the Department of Children and Families, designating staff to focus on cultural competence and expertise tremendously catalyzes the implementation of policies and practices that improve services for LGBTQ youth. We urge the department to create an internal working group and specifically charge the group to: (1) advise on the implementation of clear nondiscrimination policies and dissemination of LGBTQ-affirming materials; (2) perform quality assurance of providers' policies; (3) disseminate guidance on transgender client service and program access; and (4) review contracts with DTA-funded agencies to ensure that adequate gender identity anti-discrimination protections are in place.

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<sup>57</sup> Cray, A., Miller, K., and Durso, L. E. (2013). Seeking Shelter: The Experiences and Unmet Needs of LGBT Homeless Youth. Center for American Progress (2013), retrieved from <https://www.americanprogress.org/wp-content/uploads/2013/09/LGBTHomelessYouth.pdf>; Hussey, H. (2015). Beyond 4 Walls and a Roof: Addressing Homelessness among Transgender Youth. Center for American Progress, retrieved from <https://cdn.americanprogress.org/wp-content/uploads/2015/02/TransgenderHomeless-report2.pdf>

<sup>58</sup> Badgett, L. M.V., Durso, L. E., and Alyssa Schneebaum, A. (2013). New Patterns of Poverty in the Lesbian, Gay, and Bisexual Community. Williams Institute, retrieved from <http://williamsinstitute.law.ucla.edu/wp-content/uploads/LGB-Poverty-Update-Jun-2013.pdf>

<sup>59</sup> Center for American Progress and the Movement Advancement Project. (2014). Paying an Unfair Price: the Financial Penalty for Being LGBT in America. Retrieved from <http://www.lgbtmap.org/file/paying-an-unfair-price-full-report.pdf>

**Provide LGBTQ cultural competency training for all staff, especially those caseworkers involved in direct service provision.**

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

**Require vendors to provide training and professional development to caseworkers on sexual orientation, gender identity, and the needs of LGBTQ youth.**

Understanding the needs of LGBTQ youth is critical to providing responsive, trauma-informed services to LGBTQ youth, not only within state agencies but also within vendors providing state services. We recommend that all youth-serving employees within contracting agencies attend mandatory LGBTQ cultural competency training, with the specific goal of supporting employees in addressing the unique needs of LGBTQ youth. We recognize that DTA works in collaboration with DCF and other state agencies, and encourage departments to work together to address these needs. Collaborating with other agencies and community partners where appropriate may be of benefit to DTA and LGBTQ youth in addressing these needs.

# Department of Youth Services

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The Department of Youth Services (DYS) is the state agency charged with serving youth in pre-trial detention or youth committed as juvenile delinquents or youthful offenders. DHS has led the nation in developing and implementing policy and guidelines to prohibit discrimination and harassment against LGBTQ youth. The DHS policy and guidelines, which became effective on July 1 of 2014, were developed through collaboration with community advocates, including members of the Commission. DHS has received state and national recognition for their work on behalf of LGBTQ young people.

DYS staff have kept members of the Commission abreast of their progress, and we congratulate them on their commitment to training all individuals who work for DHS and contracting organizations. We encourage DHS leaders to join the full Commission to update us on their efforts sometime in calendar year 2017.

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## DYS RECOMMENDATIONS

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- 1. Continue to test and validate methods to ensure that intake forms are LGBTQ-inclusive and affirming, and implement routine, state-led collection of data on sexual orientation and gender identity through DHS clinicians.**
- 2. Review educational and clinical curricula on an on-going basis in order to increase awareness of the diversity of youth in DHS care.**
- 3. Continue to provide LGBTQ training curriculum for existing and incoming staff and vendors, and evaluate the effectiveness of such trainings.**
- 4. Implement training designed for and led by youth aimed at increasing respect for and leadership among LGBTQ young people and allies.**
- 5. Brief the Commission on its efforts to reduce and eliminate physical and sexual harassment of youth in custody, and provide any data it has on disparities in rates of such harassment affecting LGBTQ youth in custody.**

*“I’ve seen major changes. The first transitioning youth that came in to DYS was restricted from undergarments and clothing because of safety and security. We brought up that should not be the case. Undergarments was something we really pushed for, and DYS actually pushed for those and now we can make them available. One of the greatest things I noticed was that now all DYS staff have to go through basic training, including a very large LGBTQI component. That has made a big difference with those staff going on the floor.”*

*– Service Provider, Southeastern Massachusetts*

*“A challenge for us is accessing more curricula. A lot of the things we come across are very heteronormative. We’re trying to piecemeal them. It’s like, this doesn’t reflect me or my life or my family. That’s really tough when you want to provide services and you want to reflect the population you’re serving. I don’t want to see this top-down education that doesn’t involve young people and what works best for them and what language they use. We’re human services and we’re well intentioned, but I don’t want to leave that population out. Our youth have educated us on a lot of things we didn’t know.”*

*– Service Provider, Southeastern Massachusetts*

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## **BACKGROUND & RESEARCH**

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Research from across the country suggests that LGBTQ youth are overrepresented within the juvenile justice system, with approximately 20 percent of youth in detention facilities identifying as LGBTQ.<sup>60</sup> These youth may come in contact with the system after experiencing family rejection, homelessness, school harassment, and “survival crimes” such as theft or sex work. Massachusetts Youth Risk Behavior Survey data from 2015 indicate that LGBTQ youth are more likely to be gang-involved than non-LGBTQ youth, skip school because they feel unsafe, and be involved in a fight at school. LGBTQ girls are especially likely to be system-involved, with approximately 40 percent of

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<sup>60</sup> Irving, A. and Gilbert, C. (2015). LGBT and Gender-Nonconforming Youth in Juvenile Justice: Building an Equitable System with Data, Training, and Policy. Center for Juvenile Justice, retrieved from <http://www.juvjustice.org/webinars-and-trainings/resources>

girls – disproportionately girls of color – in juvenile detention facilities identified as LGBTQ or gender-nonconforming.<sup>61</sup>

There is an emerging body of literature indicating that LGBTQ youth are punished more harshly than their heterosexual and non-transgender peers. LGBTQ youth are punished more harshly in schools and in the court system, a pattern not explained by rates of infraction.<sup>62</sup> LGBTQ youth also report being suspended or expelled from school at higher rates than heterosexual students.<sup>63</sup> This disparity in treatment by law enforcement is especially pronounced among girls. Lesbian and bisexual girls are 50 percent more likely to be stopped by police, and twice as likely to be arrested and convicted, even though they do not engage in higher levels of misconduct compared to heterosexual girls.<sup>64</sup> National studies have found that youth workers often punish justice-involved LGBTQ youth for their sexual orientation or gender identity and expression, or attempt to change them.

LGBTQ youth are treated more harshly in sentencing than heterosexual peers. They are sometimes viewed as sexually predatory, and detained as a result. Sometimes youth flee prior placements due to anti-LGBT harassment; courts and probation officers see them as flight risks, further detaining them without providing supportive counseling to address the victimization they experience. Youth released to their parents must obey “home rules,” even if their parents’ rules are not LGBTQ-affirming, putting them at further risk of violation and coming back into the system. “At every state of the process, services and placements competent to serve LGBT youth are lacking,” write Majd, Marksamer and Reyes in *Hidden Injustice: Lesbian, Gay, Bisexual, and Transgender Youth in Juvenile Courts*.<sup>65</sup>

Once in the juvenile justice system, LGBTQ youth are at heightened risk of violence and discrimination. The U.S. Bureau of Justice Statistics (BJS) reports that non-heterosexual youth in

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<sup>61</sup> Irvine, A. (2015). Time to Expand the Lens on Girls in the Juvenile Justice System. National Council on Crime and Delinquency, retrieved from <http://www.nccdglobal.org/blog/time-to-expand-the-lens-on-girls-in-the-juvenile-justice-system>

<sup>62</sup> Himmelstein K. and Brickner H. (2010). Criminal-Justice and School Sanctions Against Nonheterosexual Youth: A National Longitudinal Study. *Pediatrics* 127(1): 49-57; Poteat, V.P., Scheer, J.R., and Chong, E.S.K. (2016). Sexual Orientation-Based Disparities in School and Juvenile Justice Discipline Practices: Attending to Contributing Factors and Evidence of Bias. *Journal of Educational Psychology* 108(2): 229-241.

<sup>63</sup> Ibid.

<sup>64</sup> Majd, K., Marksamer, J. and Reyes, C. (2009). *Hidden Injustice: Lesbian, Gay, Bisexual, and Transgender Youth in Juvenile Courts*. San Francisco, California: Legal Services for Children and National Center for Lesbian Rights, retrieved from [http://www.equityproject.org/wp-content/uploads/2014/08/hidden\\_injustice.pdf](http://www.equityproject.org/wp-content/uploads/2014/08/hidden_injustice.pdf)

<sup>65</sup> Ibid.

custody are twice as likely as their detained heterosexual peers to report sexual victimization while in detention and are nearly 7 times more likely than heterosexual youth to report sexual victimization by another youth.<sup>66</sup> Protocols designed to offer better safeguards for LGBTQ youth in detention are a critical piece of efforts to effect safer and more respectful management of youth. These protocols also stand to benefit all youth in custody. Heterosexual youth and cisgender youth can also be victimized by prejudice motivated by bias against LGBTQ individuals. Strict enforcement of nondiscrimination and anti-harassment policies for LGBTQ youth can therefore benefit all youth in custody.

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## EXPANDED RECOMMENDATIONS

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### **Continue to test and validate methods to ensure that intake forms are LGBTQ-inclusive and affirming, and implement routine, state-led collection of data on sexual orientation and gender identity through DYS clinicians.**

The DYS policy rightly calls for protection of the confidentiality of information about sexual orientation and gender identity if it is self-disclosed by youth. It states that, “In order to better understand and help the population DYS serves, DYS will collect statistics on the number of LGBTQI and GNC youth in its care consistent with the youth’s confidentiality requests. Youth that self-identify as LGBTQI or GNC will be asked if they will agree to such information being reported to a Central Office DYS Staff for record keeping purposes only.” The Commission recommends that DYS continue to examine the success of data collection efforts. The Commission is eager to connect DYS to outside resources if further refinement is necessary.

### **Review educational and clinical curricula on an on-going basis in order to increase awareness of the diversity of youth in DYS care.**

As standards for working with LGBTQ young people in out-of-home settings continue to develop, a commitment to regularly review the content of educational and clinical curricula for efficacy in working with young people and alignment with best practices is key to ensuring that DYS staff and providers continue to be equipped with the tools they need to support LGBTQ youth. Relevant

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<sup>66</sup> Beck A. J., Cantor D., Hartge J., and Smith T. (2013). Sexual Victimization in Juvenile Facilities Reported by Youth, 2012. Bureau of Justice Statistics, retrieved from <http://www.bjs.gov/content/pub/pdf/svjfry12.pdf>.

staff should also have access to regularly updated information about the community resources available to LGBTQ young people.

**Continue to provide LGBTQ training curriculum for existing and incoming staff and vendors, and evaluate the effectiveness of such trainings.**

It is essential that trainings be evaluated for effectiveness to ensure that staff, volunteers, and interns are gaining cultural competency to serve LGBTQ youth and eliminate harassment and discrimination against them by staff and other youth. It is also important that the new policy and guidelines be evaluated for effectiveness.

**Implement training designed for and led by youth aimed at increasing respect for and leadership among LGBTQ young people and allies.**

Promoting supportive attitudes among youth in DYS care is key to improving the experience of LGBTQ young people within the system. Making peer leadership opportunities available can foster discussion about diversity among DYS youth while providing young people with pathways to develop key skills.

**Brief the Commission on its efforts to reduce and eliminate physical and sexual harassment of youth in custody, and any data it has on disparities in rates of such harassment affecting LGBTQ youth in custody.**

Disproportionate rates of physical and sexual abuse against non-heterosexual youth in custody exist across the United States. DYS's new policy and guidelines are a critical step toward reducing and eliminating such abuse in Massachusetts. This information will also support federally mandated PREA efforts to better understand the extent of victimization, assault, and harassment in juvenile residential and community settings. The Commission looks forward to learning of efforts to reduce physical and sexual victimization within DYS, especially with regard to LGBTQ youth in custody.

# Executive Office of Public Safety and Security

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The Executive Office of Public Safety and Security (EOPSS) oversees several agencies that impact the lives of LGBTQ youth and young adults, including the State Police, Department of Correction, Sex Offender Registry Board, Municipal Police Training Committee, and Parole Board. The Commission is encouraged by the nationally recognized work that has been accomplished within the juvenile justice system in Massachusetts, and we hope that the momentum from these efforts will carry forward throughout the agencies that comprise EOPSS. There are several positive training initiatives that provide a precedent for working on LGBTQ issues within public safety sectors, including a training on LGBTQ cultural competency undertaken by the Cambridge Police Department. We look forward to developing a relationship with EOPSS to ensure fair and respectful treatment of LGBTQ young people who encounter public safety systems.

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## EOPSS RECOMMENDATIONS

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### 1. Appoint a liaison to work with the Commission.

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## BACKGROUND & RESEARCH

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Homelessness, financial insecurity, family rejection, and poor school climates mean that LGBTQ young people are disproportionately likely to come into contact with the public safety and criminal justice systems. Often, these interactions start while youth are still minors and continue into their early adulthood. For instance, nationally, lesbian, bisexual, and questioning girls in detention are approximately twice as likely as their heterosexual peers to have been detained for engaging in the sex trade, and gay, bisexual, and questioning boys are approximately ten times as likely.<sup>67</sup> LGBTQ youth are also more likely than their peers to be detained for status offenses such as truancy, running away from home, and for probation violations.<sup>68</sup>

Indeed, national research found that nearly three quarters of all LGBTQ people and people living with HIV/AIDS had contact with police in the previous five years. Additionally, a quarter of respondents who had recently had in-person contact with police reported experiencing misconduct

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<sup>67</sup> Irvine, A. (2010). We've Had Three of Them. Columbia Journal of Gender and Law, 19(3): 675-701. Retrieved from <http://www.nccdglobal.org/sites/default/files/content/weve-had-three-of-them.pdf>

<sup>68</sup> Gilbert, C. and Hussey, H. (2015). Young, Queer, and Locked Up: LGBTQ Youth in the Adult Criminal Justice System. Campaign for Youth Justice, retrieved from <http://campaignforyouthjustice.org/news/blog/item/young-queer-and-locked-up-lgbt-youth-in-the-adult-criminal-justice-system>



or harassment, such as profiling, false arrests, verbal or physical assault, or sexual harassment or assault, with higher rates among LGBTQ respondents of color and low-income respondents.<sup>69</sup>

Within detention settings, LGBTQ individuals are at increased risk for violence and victimization. While we have relatively little data specific to Massachusetts, data from the Bureau of Justice Statistics suggest that nationally, non-heterosexual prison inmates experience sexual victimization from other inmates at about ten times the rate of their heterosexual counterparts, and that they experience sexual victimization from staff at more than twice the rate of heterosexual inmates.<sup>70</sup> In addition to specific experiences of violence, stigma can have a significant impact on LGBTQ incarcerated people: one survey of LGBTQ prisoners found that 70 percent of respondents had experienced emotional pain from hiding their sexuality, and 78 percent of transgender respondents had experienced pain from hiding their gender identity.<sup>71</sup>

Given these national data, Massachusetts has an opportunity to lead the nation by creating strong policy and guidance, providing training, and implementing data collection related to LGBTQ individuals in detention settings.

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## EXPANDED RECOMMENDATIONS

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### **Appoint a liaison to work with the Commission.**

The Commission conducts our work through bringing together key policymakers and agency personnel with Commission members who are experts in their fields. We are eager to open a relationship with EOPSS in order to explore new areas for collaboration and potential initiatives, and we urge EOPSS to make one or more liaisons to the Commission available to discuss our future work.

## Registry of Motor Vehicles

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<sup>69</sup> Hanssens, C., Moodie-Mills, A., Ritchie, A., Spade, D., Vaid, U. (2014). A Roadmap for Change: Federal Policy Recommendations for Addressing the Criminalization of LGBT People and People Living with HIV. New York: Center for Gender and Sexuality Law at Columbia Law School, [https://web.law.columbia.edu/sites/default/files/microsites/gender-sexuality/files/roadmap\\_for\\_change\\_full\\_report.pdf](https://web.law.columbia.edu/sites/default/files/microsites/gender-sexuality/files/roadmap_for_change_full_report.pdf)

<sup>70</sup> Beck, A. J., Berzofsky, M., Caspar, R., and Krebs, C. (2013). Sexual Victimization in Prisons and Jails Reported by Inmates, 2011-12. U.S. Department of Justice, Bureau of Justice Statistics, retrieved from <http://www.bjs.gov/content/pub/pdf/svpjri1112.pdf>

<sup>71</sup> Lydon, J., Carrington, K., Low, H., Miller, R., and Yazdy, M. (2015). Coming out of Concrete Closets: A Report on Black and Pink's National LGBTQ Prisoner Survey. Retrieved from <http://www.blackandpink.org/wp-content/uploads/Coming-Out-of-Concrete-Closets.-Black-and-Pink.-October-21-2015..pdf>

The Massachusetts Commission on LGBTQ Youth is pleased to have an ongoing relationship with the Registry of Motor Vehicles (RMV), and we are grateful for the attention of dedicated RMV staff to issues impacting vulnerable LGBTQ youth. In the wake of the passage of REAL ID legislation in Massachusetts, we are committed to supporting the RMV on implementation that best meets the needs of LGBTQ young people.

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## RMV RECOMMENDATIONS

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- 1. Implement cultural competency training for all line staff and ensure implementation of best practices for gender marker change requests.**
- 2. Develop an action plan for broadening gender marker designations beyond existing “male” and “female” categories.**
- 3. Establish streamlined procedures and community outreach initiatives to facilitate access to identification cards for unaccompanied homeless youth and other young people at risk for housing instability.**
- 4. Finalize and implement a nondiscrimination policy.**

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## BACKGROUND & RESEARCH

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Accurate and up-to-date identity documents are critical for LGBTQ young people to be successful in pursuing education and employment, accessing services, and opening bank accounts. In short, they are a crucial component for a successful transition to adulthood.

Having identification (ID) with the correct name and gender designation is particularly important to the safety of transgender young people. A recent study found that nearly one third of transgender individuals who showed ID incongruent with their gender presentation had a negative experience such as being harassed, denied services, or attacked.<sup>72</sup> Massachusetts received an “A+” rating from the National Center for Transgender Equality for its driver’s license and ID policy regarding gender markers, putting the Commonwealth ahead of more than 35 other states. However, the Commission has heard from community groups that some transgender individuals changing their gender

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<sup>72</sup> James, S.E., Herman, J.L., Rankin, S., Keisling, M., Mottet, L., and Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. National Center for Transgender Equality. <http://www.transequality.org/sites/default/files/docs/usts/USTS%20Full%20Report%20-%20FINAL%201.6.17.pdf>

designation still report negative experiences at branch offices, including staff confusion about agency policy, unfriendly attitudes, being laughed at, or hearing staff talking about them and their appearance while processing forms.

In the fall of 2014, the Commission held a Boston-area convening of youth-serving community organizations. Providers and young people identified lack of access to state-issued identification as a major barrier to services for homeless and low-income youth. Young people sometimes leave their homes of origin in a hurry, and returning for ID cards may be physically or emotionally unsafe. In other instances, ID cards are stolen, lost, or confiscated while youth are experiencing homelessness. Furthermore, even a \$25 fee to obtain ID cards may be out of reach for young people experiencing homelessness. Other barriers include requirements for minors to obtain parental consent, as well as residency requirements that necessitate a specific address.

Many other states have taken action to address these barriers while maintaining compliance with the federal REAL ID regulations.<sup>73</sup> Additionally, national partners such as the American Bar Association and the U.S. Interagency Council on Homelessness have identified ID documents as an important issue for young people experiencing homelessness.<sup>74</sup>

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## EXPANDED RECOMMENDATIONS

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### **Implement cultural competency training for all line staff and ensure implementation of best practices for gender marker change requests.**

In order to ensure uniform implementation of state law and LGBTQ cultural competency across the Registry, the Commission urges the RMV to implement trainings on serving LGBTQ individuals, with a focus on branch workers who process gender designation forms. The Commission is eager to assist the RMV in finding community partners or training providers.

### **Develop an action plan for broadening gender marker designations beyond existing “male” and “female” categories.**

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<sup>73</sup> Mirza, S. A. (2016). State ID Card Policies for LGBTQ Youths Experiencing Homelessness. Center for American Progress. Retrieved from: <https://www.americanprogress.org/issues/lgbt/reports/2016/09/28/144928/state-id-card-policies-for-lgbtq-youths-experiencing-homelessness/>

<sup>74</sup> Owens, M. (2016). *Enhancing Access to Legal Services for Youth Experiencing Homelessness*. United States Interagency Council on Homelessness. <https://www.usich.gov/news/enhancing-access-to-legal-services-for-youth-experiencing-homelessness>

A growing number of Massachusetts agencies and other states are recognizing that offering only two options when requesting gender information is limiting. For instance, the Massachusetts Department of Elementary and Secondary Education introduced the ability to select “nonbinary” as a gender category in its student database at the start of the 2016 academic year. Courts in Oregon and California have also allowed residents to legally change their genders to nonbinary. As the Registry updates existing systems, the Commission is eager to work together in partnership with community groups to identify an appropriate third gender designation and create an implementation plan.

**Establish streamlined procedures and community outreach initiatives to facilitate access to identification cards for unaccompanied homeless youth and other young people at risk for housing instability.**

The Commission applauds the RMV for assisting at-risk populations such as veterans and incarcerated adults in obtaining ID. Unaccompanied youth experiencing homelessness are an additional population facing unique barriers to ID. The Commission recommends that the RMV consider existing models to improve access, such as removing the requirement of parent or guardian consent for youth over the age of 14, expanding accepted forms of supporting identification, and appointing a designated service coordinator for unaccompanied youth. We also suggest considering unaccompanied youth in community outreach initiatives – for instance, by coordinating with other state agencies serving vulnerable young people or by participating in youth- or LGBTQ-targeted events.

**Finalize and implement a nondiscrimination policy.**

The Commission appreciates the RMV’s collaboration in drafting policy and guidance to promote nondiscriminatory services for LGBTQ young people. We urge the RMV to finalize and implement a policy and best practice guidance as a foundation for the Registry.

## Regional Transit Authorities

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

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### RTA RECOMMENDATIONS

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

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### BACKGROUND & RESEARCH

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A 2012 GLSEN report indicated that LGBTQ youth living in rural areas were significantly less likely to have access to community groups or programs providing affirming spaces and vital support services; only 30 percent of rural LGBTQ youth reported having access to such a group in their community compared to 51 percent of their urban counterparts.<sup>75</sup> These trends hold true in Massachusetts.

In 2012, the Commission held Public Hearings in Boston and Holyoke for LGBTQ youth, their families, and service providers across the state. In testimony in Holyoke, youth and adult allies spoke

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<sup>75</sup> Palmer, N. A., Kosciw, J. G., & Bartkiewicz, M. J. (2012). Strengths and Silences: The Experiences of Lesbian, Gay, Bisexual and Transgender Students in Rural and Small Town Schools. Gay, Lesbian & Straight Education Network. <http://glsen.org/sites/default/files/Strengths%20%26%20Silences.pdf>

of difficulty in accessing resources – and each other – due to a lack of public transit options. As one provider testified, “Communities like Holyoke are really isolated. There’s nowhere to get on the bus. Unless you’re downtown where everyone is, you’re not accessible to a youth. When you live in Holyoke and when you live in communities where there’s not a lot of transportation, you’re so much more isolated.”

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

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## EXPANDED RECOMMENDATIONS

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### **Establish a pilot project in one or more RTA programs to conduct needs assessments with respect to transportation needs, barriers, and best practices with LGBTQ youth and LGBTQ community groups.**

Following Public Hearings in 2012, the Commission held two focus groups with youth in Western Massachusetts in the spring of 2013. In both focus groups, geographic isolation from other LGBTQ youth and an inability to access regional programs and services emerged as key themes. These anecdotes aside, the state does not have a clear assessment of the transportation needs of LGBTQ youth, particularly in rural areas. In order to evaluate whether existing transit infrastructure can meet the demonstrated needs of LGBTQ youth, we recommend that MassDOT identify RTAs that are able to work with school and community-based groups to collect data regarding barriers to accessing local and regional resources, perhaps as part of the Beyond Boston Initiative. Such an initiative should address knowledge of existing transportation resources and identify opportunities for improved service delivery or resource coordination. We recommend RTAs in western or north-central Massachusetts, and suggest that the pilot rely on LGBTQ youth-serving organizations such as the GLBT Youth Group Network of Massachusetts (AGLY Network) and the Massachusetts

GSA Student Leadership Council in order to gather the information needed to effectively coordinate existing transit options and appropriately direct new resources.

**Include LGBTQ youth groups in MassDOT-facilitated resource and service plan assessments.**

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

# Massachusetts Board of Library Commissioners

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

The Commission is pleased to have established a partnership that allowed the Commission to engage librarians around issues impacting LGBTQ youth. We congratulate MBLC on this year assessing the availability of single-stall, gender-neutral bathrooms among libraries in the Commonwealth. We look forward to continuing to act as a resource for this agency.

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## MBLC RECOMMENDATIONS

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- 1. Promote discussion of LGBTQ youth issues or representation from LGBTQ voices within conferences and other spaces where resources are shared between librarians.**

*“The youth librarian at our public library is always happy to help my daughter find LGBTQ books, though she usually has to get them from one of the other libraries in our consortium. I'd love to see more rainbow flags in town; more safe space stickers. As a parent I don't need a support group, but I feel pretty isolated as the mother of a gay teen. It would be great to see more thought given to LGBTQ youth by the community center and the library and the parks and rec department.”*

*– Parent, North Shore*



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## BACKGROUND & RESEARCH

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Libraries are a vital resource for LGBTQ youth and their supporters, including, increasingly, access to information technology. Although libraries account for only a small percentage of Massachusetts municipal spending, they provide some of the most-accessed services statewide.

Libraries have great potential for serving all youth. For privacy reasons, libraries do not generally collect demographic data on their users, so the number of LGBTQ youth accessing library services is unknown. Libraries can nonetheless take steps to be welcoming for LGBTQ youth by providing programming and materials relevant to their concerns and helping them access information technology. Indeed, one study found that 47 percent of the homeless youth in its sample reported public libraries were the main sites granting them access to the internet, which permits communication with family, friends, caseworkers, and prospective employers.<sup>76</sup>

Libraries can also support the youths' loved ones and agencies wishing to serve them. Many librarians are familiar with social disparities and work hard to improve access to library services for a variety of underserved constituencies. Resource lists, such as the American Library Association's Rainbow Project Book List, for example,<sup>77</sup> are easily accessed and widely used, but library patrons may be unaware of them. We look forward to working with the MBLC and its constituent libraries to increasing youth, family, and community access to such information and supports.

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## EXPANDED RECOMMENDATIONS

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**Promote discussion of LGBTQ youth issues or representation from LGBTQ voices within conferences and other spaces where resources are shared between librarians.**

Libraries offer critical resources for LGBTQ youth, which can be further strengthened by the exchange of ideas, resources, and best practices between staff and institutions. We encourage MBLC to facilitate such exchange by taking advantage of conference opportunities and by acting as a resource for libraries across the state on LGBTQ youth issues.

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<sup>76</sup> Hackl, A. (2014). "Helping Homeless Youth Stay Connected: LGBT Tech Connect 4 Life Program and Research." Retrieved from [http://lgbttechpartnership.org/wp-content/uploads/2014/08/LGBT-Tech\\_LGBT-Homeless-Youth-Connect-4-Life-Program-and-Research-2014.pdf](http://lgbttechpartnership.org/wp-content/uploads/2014/08/LGBT-Tech_LGBT-Homeless-Youth-Connect-4-Life-Program-and-Research-2014.pdf)

<sup>77</sup> American Library Association. Rainbow Project Book List. Retrieved from <http://www.ala.org/awardsgrants/rainbow-project-book-list>

# Department of Housing and Community Development

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The Department of Housing and Community Development (DHCD) is responsible for providing safe and affordable housing options for Massachusetts residents, including oversight of regional networks of shelter agencies and partners and housing stabilization and emergency assistance programs. Numerous constituencies within and outside state government have raised the issue of the critical housing needs of LGBTQ youth and young adults. We are eager to bridge the gap between youth needs and available services, and we appreciate the work DHCD has accomplished so far, including working to draft a nondiscrimination policy that incorporates sexual orientation and gender identity.

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## DHCD RECOMMENDATIONS

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- 1. Establish a coordinated and collaborative approach with relevant state agencies to ensure appropriate services for LGBTQ homeless youth.**
- 2. Provide LGBTQ cultural competency training to staff and providers to improve access to shelter and housing, including domestic violence services, for LGBTQ youth.**
- 3. Finalize, adopt, and distribute a policy and guidelines to promote safety and privacy of LGBTQ youth and/or those transitioning genders in shelters.**

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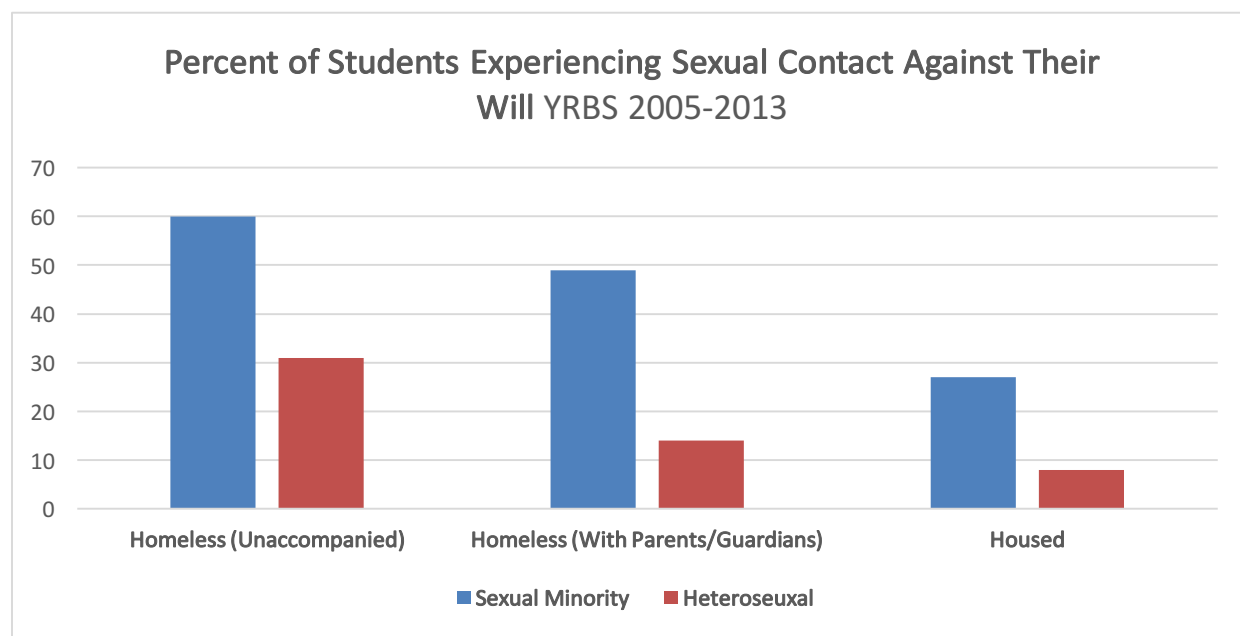
## BACKGROUND & RESEARCH

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Reports indicate that youth who are LGBTQ are at higher risk for homelessness than the general youth population, and are often subject to stigma and discrimination. Massachusetts Youth Risk Behavior Survey (YRBS) data from 2005 to 2013 suggest that sexual minority youth are more than four times as likely as other youth to report being homeless. Homeless LGBTQ youth and young adults struggle to access age-appropriate and affirming shelters and other living spaces. At hearings held by the Commission in 2012, LGBTQ youth and service providers reported that many youth feel safer sleeping outside or in abandoned buildings than in available shelters. As a result, homeless LGBTQ youth experience violence and victimization on a more frequent basis, and may engage in

the street economy or other survival behaviors that put them at increased risk of involvement with the juvenile and criminal justice systems, as well as negative health and safety outcomes.

Homelessness impacts not only homeless LGBTQ youth who are unaccompanied, but also those who are living with their families in unstable or unsheltered situations. In a national survey of providers serving LGBTQ homeless youth, family service providers estimated that of their total youth served, an average of 22 percent identified as LGBTQ and 3 percent identified as transgender.<sup>78</sup> Parents who are struggling to navigate homelessness may be in particular need of assistance from state agencies or providers in supporting and locating resources for their LGBTQ children.



Massachusetts-specific data confirms the testimony the Commission has received. YRBS data indicates significantly higher rates of substance use, bullying, suicide attempts, and sexual violence among homeless LGB youth than among housed LGB youth or housed or homeless heterosexual

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<sup>78</sup> Choi, S. K., Wilson, B. D. M., Shelton, J., Gates, G. (2015). Serving Our Youth 2015: The Needs and Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth Experiencing Homelessness. Los Angeles: The Williams Institute with True Colors Fund. Retrieved from <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Serving-Our-Youth-June-2015.pdf>

youth. Additionally, the data show that LGB youth are more likely than heterosexual youth to have ever been or gotten someone else pregnant, a factor that likely increases their need for services.<sup>79</sup>

The Commission seeks to ensure that homeless LGBTQ youth find appropriate housing in safe settings that are responsive to their particular needs, including youth who have aged out of foster care or other state-based facilities. The Commission is especially concerned about the unmet needs of transgender populations.

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## EXPANDED RECOMMENDATIONS

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### **Establish a coordinated and collaborative approach with relevant state agencies to ensure appropriate services for LGBTQ homeless youth.**

Preventing and eliminating youth homelessness will require resources and efforts coordinated across state agencies. We are eager to work with DHCD to support conversations around the needs of LGBTQ youth as part of larger collaborations.

### **Provide LGBTQ cultural competency training to staff and providers to improve access to shelter and housing, including domestic violence services, for LGBTQ youth.**

Many unaccompanied LGBTQ youth have experienced family rejection, discrimination, harassment, and various forms of violence and victimization. LGBTQ young people utilizing services through DHCD need supportive staff who can offer affirming and trauma-informed services. Data indicate that LGBTQ youth are more likely than other youth to experience domestic violence and that homeless LGB young people are significantly more likely to experience dating violence than housed LGB youth and housed or homeless heterosexual youth.<sup>80</sup> Studies also show that even a small change towards support and inclusion of LGBTQ youth achieves improved health and safety outcomes.<sup>81</sup> We also advise DHCD to collaborate with community resources and state-funded providers, including those specializing in LGBTQ domestic violence services, to provide cultural

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<sup>79</sup> Goodenow, C. (2016). Analysis of 2015 Massachusetts Youth Risk Behavior Survey data on behalf of the Massachusetts Commission on LGBTQ Youth. Unpublished.

<sup>80</sup> Dank, M., Lachman, P., Zweig, J.M. and Yahner, J. (2013). Dating Violence Experiences of Lesbian, Gay, Bisexual, and Transgender Youth. *Journal of Youth and Adolescence* 43(5); Goodenow, C. Analysis of YRBS data on behalf of the Massachusetts Commission on LGBTQ Youth. Unpublished.

<sup>81</sup> Ryan, C., Huebner, D., Diaz, R., and Sanchez, J. (2009). Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults. *Pediatrics* 123(1): 346-352.

competency trainings to staff and providers, and to partner with other state agencies on training initiatives where appropriate.

### **Adopt guidelines to promote safety and privacy of LGBTQ youth and/or those transitioning genders in shelters.**

Shelters serving homeless individuals and families should have LGBTQ-friendly living situations for LGBTQ youth accessing shelters with their parents or LGBTQ young people who are pregnant or are parents, as well as unaccompanied LGBTQ homeless youth. We recommend that DHCD consider model policies related to gender identity for its emergency family shelters. We note for example the model policy developed by GLAD for the Lynn Shelter and the Shelter for All Genders model policy developed by the Massachusetts Transgender Political Coalition.<sup>82</sup> In particular, we encourage DHCD to support emergency shelters in providing the option of at least one private bathroom and shower space for the safety and privacy of LGBTQ youth where possible, and to further recommend that youth have access to shared bathroom and changing facilities that are consistent with their gender identity. As is well documented, LGBTQ youth are frequently victims of sexual assault, bullying, ridicule, and physical violence. Research shows that even in states with LGBTQ nondiscrimination laws, many shelter providers still fail to provide equal and appropriate shelter consistent with their gender identity to transgender individuals – highlighting the need for specific guidance.<sup>83</sup> LGBTQ youth benefit from the added privacy of a private bathing space to contribute to their physical well being and emotional security.

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<sup>82</sup> GLAD. Gender IDentity Non-Discrimination Model Policy for Homeless Shelters. Retrieved from <http://www.glad.org/uploads/docs/publications/shelter-gi-non-discrimination-model-policy.pdf>; Massachusetts Transgender Political Coalition. (2013). Shelter for All Genders: Best Practices for Homeless Shelters, Services, and Programs in Massachusetts in Serving Transgender Adults and Gender Non-Conforming Guests. Retrieved from <http://www.masstpc.org/wp-content/uploads/2012/10/Shelter-for-all-Genders.pdf>

<sup>83</sup> Rooney, C., Durso, L.E., and Gruberg, S. (2016). *Discrimination Against Transgender Women Seeking Access to Homeless Shelters*. The Center for American Progress. <https://www.americanprogress.org/issues/lgbt/reports/2016/01/07/128323/discrimination-against-transgender-women-seeking-access-to-homeless-shelters/>

# Department of Career Services

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The Department of Career Services (DCS) oversees the state’s network of One-Stop Career Centers that assist businesses in finding qualified workers and provide job seekers with career guidance as well as referrals to jobs and training. The Commission recently worked in collaboration with DCS to update and revise its nondiscrimination policy to be LGBTQ-inclusive.

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## DCS RECOMMENDATIONS

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- 1. Partner with the Commission and social service providers to offer career readiness resources for LGBTQ youth who face barriers to employment.**
- 2. Finalize and distribute guidance on best practices for serving LGBTQ youth to all DCS staff and providers.**
- 3. Create and distribute model intake forms for DCS programs in line with best practices on LGBTQ data collection.**

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## BACKGROUND

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LGBTQ youth are more likely to experience a number of risk factors, such as homelessness, unsafe educational environments, or involvement with the juvenile and criminal justice systems, that make obtaining employment more difficult. Unsafe or under-resourced schools and disproportionate rates of school suspensions and arrests put LGBTQ youth of color in particular at a disadvantage when entering the workforce. The repercussions of obstacles to obtaining employment often follow LGBTQ youth, particularly transgender young people and youth of color, into their adult years, as indicated by unemployment statistics suggesting that transgender adults and LGBTQ adults of color experience unemployment rates significantly higher than the national average.<sup>84</sup>

A survey of LGBTQ youth of color aged 13 to 25 who live, work, or spend time in Boston found that while significant numbers of respondents reported having access to leadership development and skill-building opportunities, many were unable to translate that into work: only 57 percent reported

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

having a paid job or internship, with 34 percent saying they did not have a paid job or internship but would like to.<sup>85</sup> Approximately one in five respondents felt there was no more than a “50-50 chance” that they would have a good job by age 30.<sup>86</sup> To secure stable and meaningful employment, LGBTQ young people need access to quality career development programs that address the specific challenges they face, as well as employers who are willing to hire them.

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## EXPANDED RECOMMENDATIONS

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### **Partner with the Commission and social service providers to offer career readiness resources for LGBTQ youth who face barriers to employment.**

DCS is already committed to increasing youth employment, with a focus on youth populations who experience specific barriers to employment. We encourage DCS to partner with social service providers, local businesses, and other state agencies to offer resources aimed at addressing the career readiness needs of LGBTQ young people. The Commission is eager to collaborate with DCS to host a LGBTQ Youth Career Fair in order to link LGBTQ young people with employment opportunities and career development resources. Coordination with other youth-serving state agencies would maximize the impact of such an event for LGBTQ young people. We also recommend that DCS make LGBTQ resource lists available to youth-serving career centers to ensure that program staff are able to make appropriate referrals to LGBTQ-affirming services. The New York State Department of Labor has been active in partnering with LGBTQ youth homeless shelters and other providers to improve access to employment opportunities for LGBTQ youth, and we encourage DCS to rely on New York State as a model.<sup>87</sup>

### **Finalize and distribute guidance on best practices for serving LGBTQ youth to all DCS staff and providers.**

We commend the Department of Career Services for creating a set of guidelines outlining best practices for serving LGBTQ and gender-nonconforming youth. We look forward to seeing this

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<sup>85</sup> Conron, K., Wilson, J., Cahill, S., Flaherty, J., Tamanaha, M., and Bradford, J. (2015). *Our Health Matters: Mental Health, Risk, and Resilience among LGBTQ Youth of Color who Live, Work, or Play in Boston*. The Fenway Institute. [http://cdn2.hubspot.net/hubfs/308746/com2395-ourHealthMatters-report\\_v5-small.pdf?t=1448898437715](http://cdn2.hubspot.net/hubfs/308746/com2395-ourHealthMatters-report_v5-small.pdf?t=1448898437715)

<sup>86</sup> Ibid.

<sup>87</sup> New York Department of Labor. (2013). State Labor Department Announces At-Risk LGBTQ Youth Employment Initiative. Retrieved from <http://labor.ny.gov/pressreleases/2013/june-4-2013.shtm>

document finalized and distributed to all agency and program staff in order to ensure the consistent delivery of services in line with the Executive Office of Labor and Workforce Development's non-discrimination policy.

**Create and distribute model intake forms for DCS programs in line with best practices on LGBTQ data collection.**

Ensuring that young people feel that their identities are accurately reflected on paper is an important aspect of creating a welcoming environment. We recommend that DCS provide a model for program intake forms that include response options beyond "male" and "female." We also suggest that DCS explore whether there are ways to collect optional demographic information related to sexual orientation and gender identity from youth clients in order to better assess the employment needs of LGBTQ youth and how existing services are meeting them.



## GLOSSARY OF TERMS

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

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

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

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

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

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

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

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

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

**Gender Dysphoria (GD), Formerly known as Gender Identity Disorder (GID):** described as the extreme discomfort or distress resulting from a mismatch between one's biological sex and gender identity. Gender Dysphoria is also the formal diagnosis for transgender identity in the Diagnostic and Statistical Manual, fifth edition, (DSM 5). In order to be diagnosed with GD, one must have a marked incongruence between one's experienced/expressed gender and assigned gender for at least six months. In children, the desire to be another gender must be present and verbalized. The condition is associated with clinically significant distress or impairment in social, school, occupational, or other important areas of functioning. Not all members of the transgender community choose to take on the formal diagnosis, as there is still some stigma associated with a formal diagnosis.

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

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

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

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

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

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

**Latinx:** A person of Latin American origin or descent (used as a gender-neutral or non-binary alternative to Latino or Latina)

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

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

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

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

**PrEP:** pre-exposure prophylaxis (the taking of a prescription drug as a means of preventing HIV infection in an HIV-negative person).

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

**Queer:** an umbrella term that includes anyone who wants to identify as queer and who somehow feels outside the societal norms in regards to gender identity, sexual orientation, and sexual/romantic behaviors. The term may also serve as a political statement that advocates breaking gender and sexual binaries. Was formerly used as a derogatory term, but has been reclaimed in recent decades.

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

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

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

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

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

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

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

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

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

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

## CONTACT INFORMATION

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### FACEBOOK

<https://www.facebook.com/MCGLBTY/>

### TWITTER

@MassLGBTQYouth

### ONLINE

[www.mass.gov/cgly](http://www.mass.gov/cgly)

the 1990s, the number of people in the UK who are employed in the public sector has increased from 10.5 million to 12.5 million, and the number of people in the public sector who are employed in health care has increased from 2.5 million to 3.5 million (Department of Health 2000).

There are a number of reasons for this increase. One of the main reasons is the increasing demand for health care services. The population of the UK is ageing, and there is a growing number of people with chronic conditions such as heart disease, diabetes, and asthma. This has led to an increase in the number of people who need to be treated in hospitals and other health care settings.

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