



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

**ANNUAL POLICY RECOMMENDATIONS
FISCAL YEAR 2019**



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

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Primary authors (alphabetically): Jessica Hillman, Pedro Orta, and Corey Prachniak-Rincón

Contributors (alphabetically): Sasha Goodfriend, Briana Mendoza, Alexander Nally, Jeff Perrotti, Dharani Persaud, and Jason Wheeler

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For print copies, permissions, and other inquiries, contact corey.prachniak-rincon@state.ma.us.

Commission on LGBTQ Youth
250 Washington Street, DPH 4th Floor
Boston, MA 02108
(617) 624-5495

Facebook.com/masslgbtqyouth
Twitter @masslgbtqyouth
Instagram @masslgbtqyouth
<http://mass.gov/cgly>

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A Letter from Commission Leadership

May 10, 2018

Last year, we celebrated the twenty-fifth anniversary of the Massachusetts Commission on Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) Youth. Founded as a Governor's Commission in 1992 and reestablished by the legislature as an independent commission in 2006, the Commission on LGBTQ Youth is tasked with addressing the high rates of bullying and suicidal contemplation faced by LGBTQ youth, and making state services more accessible. The Commission works closely with many agencies and executive offices to ensure that, to the fullest extent possible, these recommendations reflect shared goals and that the Commission can support agencies in achieving them.

While this year's recommendations to individual agencies largely represent an update from those that came before, they also contain a new section of "core recommendations" that go beyond what individual agencies can achieve. These recommendations generally require action from the legislature, the Governor, or interagency collaboration. Some are straightforward and require the Commonwealth to follow states that have already taken action, such as our call to join the growing number of jurisdictions that have banned the practice of "conversion therapy." Other recommendations require research, conversation, and novel solutions, and should serve as a call to action for all those in state government to work together.

The first set of core recommendations relate to addressing discrimination and bias, which the Commission believes have a particularly strong correlation to the issue of bullying and suicide prevention. State and national data continuously demonstrate that, despite some progress in achieving legal equality, LGBTQ people face significant barriers in attending school, accessing services, gaining employment, finding housing, and living safely in their communities. This reality is particularly troubling with respect to LGBTQ youth, who rely on state institutions and their families to help shield them from mistreatment. While the Commonwealth has taken key steps towards offering such protections, including implementing anti-bullying initiatives and banning discrimination based on sexual orientation and gender identity, more can and should be done. The Commission's recommendations call for more training on LGBTQ cultural competency, implementation of practices to recognize gender identity diversity, protecting and strengthening antidiscrimination measures, and beginning a conversation on family acceptance.

The Commission is also issuing core recommendations specifically related to its three focus areas: homelessness, criminal justice, and health. The Commission selected these three focus areas because of their individual and concurrent relationships with instances of bullying, discrimination, and biases faced by LGBTQ youth, especially those of color. Over the past year, the Commission has begun new relationships with community groups and governmental partners to identify why LGBTQ youth of color are disproportionately impacted by issues such as homelessness and incarceration. These discussions, coupled with extensive research conducted by the Commission, led us to our selection of this year's core recommendations. These recommendations begin on page 7 and are followed on page 13 with the findings of our research.

The Commission has strived to recognize in the pages that follow the many successes that agencies have had in reaching their past goals and to celebrate the many champions of equality who work within our state government. At the same time, we would be remiss not to note the incredibly tenuous nature of the advancements that LGBTQ youth have seen, especially for those facing intersectional forms of discrimination. The past year has seen a shocking resurgence in white supremacy, and the Commission has heard from youth of color and White allies that the need to address racial justice – both for a better future and for their immediate safety in schools and communities – has never been greater. The #MeToo movement has shone light on widespread sexual harassment throughout all facets of our society, and the most recent statewide data shows that LGBTQ youth were three times as likely as others to have been forced into sexual contact against their will. Finally, the brave students leading the #NeverAgain campaign to end gun violence in schools are speaking to an issue that disproportionately affects LGBTQ youth in the Commonwealth, who are more than three times as likely as others to be injured or hurt with a weapon at school.

These challenging times nevertheless remind us of the powerful things that can happen when we help lift each other's voices and work together to create change. As the Commonwealth prepares to enter a new fiscal year, the Commission hopes that these recommendations will provide a useful guide for structural steps – both large and small – that can be taken to reduce the many disparities faced by LGBTQ youth.

Sincerely,



Alexander A. Nally
Chair



Sasha Goodfriend
Vice Chair



Corey Prachniak-Rincón
Director

Core Recommendations to the Legislature and Executive Branch

For Fiscal Year 2019, the Commission hereby issues the following core recommendations to the Executive and Legislative branches of the government of the Commonwealth. These recommendations are followed at page 13 with a detailed report, “The State of LGBTQ Youth in the Commonwealth,” which explains their importance for addressing the disparities that LGBTQ youth, particularly those of color, face today.

Reducing Bullying By Addressing Bias

See background of this topic on page 14

1. Require basic LGBTQ competency training for all state employees and contractors.

The Commission recommends that all state employees and contractors receive basic training in delivering competent and equitable services to LGBTQ individuals, free of bias and discrimination. The Commission has developed draft interagency training content, which could serve as a starting point or example for the Commonwealth to offer or require training for all. Also of interest in considering how to achieve this goal are the training programs that have come out of several individual agencies, including the Department of Youth Services (DYS) and Department of Mental Health (DMH), as well as the recently-completed training of the state Trial Court system.

“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, Massachusetts

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

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

3. Eliminate discrimination on the basis of gender identity and sexual orientation in all settings.

LGBTQ youth, especially transgender and gender-nonconforming youth, face widespread discrimination that can only be stemmed by state protections, including in public accommodations, schools, workplaces, and state services. The Commonwealth

should do everything in its power to prohibit discrimination based on gender identity and sexual orientation in all settings, as well as to ensure that the lived experience of LGBTQ youth reflects true inclusion and full participation as members of society. This might include programs to specifically aid transgender and gender-nonconforming youth in finding educational and employment opportunities to counter the exclusion they often face in these settings.

4. Establish an interagency collaboration to address familial rejection of LGBTQ youth.

As discussed in the research that follows these recommendations, family rejection is a root cause of many other disparities faced by LGBTQ youth, including with respect to homelessness, criminal justice, health, and more. In Fiscal Year 2019, the Commission will invite representatives from various government agencies and nonprofits to convene and discuss how to better understand and address the issue of familial rejection of LGBTQ youth in Massachusetts. The Commission hopes that this effort will result in various strategies to address this central cause of LGBTQ disparities through the action of both public and private entities. The Commission will encourage agencies to participate in this process and to work to address this issue within their own agency.

Preventing & Treating Homelessness

See background of this topic on page 16

1. Restore to previous levels the budget line items for prevention of youth homelessness and services for youth experiencing homelessness.

Funding is imperative to address homelessness among youth and young adults, specifically the line items for unaccompanied homeless youth services (4000-0007), the Residential Assistance for Families in Transition homelessness prevention program (7004-9316), and funding for LGBTQ young adults in the state's Housing First Initiative (7004-0104). The Commission also recommends funding at or above previous levels the budget line item for Youth At Risk Grants (YARG), which support safety net programs that can both prevent and aid in responding to homelessness.

"I'm a clinical social worker and therapist who has worked with LGBTQ youth, and my clients have shared concerns about lack of housing resources for youth experiencing housing instability, as well as a need for more programming and social services specific to LGBTQ youth of color. Youth on Fire and Boston GLASS are two amazing resources in the Boston area, but we definitely need more"

– Provider, Greater Boston Area

2. Prioritize funds allocated to homelessness prevention and services for release as early in the fiscal year as possible.

Delays in the release of funding for homelessness prevention and services cause irreparable harm to the affected population and the organizations that serve them, and should be avoided by prioritizing release of these funds.

"I always think about the fact that, in the absence of clearly defined public policy and support for LGBTQ youth, they are at higher risk of being traumatized, abused, disadvantaged, [and made] homeless, by the very system that is sworn to protect them."

– Parent and Advocate, Worcester

3. Improve access to state IDs for youth experiencing homelessness.

Proper identification is needed for youth to access services, housing, and employment, and is especially important for LGBTQ youth, who are more likely to face housing instability and discrimination in accessing services. Policies such as that represented in H. 2737 / S. 1906 of the 2017-2018 legislative session, which seeks to make access to IDs less costly and onerous for youth experiencing homelessness, would improve access.

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

LGBTQ youth are already more likely than others to face discrimination in their daily lives, and are also more likely to experience homelessness, a status that greatly increases the risk of facing bias and discrimination. The Commission recommends the creation of an explicit bill of rights for people experiencing homelessness that reflects common concerns raised by this population. It should include the rights to move freely while in public spaces, to be treated equitably by government agencies, to receive care in emergencies, and others such as those proposed in H. 695 / S. 46 of the 2017-2018 legislative session.

5. Improve the Youth Count survey and ensure LGBTQ inclusion.

The Youth Count is a critical source of data on LGBTQ and other youth who are experiencing homelessness or who are at risk for becoming homeless. This valuable collaboration between state and nonprofit entities, and the data it generates, can be strengthened through additional funding and participation. To ensure that LGBTQ youth are fully represented, the Commission specifically recommends increasing the number and diversity of the youth ambassadors who assist in the collection of data and growing the capacity of the entities involved to reach diverse youth across the state.

Reforming Criminal & Juvenile Justice

See background of this topic on page 20

1. Support organizations seeking to eliminate the school-to-prison pipeline and explore how to develop a comprehensive state plan to do so.

The school-to-prison pipeline is a pervasive problem that disproportionately affects LGBTQ youth and youth of color. The state should support work currently being done and explore a statewide plan that includes considerations of gender and sexuality, such as those presented in *Project Focus: Girls of Color's* recommendations on school culture and discipline reform in Boston-area schools for girls and young women of color. The Commonwealth should consider how to allocate more resources towards counselors and others trained to implement restorative justice rather than to seek additional resources for school resource officers (SROs). Eradicating the school-to-pipeline will also require the involvement of other entities involved in youth entering the juvenile and criminal justice systems, such as the child welfare system, which also serves a disproportionate number of LGBTQ youth.

2. Increase collection of data on sexual orientation and gender identity throughout the juvenile and criminal justice systems.

Data can provide insight into the disparities experienced and the needs faced by LGBTQ youth who are in the juvenile and criminal justice systems. New entities exploring these systems as created by S. 2371 of the 2017-2018 legislative session, such as the special commission regarding LGBTQ persons in prison and the Juvenile Justice Board, might be appropriate venues to explore options. The state should increase its collection of sexual orientation and gender identity (SOGI) data wherever possible in the criminal and juvenile justice systems, such as the proposal presented in Amendment 57 to S.2185 of the 2017-2018 legislative session, which would have mandated that vital records personnel gather SOGI data when an individual dies as the result of a crime or while incarcerated.

3. Ensure that memorandums of understanding (MOUs) regarding school resource officers (SROs) address LGBTQ disparities.

For schools that choose to use SROs, the MOUs between chiefs of police and school superintendents (as newly required under Section 27 of S. 2371 of the 2017-2018 legislative session) should be inclusive of the needs facing LGBTQ students. This should include a training requirement for SROs and school staff that includes LGBTQ cultural competency, implicit bias, best practices for addressing bullying, restorative justice models, and alternatives to disciplinary action. Additionally, MOUs should include language about which disciplinary actions can be referred to counselors or restorative justice practitioners instead of the juvenile and criminal justice systems.

4. Decriminalize consensual sexual relations among parties close in age.

Criminalization of consensual sexual relationships between minors discourages use of critical health services and contributes to the school-to-prison pipeline. It also presents the opportunity for LGBTQ youth to be targeted with discriminatory use of these laws as a means of punishing stigmatized relationships between LGBTQ young people. These relationships should be decriminalized with a policy such as that proposed in an amendment to H.3065 of 2017-2018, which would have removed criminal penalties for consensual relations among youth close in age.

5. Issue guidance on reporting consensual sexual relations between minors.

Given the harmful effects of the criminalization of consensual sexual relationships between minors as noted above, state entities can play a role in clarifying when such reporting should occur and in helping make clear to youth when they are able to seek services without fear of punishment.

Improving Health

See background of this topic on page 25

1. Ban the harmful and discredited practice of conversion therapy.

Eleven states and the District of Columbia have banned the practice of “conversion therapy” against minors, in which attempts are made to change the sexual orientation or gender identity of young people. Prohibiting conversion therapy protects children and adolescents from being subjected to harm through a practice that has proven not to work, inflicts suffering, and is outside the bounds of ethical or acceptable medical practice. The Commission urges Massachusetts to protect youth from this harm, ideally by passing legislation, such as H.1190 of 2017-2018.

“Conversion therapy has proven to be psychologically damaging to LGBTQ youth and poses a public health risk in mental health to a vulnerable population. Massachusetts should be leading on this issue, especially since the Commonwealth has enacted successful anti-bullying and anti-discrimination laws. The LGBTQ youth of Massachusetts can’t wait any longer.”

– Youth Advocate, Greater Boston

2. Ensure that comprehensive, age-appropriate, and LGBTQ-inclusive sexual health education is given in every school district and supported with adequate funding.

LGBTQ youth, especially those in areas that lack LGBTQ-focused health clinics, rely on schools to provide basic education on sexual health. Not only does sexual health education need to be inclusive and comprehensive, but it also must be provided at every school. To facilitate this, the state should ensure that adequate funding is allocated to support sexual health programming in schools, and supplement the state budget in areas where federal cuts might otherwise result in a reduction in staffing.

"Queer-inclusive sex ed is important because without it, there is no way for queer kids, without the resources, to know themselves to practice safe sex. In addition, proper queer sex ed would help destigmatize... queer relationships."

– High school student, GSA Leadership Council

3. Provide level or increased funding for the HIV line item (4512-0103) that provides critical services for LGBTQ youth, particularly LGBTQ youth of color.

LGBTQ youth are disproportionately impacted by HIV, with LGBTQ youth of color facing the highest disparities. While there have been some favorable developments in preventing the spread of HIV, the rate among young people continues to rise, and the uptake of pre-exposure prophylaxis (PrEP) as preventive treatment has been low. The state must remain vigilant and continue to support HIV services at or above previous levels, with a particular focus on LGBTQ youth of color, including for services relating to PrEP and safer sex education.

4. Prioritize funds allocated to sexual health for release as early in the fiscal year as possible.

Delaying the release of funds for HIV services causes irreparable harm to community organizations and the youth they serve, with LGBTQ youth of color being most affected. Given the critical need of those seeking HIV-related services, this funding must be prioritized for release as early in the fiscal year as possible.

5. Ensure that the response to the opioid crisis takes into account the specific needs of LGBTQ youth.

LGBTQ youth use heroin at 6.7 times the rate of non-LGBTQ youth in Massachusetts,² and given the preexisting higher rates of HIV among the LGBTQ youth population, they may also be disproportionately impacted by the spread of HIV and Hepatitis C related to increased opioid use. Any state plan regarding the opioid crisis and spending to combat this problem should identify LGBTQ youth as a priority population and ensure that youth, including LGBTQ youth and youth of color, have access to clean needles.

The State of LGBTQ Youth in the Commonwealth

In the twenty-six years since the Commission was founded by Governor William Weld, there have been remarkable improvements in LGBTQ equality. Increased visibility, acceptance, and civil rights of the LGBTQ community at large have likely contributed to what the Commission has noted as an increase in the number of youth openly identifying as LGBTQ and in youth coming out at earlier ages. However, many aspects of the mainstream LGBTQ movement – including its focus on same-sex marriage – have not had a proportionate effect on LGBTQ youth, especially subpopulations such as youth of color and those who identify as bisexual, queer, transgender, intersex, and asexual. The data are clear that LGBTQ youth, especially these marginalized subpopulations, still face high levels of bullying, stigma, and discrimination, which has resulted in socioeconomic and health disparities.

This report is divided into four sections, which roughly correspond with the four sections of core recommendations issued immediately above: bullying, abuse, and suicide risk; homelessness; juvenile and criminal justice; and health. While this report is not meant to serve as a comprehensive guide to all of the disparities that affect LGBTQ youth in Massachusetts, it does help to frame the Commission’s recommendations and to provide data on some of the areas in which these youth are most disparately impacted. The Commission sees all of these topics as relating back to the stigma, bias, and discrimination faced by LGBTQ youth, and the research is clear that they are all interrelated in powerful ways. Fully addressing issues like bullying and suicide risk among this population requires that the state examine both the root causes of these problems and the impacts that they have on things like criminal involvement and housing instability, and this report is designed to begin that conversation.

According to the 2015 Massachusetts Youth Risk Behavior Survey (MYRBS), the most recent survey currently available as of the publication of this report, 12.5% of Massachusetts high school students identify as LGBTQ. This figure includes 11.1% of students who describe themselves as gay, lesbian, bisexual, or questioning their sexual orientation, and 2.9% of students who are transgender or are questioning their gender identity, with significant overlap between these two groups resulting in the 12.5% total.³ Notably, the percent of students who identify as LGBTQ varies by gender and race. More female-identified than male-identified students reported being LGBTQ: 15.4% versus 9.4%, respectively. Among racial and ethnic groups, 18% of Latinx youth, 13% of multi-racial youth, 12% of White youth, 10% of Black youth, and 10% of Asian youth identified as LGBTQ.⁴

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. The Commission uses the acronym “LGBTQ” to describe the community in its broadest terms, even though it is not explicitly inclusive through letters like “I” to represent intersex youth or “A” to represent asexual youth; this is to reflect the acronym based on the current enacting legislation of the Commission and is not a reflection of

the omission of these identities. For the purposes of this report, “LGBTQ” should be read as broadly as possible except where indicated. The terms “LGB,” “LGBQ,” or “sexual minority” are sometimes used when describing data that does not include transgender or gender-nonconforming youth, and the terms “transgender” and “gender-nonconforming” are themselves used to represent a variety of people whose gender identity is something other than cisgender. Because summarizing the methodology of complex reports can be difficult with only a few words, the Commission encourages readers to refer back to the source material when they have questions about the exact population measured in a given statistic. For further information on language related to LGBTQ youth, see the glossary of terms provided in Appendix A.

I. Bullying, Abuse, and Suicide Risk

See related recommendations on page 7

Many of the disparities that LGBTQ youth face – including with respect to the Commission’s focus areas of homelessness, criminal justice, and health – relate back to issues of bullying, abuse, and rejection. These issues, in turn, reflect bias, stigma, and discriminatory attitudes that are deeply embedded in many aspects of society, including in core civic institutions that are designed to protect youth. For many years, the Commission has tracked trends relating to bullying and other forms of abuse faced by LGBTQ youth, and has regularly reported on these issues in its annual recommendations. Furthermore, the prevention of bullying and suicide remain at the core of the Commission’s work through its Safe Schools Program, which is run in collaboration with the Department of Elementary and Secondary Education (DESE). At its heart, bullying must be addressed by tackling the underlying issues of bias and discrimination that affect not only schools, but also other state institutions, families, and communities.

A. Bullying

The most recent available data shows that LGBTQ students in Massachusetts are twice as likely to experience bullying in school as are their non-LGBTQ peers, and are three times as likely as others to experience cyberbullying,⁵ a trend which is also seen nationally.⁶ Research has shown that school-based victimization against LGBTQ youth is linked to their mental health, and can cause higher levels of depression as well as suicidal ideation.⁷ Therefore, the disparate rate of bullying faced by LGBTQ youth is also tied to the community’s higher suicide risk, as discussed in detail below.

LGBTQ students in Massachusetts are also three times as likely as their peers to report being threatened or injured with a weapon at school in the past year and are twice as likely to say they carried a weapon to school in the past 30 days.⁸ Additionally, LGBTQ students are less likely to report feeling that they can talk to a teacher or school staff member about a problem they are having.⁹ It is therefore not surprising that LGBTQ students in Massachusetts remain more than four times as likely as their classmates to skip school due to feeling unsafe.¹⁰ This fact helps to explain the disparate rates of homelessness, criminal justice involvement, and health disparities

that the population faces, and indicates why the Commission has chosen these fields as its three priority areas.

B. Abuse

Data also point to disturbing rates of physical and sexual victimization among LGBTQ youth. For example, among students who have been on a date, 22.5% of LGBTQ respondents reported that a date hurt them physically, compared to 7.5% non-LGBTQ respondents reporting the same.¹¹ Additionally, state data shows that LGBTQ youth have experienced sexual contact against their will at six times the rate of their peers.¹² This fact highlights the importance of conversations about consent that are inclusive, age-appropriate, and science-based.

While the main sources of state data on youth health do not report on abuse by parents or guardians, other research indicates that this is also a risk. A report on LGBTQ youth of color in Boston found that more than half reported experiencing psychological abuse by an adult in their home “sometimes,” “often,” or “very often” before they turned 18, and more than one in three reported physical abuse.¹³ In addition to those facing abuse, many LGBTQ youth feel less supported by their families than do their non-LGBTQ peers. National 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.¹⁴ Another national study found that LGBTQ youth who have been rejected by their families experience 8.4 times higher risk of suicide, 5.9 times higher risk of depression, 3.4 times higher risk of substance use, and 3.4 times higher risk of unprotected sex than LGBTQ youth who feel supported at home.¹⁵

C. Suicide Risk

Twenty-six years after the Commission was created in part to support suicide prevention efforts for sexual minority youth, progress has been made in implementing supports and creating more affirming environments. However, suicide ideation and other mental health risks among LGBTQ youth remain high. According to the most recent data, 41% of LGBTQ youth in Massachusetts have seriously considered suicide in the past year, compared to 11% of their heterosexual, cisgender classmates.¹⁶ Equally distressing is that more than one in three transgender students and nearly one in four sexual minority students in Massachusetts report a suicide attempt in the previous year.¹⁷ Furthermore, 43% of LGBTQ students report intentional self-injury in the past year, such as cutting or burning themselves, compared to 14% of their non-LGBTQ peers.¹⁸

Research indicates that the “coming out” process for sexual minorities has various associations with increased risk for suicidal ideation. A study based on national YRBS data revealed that students with “sexual orientation discordance” – for example, students who reported that they were heterosexual but who had same-sex sexual relationships – were 70% more likely than others to have suicide ideation or attempts.¹⁹ This suggests that students who are questioning their sexual orientation or are in the process of coming out are at elevated risk during that time in their lives. Other research confirms this risk, with one study finding that losing friends during the coming out process resulted in a youth being 29 times more likely to attempt suicide.²⁰ This

same study found that facing psychological mistreatment by caregivers led to a 9.5 times increased risk,²¹ a fact that underscores the need to ban the practice of conversion therapy by health professionals against youth, as recommended by the Commission at page 11 above.

Transgender young adults aged 18-24 are at higher risk for attempting suicide than are any other age group among transgender adults, with 45% having attempted suicide according to a large national sample.²² This same study found that experiences with homelessness, negative involvement with law enforcement, and having a positive HIV status – all factors closely related to the Commission’s focus areas of homelessness, criminal justice, and health – increased transgender people’s risk of attempting suicide.²³ Several large studies have confirmed that experiencing transphobia – including violence, rejection, mistreatment, and discrimination – are associated with elevated suicide risk in transgender individuals.²⁴

Indeed, research has shown that both LGBTQ-related victimization and low levels of social support were correlated with increased risk of attempted suicide among LGBTQ youth.²⁵ Research has also shown that religiosity, something normally thought of as a protective factor that reduces suicide risk, actually may increase risk of suicide among sexual minority youth, highlighting the need to decrease stigma and reinforce social support.²⁶ The Commission recommends that these risks be reduced both by working to ban and counter the effects of discrimination, as noted at page 7 above, and by beginning a discussion on reducing the burden of family rejection, as noted at page 8.

II. Homelessness

See related recommendations on page 8

Each year, homelessness impacts one in 30 young people aged 13-17, and one in 10 of those aged 18-25, making it a national crisis.²⁷ This is especially true for LGBTQ youth, who have been found in some studies to face more than twice the risk of homelessness compared to their non-LGBTQ peers²⁸ and in other studies to represent up to 40% of homeless youth,²⁹ despite comprising only about 10% of the population. One study found that among LGBTQ youth experiencing homelessness, 31% were Black, 14% were Latinx, 1% were Native American, and 1% were Asian or Pacific Islander, highlighting the intersectional nature of this crisis.³⁰

It is unclear exactly what proportion of LGBTQ youth in Massachusetts face homelessness, with one study suggesting that LGB youth face anywhere from 4 to 13 times the risk that other youth in the Commonwealth face.³¹ Regardless of the exact figures, which could only be known with a substantial increase in funding for studying this issue, every data point available suggests that LGBTQ youth are overrepresented among the homeless and face additional risks while out of home. For this reason, the Commission has been pleased to partner with the coalition of governmental and nongovernmental entities who have been working to develop a State Plan to End Youth and Young Adult Homelessness. The plan envisions a system that prevents more young people from experiencing crises, identifies them more quickly when a crisis occurs, and

responds immediately with the supports that young people need. The Commission looks forward to the release of the plan, anticipated in May 2018, and its implementation.

A. Factors Resulting in Housing Instability

LGBTQ youth often find themselves at the intersection of discrimination, poverty, and racism that create a perfect storm for increasing the risk of housing instability and homelessness. According to a national survey in 2012, the top reasons LGBTQ youth cite for becoming homeless are familial rejection or abuse, mistreatment at school, and aging out of foster care.³²

Research consistently shows that the leading cause of homelessness among LGBTQ youth is familial rejection. Approximately 90% of transgender youth experiencing homelessness report being rejected by their family, and 62% of homeless LGB youth report being bullied and rejected at home compared to 30% non-LGB youth.³³ Of these, 43% report being forced out of home by their family despite wanting to remain.³⁴ Of note, while LGBTQ youth initiate alcohol and drug use at an earlier age than their non-LGB peers, most do not start using until after becoming homeless.³⁵ Substance abuse may be a way of coping with the stress of homelessness in adolescence rather than the primary reason that LGBTQ youth are kicked out of their homes.³⁶

Many of the reasons LGBTQ youth face this rejection relate to moral values that stigmatize their identities as deviant and immoral. Families may also fear that identifying as LGBTQ might cause their children undue hardship throughout their lives, or may feel that they are “losing” the child they knew prior to their coming out. Some families may hope that rejection could somehow sway their LGBTQ child to reconsider their “choice.”³⁷ Unfortunately, while conflict with family is a primary reason for homelessness among LGBTQ youth, family issues are only addressed by 60% of agencies in the United States that provide services for homeless LGBTQ youth.³⁸

LGBTQ youth experiencing homelessness are more likely to have been physically, emotionally, or sexually abused than their non-LGBTQ peers.³⁹ Among homeless LGBTQ youth, 32% have been physically, emotionally, or sexually abused at home prior to becoming homeless, and more than half identify a family member as the abuser.⁴⁰ As a result, nearly half of homeless LGBTQ youth report running away from negative home environments as their primary reason for homelessness.⁴¹ Compared to non-LGBTQ homeless youth, homeless LGBTQ youth are twice as likely to have been sexually abused by the age of 12 and twice as likely to report sexual abuse as their reason for leaving home.⁴²

Many homeless LGBTQ youth do not “come out” until after they have left home, indicating that running away might be one way of coping with the stress of processing their sexual and gender identities. At a developmental age in which young people need parental and peer support, fear of rejection and abuse may play a contributing role in an LGBTQ young person’s decision to run away from home.

Second, in addition to experiencing rejection and abuse at home, a majority of LGBTQ youth report bullying and harassment at school as reasons for skipping school, another pathway to

homelessness. 86% of LGBTQ youth have been verbally harassed at school and 60% do not feel safe in school, leading LGBTQ youth to be twice as likely to drop out of school as their non-LGBTQ peers.⁴³ Youth who do not complete high school have a 346% higher risk of homelessness regardless of sexual orientation or gender identity, so unsafe school environments may contribute to increased homelessness among LGBTQ youth.⁴⁴

Another leading cause of homelessness among LGBTQ youth is exiting or aging out of foster care. Instability and rejection at home cause a disproportionate number of LGBTQ youth to end up in foster care, with an LA County study finding that nearly 20% of youth in foster care were LGBTQ, with youth of color overrepresented among them.⁴⁵ Many LGBTQ youth face adverse experiences leading to homelessness while in foster care, with a New York study finding more than half (56%) of LGB adolescents in the city's foster homes had stayed in the streets for at least one night because they felt unsafe in their foster home.⁴⁶ After emancipation, between 12% and 36% of LGBTQ youth who age out of foster care experience at least one episode of homelessness.⁴⁷

In addition to these leading factors, LGBTQ youth are also susceptible to other common causes of homelessness, which often begins in the context of family homelessness or after the death of a parent.⁴⁸ Involvement in the criminal justice system and personal or parental substance use are also common causes of homelessness⁴⁹ and are factors that disproportionately impact LGBTQ youth.

B. Experiences While Homeless

LGBTQ homeless youth in Massachusetts experience significant discrimination and trauma both on the streets and even in the structures meant to keep them safe. A major national study recently found that LGBTQ youth experiencing homelessness faced over twice the rate of early death compared to other homeless youth, and that they also faced higher rates of trauma and overall adversity.⁵⁰ An understanding of these experiences is essential in developing systems that do not further traumatize LGBTQ youth.

First, LGBTQ youth who are homeless experience higher rates of survival sex (in which sex is traded for money, food, or shelter) and sexual abuse than their non-LGBTQ peers.⁵¹ According to one estimate, 44% of gay youth experiencing homelessness exchanged sex for money compared to 26% of heterosexual youth who were approached by someone on the streets to exchange sex for money, food or shelter.⁵² Another study showed that LGB youth experiencing homelessness are 70% more likely than their non-LGB peers to engage in survival sex.⁵³ On average, homeless LGBTQ youth experience 7.4 more acts of sexual violence than their non-LGBTQ peers.⁵⁴ While sexual minority and transgender women experiencing homelessness more frequently face intimate partner abuse, sexual minority and transgender men are more likely to report violence committed by a stranger, underscoring that the experiences and needs of these youth vary and require a range of interventions.⁵⁵

LGBTQ youth experiencing homelessness are also more likely to be living with HIV, experiencing three times the rate of HIV compared to non-LGBTQ homeless peers.⁵⁶ Several factors may increase their risk. For example, on average, sexual minority and transgender young men experiencing homelessness have their first sexual encounter one year earlier, a greater number of lifetime sexual partners, a higher likelihood of sexual assault, and a higher rate of unprotected sex with female partners than their non-homeless peers.⁵⁷ Another study showed that LGBTQ youth experiencing homelessness were more likely than their non-LGBTQ peers to engage in sexual behaviors that heightened their risk of HIV infection, such as having sex with strangers who used IV drugs, having unprotected sex with strangers, having anal sex with strangers, and having sex with strangers after using drugs themselves.⁵⁸ Among LGBTQ youth, homelessness is a consistent independent risk factor for drug use and sexual behavior that increases likelihood of transmission of sexually-transmitted infections (STIs).⁵⁹

Beyond sexual health, homelessness and LGBTQ status independently compound the risk of substance use and poor mental health.⁶⁰ LGBTQ youth experiencing homelessness are twice as likely to have attempted suicide (62% vs. 29%) and 155% more likely to have abused drugs (42% vs. 27%) than their non-LGBTQ peers.⁶¹ LGBTQ homeless youth also use cocaine, methamphetamines, and crack at higher rates than their non-LGBTQ peers.⁶² 29% of homeless LGBTQ youth report having substance use disorder.⁶³ In general, LGBTQ youth experiencing homelessness are at higher risk of poor mental health than their non-LGBTQ peers, experiencing higher rates of suicidal ideation (73% vs. 53.2%), at least one suicide attempt (57.1% vs. 33.7%), PTSD (47.6% vs. 33.4%), and current episodes of major depression (41.3% vs. 28.5%).⁶⁴

Finally, transgender youth experiencing homelessness have been found to face even more severe discrimination and trauma than LGBQ youth experiencing homelessness.⁶⁵ For this population, homelessness likely exacerbates the significant discrimination and lack of understanding that transgender people already face in schools, workplaces, housing, and healthcare facilities.⁶⁶ Many transgender youth also experience complications from unmonitored use of transition hormones obtained on the streets.⁶⁷

C. Services for Those Experiencing Homelessness

The needs reported by LGBTQ youth experiencing homelessness represent both general needs shared by all youth and some specific needs that are intertwined with their LGBTQ identities and related discrimination. According to one study, LGBQ youth report housing, employment, education, and acceptance of their LGBQ status as primary needs, while transgender youth express need of housing, employment, education, and transition support.⁶⁸

The services required by LGBTQ youth experiencing homelessness are in short supply due to a lack of funding, which may reflect a lack of funding specifically for LGBTQ-focused programs as well as a lack of appropriate funding for homelessness services in general. A national survey found that 65% of service providers reported lack of funding as the single greatest barrier to serving homeless LGBTQ youth.⁶⁹ This was a particularly barrier in Massachusetts during Fiscal

Year 2018, as community groups reported that by the midway point in the year, none of the \$675,000 authorized by the legislature (which was already a sharp decrease from the \$2 million recommended by the Governor) had actually been released for spending.⁷⁰

For the services that do exist, there are some signs that competency to service LGBTQ youth may have improved in recent years. A 2015 nationally representative survey showed that more than 90% of service providers for homeless youth self-reported feeling “somewhat” or “very confident” in caring for LGBTQ youth.⁷¹ Many agencies associated their perceived success at working with LGBTQ youth with having completed training and having LGBTQ-identified staff and board members. In total, 85% of facilities reported adequate LGBTQ competency training, 90% had LGBQ staff member(s), 47% had transgender staff member(s), 61% had LGBQ board member(s), and 22% had transgender board member(s).⁷² However, a separate national survey of service providers demonstrated the 25% of respondents experienced inadequate training as a barrier to serving LGBTQ youth.⁷³ Many LGBTQ youth experiencing homelessness nationally report being turned away from shelters and other housing due to their LGBTQ identity, and those who receive placement often report adverse experiences while there.⁷⁴

National studies also indicate that nearly half of LGBTQ clients of service agencies for homeless youth lack proper identification cards, which poses a significant barrier to this population.⁷⁵ LGBTQ youth may face disproportionate barriers to access as many are separated from their families over conflicts related to their LGBTQ identities. Without proper government-issued IDs, LGBTQ youth experiencing homelessness are unable to open bank accounts, enroll in school, access housing, or become employed. They are also at higher risk of adverse encounters with law enforcement.⁷⁶ The cost of identification cards, cosign and proof of address requirements, and other recent modifications to make Massachusetts ID policy compliant with the federal REAL ID Act may make it difficult for low-income LGBTQ youth who are homeless to get the ID cards they need to access opportunities.⁷⁷

III. Juvenile and Criminal Justice

See related recommendations on page 10

For a variety of reasons – including higher rates of homelessness and foster care involvement, as described above – LGBTQ youth are twice as likely to enter the juvenile system as their non-LGBTQ peers.⁷⁸ Nationally, five percent of LGBTQ youth report that they have been incarcerated, and 73% had personal interactions with law enforcement in the previous five years.⁷⁹ Another survey of seven juvenile justice facilities nationwide showed that 20% of youth in these facilities were LGBTQ, which makes these youth doubly represented in the criminal justice system given that they comprise only about 10% of the general population.⁸⁰ Additional research shows that 50% of LGBTQ youth are at risk of entering the juvenile justice system due to the risk factors that they face.⁸¹ These disparities transfer to adulthood, with 58% of respondents in a 2015 survey of incarcerated LGBTQ adults reporting that their first experience

in a justice facility had been before the age of 18.⁸² In total, LGB people nationally are three times more likely to be incarcerated than the general population.⁸³

The demographic breakdown of LGBTQ youth shows an even greater overrepresentation of LGB girls in the juvenile system. One national study showed that 39% of girls compared to 3.2% of boys in the system identified as LGB.⁸⁴ Another study found that up to 40% of girls in the juvenile justice system are LBTQ.⁸⁵ Transgender and gender-nonconforming individuals are nearly twice as likely to have been incarcerated as other LGBQ people, with transgender people of color reporting a rate of past incarceration four times higher than other LGBQ people.⁸⁶

The overrepresentation of LGBTQ youth of color in the juvenile and criminal systems also reflects the racial disparities faced by all people, regardless of LGBTQ identity, involved in these systems. One national study found that as compared to White youth, Black youth are four times more likely to be incarcerated, Native American youth nearly three times as likely, and Latinx youth 1.5 times as likely.⁸⁷ It is therefore deeply troubling, but not surprising, that an estimated 85% of LGBTQ youth in the justice system are youth of color.⁸⁸

A. Pathways to Involvement in the Criminal Justice System

Various forces contribute to the overrepresentation of LGBTQ young people in the juvenile justice system. One perspective is that discrimination and stigma increase the number of incidents of harassment and violence against LGBTQ youth. LGBTQ youth may cope with these traumatic experiences by engaging in criminalized compensatory behaviors and survival economies. Discrimination and stigma may also result in policies and policing strategies that disproportionately target LGBTQ youth, especially those of color. Traumatic experiences such as interactions with the criminal justice system can have lifelong repercussions, particularly when they occur during adolescence, a critical period of brain development.⁸⁹

1. Poverty, Homelessness, and Drugs

One pathway through which LGBTQ youth enter the juvenile and criminal justice systems is homelessness and compensatory behaviors originating from abuse and rejection in their home and social environments. Various factors may contribute to increased family instability and rejection of LGBTQ youth, including poverty. According to the 2015 US Census, more than one in five American children (21.1%) live in poverty.⁹⁰ Multiple studies indicate that LGBTQ people experience higher rates of poverty than the general population. 24% of queer women have an annual income below the federal poverty line compared to 19% of the heterosexual women.⁹¹ Transgender people are four times more likely to live in extreme poverty (make less than \$10,000 a year) than the general population.⁹² Parental substance use and conflicts over their LGBTQ status are other often cited causes of family instability.

Unsafe at home, many LGBTQ youth end up in the foster care system or homeless. Youth in foster homes or who have aged out of the foster care system have been shown to have higher criminal justice involvement than others.⁹³ The situation is no better for youth who experience

homelessness, of whom one study found 78% had at least one prior police interaction, 62% had been arrested or detained, and 44% had been in a juvenile detention center, jail, or prison.⁹⁴

The war on drugs also disproportionately affects LGBTQ youth. Approximately 12% of all juvenile arrests in the United States in 2016 were related to possession of drugs.⁹⁵ As noted above, LGBTQ youth are known to use drugs and illicit substances at higher rates than non-LGBTQ peers possibly due to the disproportionate trauma and rejection they experience.⁹⁶ While research is lacking on the number of drug-related detentions and incarcerations among LGBTQ youth, higher substance use in this group is likely associated with higher criminalization.

2. The School-to-prison Pipeline

More than two in five (42%) LGBTQ high school students in Massachusetts experienced discrimination of some form in their school.⁹⁷ Compared to their non-LGBTQ peers, LGBTQ students in the Commonwealth were twice as likely to be bullied at school (28.2% to 13.9%), three times as likely to be injured or threatened with a weapon at school (10% to 3.2%), and three times as likely to experience forced sexual contact (21.8% to 7.4%).⁹⁸

Unfortunately, although 99% of students could identify at least one supportive staff member at their school,⁹⁹ the majority of LGBTQ students who experienced harassment in Massachusetts high schools did not report the incident to school staff (61%).¹⁰⁰ Most feared additional repercussions or doubted that they would receive the support they needed. Experience often substantiated these suspicions as only 39% of reports resulted in effective intervention.¹⁰¹ Further, LGBTQ youth who were bullied often reported being disciplined more harshly than their non-LGBTQ peers.¹⁰² Additional research found that 21% of LGBQ students and 61% of transgender students were unable to use bathrooms compatible with their gender identity or expression, and 16% of LGBQ students and 43% of transgender students were unable to use their chosen name or gender pronouns at school.¹⁰³

Given these high rates of abuse and harassment, it is no surprise that LGBTQ students in Massachusetts, when compared to their non-LGBTQ peers, were twice as likely to engage in fights at school in the past year (9.4% vs. 5.1%), three times as likely to carry a weapon to school in the past year (6.1% vs. 2.8%), and six times as likely to have used heroine in their lifetime (6.7% vs. 1.0%).¹⁰⁴

All of these behaviors can lead to arrest, especially considering that LGBTQ youth nationally are three times as likely to experience harsh discipline at school when compared to their non-LGBTQ peers.¹⁰⁵ This disparity is particularly true for LGBTQ youth of color, of whom 79% had faced police involvement in middle and high school compared to 63% of White LGBTQ youth.¹⁰⁶ Furthermore, Black LGBTQ students were suspended at higher rates than non-black LGBTQ youth (31% vs. 20%).¹⁰⁷ LGBTQ and asexual students experiencing homelessness were also more likely, at 54%, to face discipline than were those living with relatives (46.6%) or at home (38.5%).¹⁰⁸ Transgender youth also reported higher rates of harsh disciplinary measures including detention, suspension, or expulsion than LGB students (45% vs. 28%).¹⁰⁹ LGBTQ

students in Massachusetts also report disproportionately harsh disciplines for public displays of affection towards youth of the same gender.¹¹⁰

Harassment, inadequate support, and unfair policies at school cause many LGBTQ youth to skip school or drop out altogether. Youth in Massachusetts who drop out of school are 63 times more likely to face incarceration.¹¹¹ Recent surveys of high school students in Massachusetts demonstrate that four times as many LGBTQ students compared to non-LGBTQ peers have skipped school in the last month because they felt unsafe at school (14.4% vs. 3.4%).¹¹² 57% of LGBTQ youth who skipped school cited hostile school environments as their reason for leaving.¹¹³ When compared with their peers, three times as many LGBTQ students who have faced harassment reported that they might drop out of high school (6.6% vs. 2.1%), suggesting that harassment has a disproportionately powerful outcome for LGBTQ youths' chances of remaining in school.¹¹⁴ Additionally, one in five LGBTQ youth who have dropped out of school report mental health concerns,¹¹⁵ which may further exacerbate their risk of ending up in the criminal justice system.

3. Criminalization of Consensual Sexual Relationships

Laws that police sex — particularly between people of the same sex — have existed since the beginning of Massachusetts's colonial history. As early as 1636, the Plymouth colony in what is now Massachusetts established America's first anti-sodomy laws, making sexual relationships between members of the same sex a crime punishable by death.¹¹⁶

Many laws, in one form or another, police sexual relationships, and when these laws allow for discretion, they may be discriminatorily applied to LGBTQ youth. This can result in youth being unfairly branded as sex offenders, making it difficult for LGBTQ youth to find jobs and access education, perpetuating the cycle of poverty, instability and criminalization.¹¹⁷ Experts in Massachusetts have found that the current law does not reflect the reality that many adolescents do engage in consensual sexual relations, and does not reflect sound public policy.¹¹⁸ Furthermore, while no data is available on how many LGBTQ youth are impacted, data shows that youth of color are disproportionately prosecuted for these crimes, and anecdotal evidence exists that LGBTQ youth are targeted for being LGBTQ.¹¹⁹ For this reason, the Commission has recommended decriminalizing consensual sexual relations among parties close in age and issuing guidance as to when consensual sexual relations need to be reported, as indicated at page 11 above.

In Massachusetts, individuals living with HIV can face increased criminal penalties for sexual-related criminal activity, including consensual sexual relations involving a young person under 16 with a close-in-age peer. This is based on a statute that leaves a great deal open to the interpretation, discretion, and potential abuse of the courts when it is applied.¹²⁰ As HIV is more prevalent among LGBTQ youth and youth of color than others, this code could impact them disproportionately.

4. Discriminatory Law Enforcement Strategies

Evidence suggests that bias and discrimination influence how law enforcement personnel exercise their discretion to disproportionately target LGBTQ youth, especially LGBTQ girls and youth of color.¹²¹ Nationally, sexual minority girls are twice as likely to be detained for running away compared to heterosexual girls (38% to 17%),¹²² and Black girls are six times as likely to be suspended from school as are their White peers.¹²³ A survey of New Orleans youth found that 87% of LGBTQ youth of color had been stopped by police compared to 33% of White LGBTQ youth.¹²⁴

LGBTQ people, especially those of color, are particularly vulnerable to hostile treatment by police. A national report found that 31% of LGBTQ survivors of hate-based violence faced hostile treatment by the police officer to whom they reported the incident, while 35% said the police showed indifference to their being victimized.¹²⁵ Transgender survivors of hate crimes were significantly more likely than others to experience violence by the police, and Black LGBTQ survivors experienced force by police 2.8 times more often than other survivors.¹²⁶

B. Experiences of LGBTQ Youth in the Justice Systems

LGBTQ youth consistently report negative treatment during the pretrial and trial phases of their interactions with the juvenile and criminal justice systems. They are often held in custody for longer periods than their non-LGBTQ peers, with one study finding that sexual minority youth had a two- to three-times higher risk of being held for longer than a year compared to non-LGBTQ youth.¹²⁷

Once sentenced, LGBTQ youth continue to experience higher rates of abuse and harassment. Although the Prison Rape Elimination Act (PREA) of 2003 and the federal Juvenile Justice and Delinquency Prevention Act established basic standards on how to treat LGBTQ youth in prison, implementation has been inconsistent and sometimes backfires to adversely affect LGBTQ youth.¹²⁸ In light of this, the Commission has worked with the Department of Youth Services (DYS) to improve the treatment of LGBTQ youth in juvenile justice facilities across the Commonwealth, as detailed in that agency's recommendations at page 63. The Commission has commended DYS for its prioritization of improved training, data collection, and inclusive policies to ensure the safety of LGBTQ youth. Massachusetts also protects youth from being confined in adult facilities¹²⁹ and requires that youth younger than 18 years of age be treated as children and not adults.¹³⁰ However, data exploring the specific experiences of LGBTQ youth in juvenile facilities since the implementation of these reforms is limited.

In prisons, isolation is a serious problem for LGBTQ youth. Although PREA standards limit the use of “protective isolation” for LGBTQ and intersex youth, a 2015 report by the federal Bureau of Justice Statistics found that approximately 30% of LGB young people in prison were placed in segregated or isolated housing compared to 18% of their non-LGB peers.¹³¹ Another 2015 report put the proportion of LGBTQ inmates who had been in solitary confinement at 85%.¹³² In addition, 2016 guidelines by the U.S. Department of Justice banning the use of solitary

confinement for youth applied exclusively to federal facilities, not state or local systems. When isolation is used, there is a correlated increase in the risk of suicide and abuse by staff.¹³³

In addition to inadequate placements, many LGBTQ youth in prison report abuse and mistreatment by staff and other inmates. According to a national report of the Bureau of Justice Statistics in 2016, LGBTQ youth had a seven times higher risk (10.4%) of being sexually assaulted by a fellow inmate than non-LGBTQ peers (1.4%).¹³⁴ A California study found that 60% of transgender women housed in male prisons had been sexually assaulted while in the facility, and that compared to other inmates, transgender women were thirteen times more likely to be sexually abused.¹³⁵ A national study showed that four in five (80%) queer and transgender girls in juvenile facilities had experienced sexual abuse while in custody.¹³⁶ Another national survey found that 20.6% of sexual minority young men were sexually assaulted by a fellow inmate compared to 1.9% of their heterosexual peers.¹³⁷

Unfortunately, the sexual and reproductive health care needs of LGBTQ youth often go unmet. As a result, the rate of sexually transmitted infections and HIV transmission is significantly higher among those who have been recently released from criminal justice facilities than in the general population.¹³⁸ In addition, a majority of juvenile justice facilities are ill equipped to meet the medical needs of transgender youth including the need for transition-related hormone or hormone blockers to delay puberty.¹³⁹

Confidentiality is another concern for LGBTQ inmates, many of whom report that they have been outed to their parents by facility staff during family visitation sessions.¹⁴⁰ This can compound the fact that many LGBTQ youth are already isolated from their families of origin and that others close to them such as friends or partners may lack the right or ability to visit them.

IV. Health Disparities

See related recommendations on page 11

In addition to the issue of mental health, which has been critical for the Commission due to its close relationship to bullying, the Commission monitors other health disparities facing LGBTQ youth, especially in the area of sexual health. These disparities are also tied to bullying, as they frequently result from or are exacerbated by rejection and harassment. Seeking out information and resources needed for LGBTQ youth in particular also puts them at risk for further bullying, harassment, and mistreatment. Research shows that strong parental attachment and peer support are essential formative factors in healthy development,¹⁴¹ and these are unfortunately supports that LGBTQ youth are often lacking. LGBTQ students also may lack in-school support for attaining and maintaining good health as the Commonwealth does not require that comprehensive, age-appropriate, and inclusive sexual health education be provided to all students, as the Commission has recommended at page 11 above.

A. HIV and Sexually-transmitted Infections (STIs)

Much of the focus on LGBTQ health for the past several decades has been on the HIV epidemic. LGBTQ youth, particularly those of color, continue to be significantly overrepresented among people living with HIV in the Commonwealth. While the annual number of new HIV cases decreased by 47% between 2000 and 2014, sexual minority men were 28 times more likely to be diagnosed with HIV than were heterosexual men in 2015.¹⁴²

From 2005 to 2014, the number of new HIV diagnoses among sexual minority men under 30 increased by 49% even as the incidence of HIV among older sexual minority men decreased by 37%.¹⁴³ Furthermore, despite an overall 11% decline in the rates of new HIV diagnoses among White sexual minority men, incidence has merely stabilized among 13-24 year-old Black sexual minority men and has actually increased by 14% among Latinx sexual minority men of this age.¹⁴⁴ Trends in Massachusetts have been similar to those seen nationally in these respects.¹⁴⁵ This overrepresentation of people of color is also seen among transgender and gender-nonconforming people living with HIV, with women of color representing 76% of transgender women living with HIV.¹⁴⁶

While HIV therefore remains a critical issue for LGBTQ youth, other STI rates are also rising and thus should be of growing concern. The incidence of syphilis among sexual minority men more than doubled in Massachusetts from 2005 to 2014, when they represented between 66% and 83% of the annually reported cases.¹⁴⁷ As of 2015, 43% of sexual minority men with syphilis were also co-infected with HIV.¹⁴⁸ Incidence of gonorrhea has increased, as well, with young sexual minority men comprising fully 50% of the reported cases of gonorrhea among all men.¹⁴⁹ 20% of sexual minority men with gonorrhea were co-infected with HIV.¹⁵⁰ Nationally, the incidence of gonorrhea in 2015 among sexual minority men was 10.7 and 13.9 times higher than their female and heterosexual male peers, respectively.¹⁵¹

B. Behaviors and Risk Factors

Nationally, compared to their peers, LGBTQ high school students are more likely to not use condoms and not use any method of pregnancy prevention during sex,¹⁵² which again points to the need for better LGBTQ-inclusive comprehensive sex education. One large national study showed that sexual minority girls were twice as likely as other girls to reported having their first sexual experience before the age of 14 (42% to 22%). Sexual minority girls were also twice as likely to have had more than five sexual partners (21% to 9%). This correlated with significantly higher rates of pregnancies among sexual minority teenagers compared to other teenagers.¹⁵³

Additionally, LGBTQ youth in Massachusetts are twice as likely as other youth experiencing homelessness to engage in survival sex by trading sexual acts for money, shelter, or food.¹⁵⁴ A study of 27,000 transgender Americans found that those who engaged in survival sex had a five times higher risk of HIV than the general population.¹⁵⁵

In addition to survival sex, LGBTQ youth experience disparate rates of forced sexual contact and sexual violence. In Massachusetts, LGBTQ youth are three times as likely as other youth to experience sexual contact against their will (21.8% to 7.4%).¹⁵⁶ The CDC supports this with data showing that compared to non-LGBTQ peers, LGBTQ high school students are more than three times as likely to have forced sexual intercourse (17.8% to 5.4%), two times as likely to experience physical violence while dating (17.5% and 8.3%), and two-and-a-half times as likely to experience sexual violence while dating (22.7% to 9.1%).¹⁵⁷

C. Healthcare Experiences

While all LGBTQ people can face discrimination and bias in accessing healthcare, transgender people face particularly high barriers. A 2015 study of transgender people in Massachusetts revealed that 31% transgender people seeking medical care had negative experiences ranging from refusal of care, harassment of all types, and the need to teach providers about how to care for transgender people.¹⁵⁸ It also found that 28% of transgender patients in Massachusetts struggled to get covered by insurance,¹⁵⁹ which may reflect low rates of employment and high rates of discrimination in accessing services in general.

Additionally, many LGBTQ youth express concerns about confidentiality in issues surrounding sexual health.¹⁶⁰ Although healthcare providers are bound to confidentiality by federal privacy law, health insurers are not bound by the same principles and thus the risk has existed of LGBTQ youth having their sexual orientation or gender identity revealed or suggested by explanations of benefits and other documents sent to their parents or guardians.¹⁶¹ Recent changes in Massachusetts law could address this issue and, if successfully promoted, decrease the likelihood that fear of such disclosure will lead to the avoidance of necessary treatment.

Experiences in getting HIV-related care, which is disproportionately needed by LGBTQ youth, continue to be mixed despite major scientific advancements in both treatment and prevention. The advent of antiretroviral therapy has allowed many people living with HIV to achieve viral suppression and live normal lives with virtually zero risk of transmission.¹⁶² Unfortunately, rampant misinformation about available treatment options and a history of negative experiences with providers has led to underdiagnoses and under-treatment. Fewer than 85% of Massachusetts residents with HIV are diagnosed, and among Massachusetts residents aged 13 years or older who have been diagnosed with HIV, only 88.7% are linked with care within one month of diagnosis, 78.7% have initiated care, 63.6% have continued in care, and 67.9% have achieved viral suppression.¹⁶³ Many cite misinformation and adverse experiences with healthcare as their reasons for not seeking or adhering to care.

A 2014 study of a national sample of sexual minority men found that only one in four (26%) knew that daily use of PrEP could effectively prevent HIV transmission and one in ten (10%) knew someone taking PrEP.¹⁶⁴ Eight in ten (80%) knew very little or nothing at all about PrEP, and fewer than half (46%) knew that antiretroviral therapy should be initiated immediately upon diagnosis.¹⁶⁵ Additionally, 15% of respondents reported experiencing poor treatment by a healthcare provider and 30% felt uncomfortable talking about sex with their provider.¹⁶⁶

V. Conclusion

The disparities facing LGBTQ youth in the Commonwealth are vast and varied, but most are closely tied – in one way or another – to the rejection and exclusion of these young people from broader society. This includes being bullied or left out of curricula in the classroom, not finding competent and inclusive services in the community, and not having acceptance and support at home. To address this social exclusion, the Commonwealth must both treat the immediate needs of youth facing exclusion as well as work on the larger, more difficult project of making Massachusetts a more just and equitable place for all.

The Commission has chosen to build on its decades-long work by addressing key issues that can both result from and exacerbate bullying and suicidality: homelessness, criminal and juvenile justice, and health. The core recommendations issued at page 7 above, while ambitious in their scope, are far from radical expansions of the Commission's work; rather, they are the reflections of the needs of the LGBTQ youth community as expressed to the Commission time and again through public meetings, convenings, listening sessions, coalitions, and calls for comment. Furthermore, while the complicated interaction of these issues may make the task at hand seem daunting, the interrelatedness of these topics – that family rejection can lead to homelessness and then sexual health issues or criminal justice involvement, for example – also means that progress in any area can start to erode injustice and inequality in every other field.

Finally, while the data are clear that LGBTQ youth still face significant disadvantages in comparison with their non-LGBTQ peers, the resilience of this community (and their peers, families, community organizations, and allies) should not be underestimated. As the pages that follow indicate, progress has been made in many corners of state government thanks to dedicated members of the community and public servants working together to address racism and anti-LGBTQ bias. This Commission looks forward to continuing this work in the new fiscal year and beyond.

Executive Office of Education Recommendations

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

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

Department of Early Education and Care

FY19 RECOMMENDATIONS

- 1. Provide professional development to staff in licensed DEEC programs and develop an online training module on best practices for serving LGBTQ youth and families.**
- 2. Clarify that providers can and should house transgender youth based on their gender identity.**
- 3. Share information about LGBTQ-affirming residential placements with the Department of Children and Families (DCF).**
- 4. Continue to collaborate with the Department of Elementary and Secondary Education (DESE) on the Family Engagement Framework (birth through age 12) to ensure that LGBTQ content and family diversity are well-represented.**

"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

BACKGROUND & RESEARCH

The Department of Early Education and Care (DEEC) 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 DEEC for a number of years, and is appreciative of DEEC's commitment to youth of all ages under its care.

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.¹⁶⁷ Additionally, detailed information provided at page 18 demonstrates that LGBTQ youth in foster care face unique challenges. EEC is therefore well-positioned to impact youth in early education programs as well as at-risk LGBTQ youth through its process of licensing child-serving organizations, including temporary shelters and foster homes. The Commission continues to hear that agencies managing group homes are unsure of best practices for serving LGBTQ youth, and in particular that they believe existing licensing requirements are a barrier to housing transgender young people according to their gender identity rather than sex assigned at birth.

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

"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... [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

EXPANDED RECOMMENDATIONS

- 1. Provide professional development to staff in licensed DEEC programs and develop an online training module on best practices for serving LGBTQ youth and families.**

The Commission recommends that all employees who serve youth at DEEC-licensed or approved programs and facilities attend mandatory LGBTQ cultural competency training. The Commission encourages DEEC to support licensees in providing the resources staff need to serve LGBTQ youth. Training and professional development should include information on LGBTQ cultural competency and best practices for creating safe, affirming, and trauma-informed environments. The Commission urges DEEC to collaborate with community partners and other state agencies to ensure that educators and staff receive training and professional development. As DEEC relies on online training modules for many of its trainings, the Commission encourages DEEC to develop a regularly-updated module or continuing education unit that addresses sexual orientation, gender identity, gender expression, and best practices for serving LGBTQ youth and families. The Commission's current effort to develop an online training with interagency support (in conjunction with the Commission's recommendation to this effect at page 7 above) might provide a useful example for what DEEC could itself develop, as could some of the Commission's work with DESE through its Safe Schools Program.

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

Without affirming placements, transgender young people experience barriers to success and stability. Where relevant, the Commission urges DEEC to 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 the preferences of the young person. When any young person expresses safety based concerns, DEEC should support licensed programs in making individualized housing and placement decisions for the young person.

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

DEEC works closely with DCF on child welfare matters. The Commission urges both agencies share information about LGBTQ-affirming placements and recognize LGBTQ youth as a priority population.

4. Continue to collaborate with the Department of Elementary and Secondary Education (DESE) on the Family Engagement Framework (birth through age 12) to ensure that LGBTQ content and family diversity are well-represented.

The Commission encourages DEEC to continue its collaboration with DESE on the Family Engagement Framework, which the Commission believes is important for reducing family rejection of LGBTQ youth. This effort could play a role with the Commission's core recommendation on family rejection at page 8 above.

Department of Elementary and Secondary Education

FY19 RECOMMENDATIONS

- 1. Increase collaboration between the Safe Schools Program for LGBTQ Students and programs in special education, early education, adult education, sexual health, after school programming, curriculum, homeless assistance, family engagement, student leadership, student discipline, and the Safe and Supportive Schools Commission.**
- 2. On student surveys regarding school climate, capture demographic information related to gender identity and gender expression and report on findings assessing the prevalence, nature, and severity of school-based bullying.**
- 3. Ensure LGBTQ inclusivity of all curriculum initiatives, including curriculum frameworks, model curriculum units, and supplementary curricular materials.**
- 4. Continue DESE's leadership on sexual health education in schools, including identifying new funding and leveraging existing resources to promote comprehensive, inclusive, and mandatory health education.**
- 5. Develop and model strategies for school districts to recruit and retain a diverse workforce that includes diversity in gender identity and sexual orientation.**
- 6. Investigate how LGBTQ students of color are affected by policies and practices that create barriers to a safe and successful learning experience, and develop strategies and interventions to address these barriers.**

“Schools should provide better resources for LGBTQIA+ students in order for them to discover their identities. For instance, guidance counselors could be provided more training on ways to be an ally to the queer community and be able to guide LGBTQIA+ students.”

– High School Student, Greater Boston

BACKGROUND & RESEARCH

Since 1993, the Safe Schools Program for LGBTQ Students at the Department of Elementary and Secondary Education (DESE) has been a national leader in creating policies and programs to foster safe and supportive environments for LGBTQ students. The Commission has supported DESE in increasing its capacity to create landmark policies, provide professional development and technical assistance to schools, and promote student leadership throughout the Commonwealth.

Since the establishment of a Memorandum of Understanding (MOU) with DESE in 2013, the Commission has been working in collaboration with DESE on multiple initiatives, including trainings for school personnel on bias-based bullying and policy guidance to implement An Act Relative to Gender Identity and the Principles for Ensuring Safe and Supportive Learning Environments for LGBTQ Students. The Commission is grateful to DESE for its leadership on

these issues, the support of key staff, and the annual Commissioner's communication to school administrators. The Commission also thanks DESE for providing space and support for Safe Schools Program personnel.

The Commission is pleased that Massachusetts is collecting information on gender identity and gender expression through the Massachusetts Youth Risk Behavior Survey (MYRBS) and supports the continued inclusion of questions on gender identity, gender expression, and transgender students on the MYRBS and the School Health Profiles.

The Commission continues to partner with DESE in administering the student-run, adult-supported Massachusetts GSA Leadership Council. State and regional GSA councils meet bimonthly to give input on policy to DESE and the Commission and to support students and advisors in networking, developing leadership skills, and improving school climate. In addition, the Commission and DESE have collaborated for the past seven years to offer a three-day leadership summit for student leaders and advisors from across Massachusetts.

The Commission is particularly appreciative of DESE's leadership on behalf of transgender and gender-nonconforming students. At the beginning of the 2016-17 academic year, DESE launched an additional gender marker in its student information management system, providing students the ability to select "nonbinary" in place of "male" or "female." Continued integration of the needs of LGBTQ students in all aspects of the Department's work has made Massachusetts a national leader in this arena.

"I'd like more supports in schools. LGBT bullying is still prominent in schools, even if there are GSA groups in schools."

– High school student, North Shore

EXPANDED RECOMMENDATIONS

- 1. Increase collaboration between the Safe Schools Program for LGBTQ Students and programs in special education, early education, adult education, sexual health, after school programming, curriculum, homeless assistance, family engagement, student leadership, and student discipline, and the Safe and Supportive Schools Commission.**

LGBTQ students and families need safe and supportive learning environments both in and out of the classroom. LGBTQ students may have unique needs based on race, ethnicity, age, disability, experiences of trauma, and more. By leveraging the resources of the Safe Schools Program, DESE has begun to address the needs of these young people by incorporating LGBTQ topics in statewide and regional trainings. The Commission recommends that DESE continue to integrate resources and personnel from the Safe Schools Program into programmatic work in these areas to maximize the opportunities provided for LGBTQ students and families.

"I'd like to see more education in schools about what LGBTQ+ means, especially in regards to gender identity. I've seen and heard so many awful stories of bullying in schools if you identify as anything other than cisgender, and I think education could be a starting point to less bullying and more tolerance."

– Youth, Central Massachusetts

2. On student surveys regarding school climate, capture demographic information related to gender identity and gender expression and report on findings assessing the prevalence, nature, and severity of school-based bullying.

Massachusetts law requires DESE 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 DESE has begun to administer this survey, the Commission encourages DESE to include demographic items on student sexual orientation and gender identity, as well as specific items assessing bias-based bullying related to sexual orientation, gender identity, and gender expression. Although the nonbinary gender marker is available in district-provided demographic information, the Commission believes that self-reported identities would be more accurate and provide an opportunity to generate conclusions about binary transgender students. The Commission also requests that DESE share the results from this survey, especially with respect to the experiences of students who identify as or are perceived to be LGBTQ.

"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

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

Existing curricula often fail to reflect LGBTQ people. DESE's regulation, *Access to Equal Educational Opportunity Regulations for the Student Anti-discrimination Law and Principles for Ensuring Safe and Supportive Learning Environments for LGBTQ Students*, indicates that curricula shall encourage respect for the human and civil rights of all individuals, including LGBTQ individuals. It states: "Research shows that inclusion of LGBTQ topics in curricula corresponds to all students reporting that they feel safer in school, regardless of sexual orientation or gender identity. Curricula should reflect issues of sexual orientation and gender identity, as relevant, to be inclusive across subject areas, including, but not limited to, health, social science, language arts, and family life curricula."¹⁶⁸ As DESE prepares to make available

LGBTQ-inclusive model curriculum units (MCUs) in language arts and social science, the Commission urges DESE to publicize these MCUs, develop and make available additional MCUs, and ensure that all curriculum initiatives are LGBTQ-inclusive, including the revision of the health, social science, and other curriculum frameworks.

The Stonewall Riot may also not be taught well in school, as it usually depicts gay, white people who protested against police brutality. It ignores other LGBTQIA+ groups and other people of color, misrepresenting those who contributed to making sure the LGBTQIA+ community is more accepted today.

– High school student, Boston

[Sexual health education]’s super important because all students should have access to sexual education regardless of sexual orientation”

– High school student, GSA Leadership Council

4. Continue DESE’s leadership on sexual health education in schools, including identifying new funding and leveraging existing resources to promote comprehensive, inclusive, and mandatory health education.

For several decades, DESE has had a cooperative agreement with the Centers for Disease Control (CDC) to promote adolescent sexual health. This agreement charged DESE with improving sexual health education, sexual health services, and safe and supportive environments. DESE provided funding and other support, statewide and in priority districts, with a particular emphasis on supporting LGBTQ students at the policy and programmatic levels. After many years of success, CDC has abruptly ended this funding which has supported DESE staff and initiatives.

Sexual health disparities for LGBTQ students remain significant, and sexually transmitted infection rates are on the rise at a time when sexual health education remains limited and inconsistent across the state. Therefore, the Commission recommends that DESE works to leverage existing funding sources and identify new resources to support comprehensive, LGBTQ-inclusive, and mandatory health education. This is in keeping with the Commission’s second health-related core recommendation on page 11.

“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.”

– Student, Greater Boston

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

DESE's policy on LGBTQ students states, in part: "Schools are encouraged to have a diverse workforce. In order to provide authentic role models for all students, schools are encouraged to have diverse staff who reflect the protected categories in the Student Anti-discrimination Law, including gender identity and sexual orientation... [I]t is important that school systems have work environments where openly LGBTQ staff members feel safe, supported, and valued." The Commission recommends that DESE state clearly its commitment to foster a diverse workforce by supporting and valuing LGBTQ educators who are open about their identities, collecting relevant data and best practices, determining areas to focus attention and resources, and modifying the Educator Licensure and Renewal (ELAR) system to include a nonbinary gender marker. The Commission's second core recommendation on addressing discrimination and bias, on page 7 above, provides further information on this matter, including reference to policy guidance issued by the Commission in respect to gender identity diversity in particular.

6. Investigate how LGBTQ students of color are affected by policies and practices that create barriers to a safe and successful learning experience, and develop strategies and interventions to address these barriers.

DESE's policy on LGBTQ students states, in part: "Schools are encouraged to review academic and non-academic policies and procedures, and available data, to identify issues or patterns that may create barriers to a safe and successful learning experience for LGBTQ students. LGBTQ youth are frequently cited as being disproportionately at risk for experiencing bullying, truancy, violence, substance use, unaccompanied homelessness, discipline treatment, and involvement with the juvenile justice system. Schools are encouraged to analyze available attendance, suspension, expulsion, bullying, and school climate data to identify and address patterns and barriers that may exist for LGBTQ students, and to promote practices that improve their attendance and participation in school."¹⁶⁹ The Commission recommends that DESE investigate how LGBTQ students of color and those with intersecting marginalized identities are affected by policies and practices that create barriers to a safe and successful learning experience, and develop trauma-informed strategies and interventions to address these barriers. This could include collecting and analyzing disciplinary data as it relates to factors like sexual orientation, gender identity, race, and disability, as well as training for school resource officers, administrators, and counselors in accordance with the Commission's third core recommendation on criminal justice at page 10.

"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... I'm trans [male], 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."

– Student, Greater Boston

Department of Higher Education

FY19 RECOMMENDATIONS

- 1. Establish a liaison to the Commission.**
- 2. Encourage public and private higher education institutions to enact anti-discrimination policies and best practices that include sex, gender identity, gender expression, and sexual orientation to be in compliance with the Attorney General's Guide to Civil Rights in Schools.**
- 3. 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

BACKGROUND & RESEARCH

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 began meeting with DHE in 2013 to promote inclusive and welcoming campus climates and to improve educational outcomes for LGBTQ students at the collegiate level. Through our work together, DHE has ensured that state campuses consider LGBTQ identities in model guidance and best practices, has updated its campus safety and violence prevention regulations, and has committed to ensuring the protection of LGBTQ students and students of color.

While there is limited information regarding the experience and outcomes of LGBTQ students in public university and college campuses across the country, including in Massachusetts, national research suggests that LGBTQ college students face barriers to access and achievement in higher education programs. Despite the existence of inclusive anti-discrimination policies at some institutions, many LGBTQ students and staff members face harassment or feel pressured to hide their sexual orientation or gender identity on campus. Indeed, the harassment and discrimination that many LGBTQ high school students experience continues beyond secondary

school and into higher education. A report by Campus Pride, an organization that rates universities and colleges based on LGBTQ inclusion, indicates that LGBTQ individuals are significantly more likely to experience harassment on campus compared to their non-LGBTQ peers.¹⁷⁰ 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.¹⁷¹ Four of Massachusetts's 29 public colleges and universities are listed on the national Campus Pride index, where Salem State University¹⁷² and UMass Dartmouth¹⁷³ both earned a three star rating, Bridgewater State University¹⁷⁴ earned a four star rating, and UMass Amherst¹⁷⁵ earned a 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 retention efforts.¹⁷⁶

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

Finally, 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.¹⁷⁷ 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.¹⁷⁸ LGBTQ students are already more likely to begin higher education having been exposed to unwanted sexual contact, with 21.8% LGBTQ students in Massachusetts reporting such an experience compared to 7.4% of their non-LGBTQ peers.¹⁷⁹

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 the Commission is eager to work with DHE to ensure that our public campuses have access to the resources they need to develop the internal policies, procedures, and best practices necessary for our campuses to exceed national standards for LGBTQ student support.

EXPANDED RECOMMENDATIONS

1. Establish a liaison to the Commission.

The Commission's work largely relies on a joint liaison system in which both the Commission and the agency with which it is working appoint a dedicated liaison to serve as a consistent source of communication. The Commission encourages DHE to appoint a liaison to the Commission, and commits to doing so in turn, so that regular meetings can be scheduled to work together on achieving these recommendations.

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

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

National data indicate that sexual violence continues to have a disproportionate impact on LGBTQ students.³⁰ The Commission urges DHE to continue supporting data collection that allows Massachusetts institutions to identify disparities on their campuses and to develop inclusive policy and programmatic solutions to end them.

Executive Office of Health and Human Services Recommendations

The Commission commends the Executive Office of Health and Human Services for beginning an interagency committee on LGBTQ issues in FY2017, which has been co-facilitated by EOHHS and Commission staff. The Commission appreciates the frequent and thoughtful collaboration with staff of the Office of Children, Youth and Families, which has resulted in EOHHS taking a coordinated and collaborative approach to addressing the recommendations presented by the Commission to EOHHS agencies.

The EOHHS interagency committee, which the Commission hopes will be a model for other executive offices, is comprised of representatives from each of the relevant EOHHS agencies. These representatives met regularly during the end of FY2017 and throughout FY2018 to discuss their individual recommendations from the Commission, the many commonalities, and how they can best work together to effectively and efficiently achieve goals related to LGBTQ youth.

The committee initially conducted work in comparing nondiscrimination and other policies relevant to LGBTQ youth before beginning to develop interagency training content. This draft training content provides a basic explanation of the LGBTQ community, the health disparities that LGBTQ people face, and how state employees and contractors can address the needs of LGBTQ clients. The draft also includes content designed to support an inclusive state workforce. For agencies that are already conducting in-person trainings for at least portions of their staff, the Commission recommends that they explore how the content developed by the committee may be useful to train the rest of their staff, or to augment in-person trainings. It is expected that this discussion will continue into FY2019, both with individual agencies and in the interagency committee.

The Commission hopes that once the majority of the work is completed with respect to the training, the committee can shift in FY2019 to discussing data collection, a topic on which many agencies have recommendations in the sections that follow. This is another area in which interagency coordination can produce better results.

Department of Children and Families

FY2019 RECOMMENDATIONS

- 1. Adopt a comprehensive LGBTQ policy.**
- 2. Make the agency's LGBTQ Guide publicly available and easily findable on the agency's website, and create and implement a plan to ensure regular distribution to staff, parents, guardians, and (as appropriate) youth.**
- 3. Identify LGBTQ-friendly foster placements, hotline homes, and residential facilities in every region across the Commonwealth, and store this information in a manner easily accessible to DCF workers, while maintaining appropriate levels of privacy.**
- 4. Expand training programs to all workers and supervisors on issues that affect LGBTQ youth and young adults, while continuing participation in the EOHHS interagency training development and explore potential uses of that training.**
- 5. Ensure revised foster family training is consistently provided by trained presenters, and update training materials for participants.**
- 6. Publish newly-gathered data on sexual orientation and gender identity and explore its implications for DCF service delivery.**

"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

BACKGROUND AND RESEARCH

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

Due to a combination of factors, including the family rejection faced by LGBTQ youth (as described in this report's section on homelessness at page 16), there is reason to believe that LGBTQ youth may be more likely than others to be involved in DCF care, and there is research to confirm that they have specific needs. 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.¹⁸⁰ While 50 percent of LGBTQ youth generally report negative reactions upon coming out to their families, and 26 percent report being kicked out of their home by a family member,¹⁸¹ foster homes may

unfortunately not be safer. A survey of LGB youth in New York City foster homes demonstrated that more than half (56%) of LGB adolescents in the city's foster homes had stayed in the streets for at least one night because they felt unsafe in their foster home.¹⁸² Additionally, LGBTQ youth are more at-risk once released from foster care: one study found that after emancipation, between 12% and 36% of LGBTQ youth who age out of foster care experience at least one episode of homelessness.¹⁸³

Since 2005, DCF has had an internal LGBTQ liaison program, with representation from nearly every area office across the state. These liaisons are DCF workers who voluntarily serve as a resource for their colleagues and area supervisors in order to address the needs of LGBTQ youth. Through the liaisons, DCF has created 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 chair of the state liaison program, DCF employee Effie Molina, was honored by the Commission with an Advancing Equity Award in March 2018 for her work on behalf of LGBTQ youth who are impacted by the DCF system.

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

EXPANDED RECOMMENDATIONS

1. Adopt a comprehensive LGBTQ policy.

The Commission continues to recommend the development of a stand-alone, comprehensive policy regarding nondiscrimination in the provision of services to LGBTQ youth, as it believes that a stand-alone policy is the most transparent, accessible, and feasible option available. The Commission also believes this option to be the most thorough, as every aspect of the needs faced by LGBTQ youth – some of which are unique to this population and may not fit easily with existing policies – are covered within drafts that have been presented to DCF. Furthermore, these drafts have been vetted by many individuals from within and outside of the agency to ensure their inclusiveness. DCF has indicated its preference to update existing policies to include relevant provisions on the needs of LGBTQ youth rather than to implement a comprehensive policy as preferred by the Commission. Should the agency pursue this option, the Commission requests to be kept apprised of its planning and progress to ensure that this effort is successful. The Commission believes that such an approach would require detailed and transparent planning to ensure that it covered every aspect of the issue and was implemented in a reasonable period of time. The Commission thanks DCF for its continued consideration of this important issue, and willingness to engage in productive dialogue.

"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

2. Make the agency's LGBTQ Guide publicly available and easily findable on the agency's website, and create and implement a plan to ensure regular distribution to staff, parents, guardians, and (as appropriate) youth.

In 2015, DCF released "LGBTQ: A guide for working with Youth and Families."¹⁸⁴ This document provides a wealth of information including scripts for discussing gender identity, statistics, laws, and resources, and has already begun to be used as a potential model in other states. Recently, DCF has authorized a third-party to publish the resource on its website, and the Commission encourages DCF to publish the resource on their own website, and to work with the Executive Office of Technology Services and Security (EOTSS) if necessary to ensure that it is easily findable on the new state website. The Commission also encourages DCF to ensure that the guide is systematically shared with new employees as well as re-shared in reminders to existing employees. Finally, the Commission believes that the guide may be useful to parents, guardians, and youth themselves, and encourages DCF to work with its LGBTQ liaisons and with the Commission to explore how to implement a plan for dissemination to these populations.

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

DCF has begun an informal collection of data on LGBTQ-friendly foster parents and facilities, conducted mainly by the LGBTQ liaison in each area office. The Commission has received anecdotal evidence from community members who have offered their homes as LGBTQ-friendly but have not been contacted with a placement. The Commission continues to recommend a more methodological and thorough way of identifying LGBTQ friendly homes and hopes to continue working with DCF in this data collection.

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

DCF regulation (110 CMR 7.104) requires that licensed foster and adoptive homes be able to nurture children, “including supporting and respecting a child’s sexual orientation or gender identity.” DCF has begun to partner with local providers to offer training, but so far has not provided a larger framework to make such training efforts sustainable over time or to enable more permanent culture change. The Commission has heard that LGBTQ training, especially with respect to transgender and gender-nonconforming youth, would be highly beneficial for DCF’s staff to receive on a universal level. DCF is eligible, as a Title IV-E agency, to assess resources from the federal government to provide training to caseworkers on LGBTQ competency. The Commission encourages DCF to learn more about opportunities to access these federal funds. Additionally, LGBTQ content could be offered at monthly staff meetings. The Commission has heard from LGBTQ liaisons that some in-service trainings have been offered in a few offices, and these could prove to be an example for what was successful and what needed improvement to utilize this option (or an alternative) more broadly. Finally, the Commission encourages DCF to continue working with the EOHHS interagency committee on LGBTQ issues to develop an online training that could be used to provide a universal training as a starting point, from which additional training – including specific training on the LGBTQ guide, liaison program, etc. – could be added as in-person sessions.

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

Last year, DCF revised their MAPP training for foster families, updating the training to bring it in line with their most recent LGBTQ inclusive best practices. This updated training corrects many of the outdated material in the old training, which was not based on best practices and which many trainers and trainees found inappropriate. The Commission thanks DCF for updating the trainer’s version of the materials, and encourages it to work on ensuring that the trainers themselves are trained on how to present the material. Furthermore, the Commission understands that the materials received by trainees have not been updated to reflect the changes made to the curriculum. Such changes are necessary to ensure that the improved training has its intended effect.

“[During the LGBTQ portion 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.”... [But] 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

6. Publish newly-gathered data on sexual orientation and gender identity and explore its implications for DCF service delivery.

From late 2017 to early 2018, DCF implemented questions into its system on sexual orientation and gender identity, and provided some instruction on how to ask these questions. This year will be the first in which DCF will have this data in order to begin reviewing. The Commission recommends that DCF monitor this data and share it publicly, when possible, in order to help the Commonwealth learn more about LGBTQ youth and families involved with DCF. This data will help determine what supports this population of LGBTQ youth might need. The first round of data will also likely demonstrate what challenges remain in the collection of data, which likely will need to be addressed by further education of those tasked with collecting data, ideally through targeted training. The work done by DYS in this respect may well prove to be a useful model for DCF to continue to refine its system for data collection mechanisms, training those who collect data, and analyzing the data on a regular basis. The EOHHS LGBTQ interagency committee will also be a strong resource to share DCF's progress and the lessons learned with other agencies that are collecting this data themselves or are considering collecting it.

Massachusetts Commission for the Blind

FY2019 RECOMMENDATIONS

- 1. Continue offering LGBTQ competency trainings and explore how to reach the maximum number of staff, including possibly through the EOHHS interagency training initiative.**
- 2. Continue advising staff on how to collect information like preferred pronouns in client notes and exploring options for increasing data collection relating to sexual orientation and gender identity.**
- 3. Discuss with the Commission how to make the LGBTQ resource map accessible to and inclusive of MCB's population, and explore using it as a resource for MCB's clients.**

BACKGROUND & RESEARCH

The Massachusetts Commission for the Blind (MCB) is the principal agency in the Commonwealth that works on behalf of people of all ages who are blind. Unfortunately, limited research exists that examines the experiences of LGBTQ populations who are blind. Nevertheless, sexual and gender minority identities exist within blind communities. For example, Blind LGBT Pride International, an affiliate of the American Council of the Blind, has been operating since 1996,¹⁸⁵ and convenes regular conferences.¹⁸⁶

Since last year's recommendations, MCB has worked closely with the Commission to establish a liaison, thus meeting their recommendation for FY2018. The Commissioner of MCB, Paul Saner, personally met with representation from the Commission at a meeting in that same fiscal year.

MCB has begun identifying opportunities to fully serve LGBTQ youth, including through LGBTQ-inclusive diversity planning. Further, they have conducted optional staff trainings in 2017 and again in February 2018. The MCB liaison has begun discussions regarding adding preferred pronouns and further inclusive options to intake questions. Future opportunities to expand their outreach and resources for LGBTQ youth could include incorporating LGBTQ information and speaker into their regular guest presentations.

EXPANDED RECOMMENDATIONS

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

As noted above, MCB has begun offering optional trainings on LGBTQ issues for its staff. The Commission recommends expanding these trainings so that, if they are not made mandatory,

they are encouraged and made available for as many people as possible. The EOHHS interagency training initiative may be one way for MCB to ensure that it trains its entire staff in basic LGBTQ competency; it may also be a way to ensure that contractors similarly receive training. Even if the basic, online training is required for all staff, the Commission still recommends that MCB continues with its in-person trainings on specific topics regarding LGBTQ issues, and thanks the agency for beginning this practice.

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

The Commission commends MCB for discussing with staff in training(s) to note preferred pronouns in client notes, and encourages MCB to regularly advise staff on the importance of this practice. Coupling this practice with training on LGBTQ competency, as discussed above, might strengthen results. The Commission understands that MCB explored options for increasing data collection of sexual orientation and gender identity, and decided that at this time, formal collection of this data was not feasible. The Commission encourages MCB to continue exploring how to collect this data so that more can be learned about LGBTQ people served by MCB. The interagency EOHHS committee on LGBTQ issues may be a forum in which MCB can explore best practices and consider potential next steps.

3. Discuss with the Commission how to make the LGBTQ resource map accessible to and inclusive of MCB's population, and explore using it as a resource for MCB's clients.

As the Commission works to publish a virtual resource map for LGBTQ youth, it will appreciate any advice that MCB can provide on making the resource accessible and useful to LGBTQ youth who are visually impaired. The Commission also recommends that MCB considers how the resource might be used to strengthen referrals made by its staff to LGBTQ youth.

Massachusetts Commission for the Deaf and Hard of Hearing

FY2019 RECOMMENDATIONS

- 1. Include categories for sexual orientation and gender identity in databases and agency forms, where appropriate, and train staff on implementation.**
- 2. Continue collaborating with the interagency EOHHS effort to launch a statewide LGBTQ competency training and encourage staff to participate in this training in accordance with interagency strategy.**
- 3. Discuss with the Commission how to make the LGBTQ Resource Map accessible and inclusive to MCDHH's population, and to explore using it as a resource for MCDHH's clients.**

BACKGROUND & RESEARCH

The Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) is the principal agency in the Commonwealth that works on behalf of people of all ages who are Deaf and hard of hearing. Although there 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 HIV transmission, and accurate and culturally competent sexual health information is often unavailable.¹⁸⁷ Such research speaks to a likely gap in inclusive resources and education for Deaf and hard of hearing youth on sexuality and gender.

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

EXPANDED RECOMMENDATIONS

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

MCDHH has explored adding a nonbinary gender marker option to its database and intake forms and aims to do so when funding is available to implement this and other changes it has planned. The Commission recognizes the limitations on funding, but encourages MCDHH to move forward when possible, and also to collect additional data on sexual orientation and gender identity to better understand the needs of LGBTQ people who are deaf or hard of

hearing. The EOHHS interagency committee on LGBTQ matters may be a useful forum in which to discuss practices employed by other agencies as well as potential challenges.

2. Continue collaborating with the interagency EOHHS effort to launch a statewide LGBTQ competency training and encourage staff to participate in this training in accordance with interagency strategy.

MCDHH held an LGBTQ competency training in 2016 for staff and providers. The Commission recommends that, in addition to future in-person trainings on specific topics relevant to LGBTQ coworkers and clients, MCDHH also continue to participate in the EOHHS interagency effort to produce a universal, online training. This training might be useful in ensuring that all MCDHH staff and any contracted providers have a basic understanding of the needs of LGBTQ clients.

3. Discuss with the Commission how to make the LGBTQ Resource Map accessible and inclusive to MCDHH's population, and to explore using it as a resource for MCDHH's clients.

As the Commission works to publish a virtual resource map for LGBTQ youth, it will appreciate any advice that MCDHH can provide on making the resource accessible and useful to LGBTQ youth who are Deaf or hard of hearing. The Commission also recommends that MCDHH considers how the resource might be used to strengthen referrals made by its providers to LGBTQ youth.

Massachusetts Rehabilitation Commission

FY2019 RECOMMENDATIONS

- 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 and continue working with the EOHHS interagency committee to complete a universal training and explore implementation.**

BACKGROUND & RESEARCH

The Massachusetts Rehabilitation Commission (MRC) promotes equality, empowerment, and independence of individuals with disabilities. The role filled by MRC is an important one for LGBTQ youth in Massachusetts, given that data suggest LGBTQ students are more than twice as likely to have a physical disability or long-term health problem than are their peers, and that they are also more likely to report having a long-term learning disability.¹⁸⁸ A major study of adults in the state of Washington found 26% of gay men and 40% of bisexual men have a disability compared to 22% of heterosexual men, and that 36% of both lesbian and bisexual women have a disability compared to 25% of heterosexual women.¹⁸⁹ These and other studies suggest that LGBTQ youth and adults may indeed experience higher rates of disability, and also face greater exclusion from state and social services due to discrimination and stigma, thus making their ability to access the services that MRC provides all the more important.

Since the Commission first issued recommendations to MRC, the agency has offered training opportunities in LGBTQ cultural competency, conducted an internal staff climate survey related to LGBTQ issues, and created an internal LGBTQ working group. MRC has also modified its sexual harassment policy to include gender-neutral language, partially as a test of how they can best update other policies to be more LGBTQ-inclusive. MRC representatives have met regularly with Commission personnel, and an MRC liaison to the Commission, David Sykes, was honored with an Advancing Equity Award from the Commission in March 2018. MRC Commissioner Toni Wolf also met with Commission members personally in FY2018, and had a productive conversation on MRC's progress regarding the Commission's recommendations.

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

EXPANDED RECOMMENDATIONS

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

MRC staff are currently discussing how to implement changes in their intake forms and provide inclusive training for implementation procedures with their Commissioner and federal partners. The Commission commends this progress and recommends that MRC continue working to make more inclusive forms a reality. The Commission expects this to provide MRC with valuable data on the needs of LGBTQ clients, as well as to improve inclusivity of the intake process for clients and quality of service delivered by providers, especially if they have been trained in LGBTQ competency. The EOHHS interagency committee working on LGBTQ matters may be a useful forum in which to discuss challenges and opportunities for improved data collection.

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

The Commission recommends that MRC provide LGBTQ competency training for all staff and providers who work with youth, if not all staff. One way of accomplishing this might be to use the training being developed by the EOHHS interagency committee as a baseline training for all staff and providers, while adding targeted, in-person trainings to build specific skills among specific groups of staff and providers.

Department of Mental Health

FY19 RECOMMENDATIONS

- 1. Finalize and disseminate the new "Prohibition of Unlawful Discrimination Including against LGBTQI Persons" policy and related guidance.**
- 2. Continue facilitating trainings centered on LGBTQ competency, including with respect to youth, and work with the EOHHS interagency committee to develop an online training for potential use.**
- 3. Continue exploring ways to make data collection more LGBTQ-inclusive.**

"I am able to see LGBTQ young people for ongoing psychotherapy, but there are often significant delays and barriers to LGBTQ youth being able to access mental health services. [I] have also heard from clients originally from more rural areas of Massachusetts that there is a lack of LGBTQ-inclusive social programming and mental health services, thus youth may wait until they come to a larger urban area like Boston to access services."

– Provider, Greater Boston Area

BACKGROUND & RESEARCH

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

Beginning in 2014 when Commissioner Fowler identified LGBTQ individuals as a population needing priority attention, DMH has consistently demonstrated leadership in its commitment to LGBTQ youth. Now under Commissioner Mikula, DMH has taken a number of steps to ensure greater support and services to LGBTQ clients across the age spectrum. DMH is currently engaged in a multi-year project to evaluate, strengthen, and advance the cultural competency and services it offers to its LGBTQ clients. In collaboration with experts in the field, DMH has already conducted several needs assessments and identified areas where its services and support are strongest and other areas where DMH needs further training and assistance. DMH has made progress on publishing a nondiscrimination policy and guidance and in training their providers on LGBTQ competency, both of which were recommendations last year. They are also researching ways to improve LGBTQ inclusion in data collection, which is reflected in a new recommendation for FY2019.

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 needing mental health support. The Massachusetts Youth Risk Behavior Survey (MYRBS) indicates that LGBTQ youth are at significantly higher risk than their heterosexual counterparts

for suicidal ideation and substance abuse; for instance, LGBTQ youth are nearly five times as likely to have attempted suicide in the past year as their peers.¹⁹⁰ Recent surveys have shown that specifically for self-identified transgender people attempted suicide rates are particularly high, with one-third reporting attempting suicide at least once in their lifetime.¹⁹¹ These statistics are even higher for youths and young adults,¹⁹² and these at-risk populations need the support of inclusive policies.

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.¹⁹³ Increased victimization among sexual minority youth has been observed to result in increased depression, suicide ideation, and 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 vital that all mental health services, including those in drop-in programs, emergency housing programs, and long term transitional housing programs, are trauma-informed.

"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."

– Service Provider, Metro West

EXPANDED RECOMMENDATIONS

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

Since the FY2018 recommendations were issued, DMH has made significant progress in publishing a nondiscrimination policy for LGBTQ persons, as well as related guidance, having completed their internal review of both. The Commission looks forward to seeing additional progress in FY2019, including the publishing and dissemination of the policy. The Commission expects that the ongoing trainings DMH is providing on LGBTQ competency will make this policy particularly well-disseminated and effective.

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

DMH has accomplished a great deal in training its large number of employees on LGBTQ competency. As of March 2018, DMH has conducted trainings-of-trainers, thus developing their first cadre of employees who will now lead trainings of their colleagues, with the aid of consultants who were hired to design the training program. The Commission encourages DMH to gather and analyze evaluations of these trainings and their long-term retention by staff. The Commission also recommends that DMH explore how to make training available or even mandatory for all vendors. One way of achieving this might be the EOHHS interagency LGBTQ competency training that DMH staff has been involved in producing. Therefore, the Commission recommends that DMH continue to be involved in the development of that training and explore its potential uses, including for contractors.

2. Continue exploring ways to make data collection more LGBTQ-inclusive.

The Commission commends DMH for researching how they might collect comprehensive sexual orientation and gender identity data and otherwise make their data and intake more LGBTQ-inclusive. The Commission recommends that DMH continue to explore options, including by discussing this topic with the EOHHS interagency committee on LGBTQ issues, which may prove a useful forum for sharing and gathering feedback on their research. The Commission looks forward to hearing their progress during FY2019.

Department of Public Health

FY19 RECOMMENDATIONS

- 1. Finalize and implement an LGBTQ nondiscrimination policy for employees and vendors, with particular attention to transgender youth and adults.**
- 2. Collaborate with the Commission to explore how to share information about marketing of HIV-related services.**
- 3. Expand training opportunities for key staff and contracting organizations.**
- 4. Expand the current implementation plan for sexual orientation and gender identity and expression (SOGIE) data standards and increase dissemination of SOGIE data.**
- 5. 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.**

“It’s important as more kids are coming out as LGBT at a young age and there isn’t enough awareness about gay sex being unsafe, too.”

– High School Student, GSA Leadership Council

BACKGROUND AND RESEARCH

The Commission remains grateful to the Department of Public Health (DPH) for its longstanding support of the Commission and of LGBTQ youth communities. DPH clearly recognizes the long-term health and economic benefits of public health interventions with youth. The Commission thanks DPH for providing vital administrative and operational support to the Commission, including housing its staff.

A great deal of research over the past few decades – as detailed in the “State of LGBTQ Youth in the Commonwealth” report above at page 13, particularly the health section at page 25 – demonstrates significant health disparities that fall under DPH’s purview. For example, a major CDC report based on data that included Massachusetts found that sexual minority students reported a higher prevalence of health risk behaviors (relative to their heterosexual peers) ranging from 49 percent to 90 percent in seven out of ten categories, including violence victimization (e.g., did not go to school because of safety concerns), suicidality (e.g., made a suicide plan), tobacco use (e.g., ever smoked cigarettes), alcohol use (e.g., binge drinking), other drug use, sexual behaviors, and weight management (e.g., use of diet pills or laxatives to lose weight).¹⁹⁴ Research also shows that LGBTQ people have elevated rates of trauma,¹⁹⁵ highlighting the need for trauma-informed policy and care in the Commonwealth.

DPH has long been committed to developing consistent policies and practices for working with LGBTQ populations. Notably, DPH administers the Safe Spaces for LGBTQ Youth Program,

which provides critical opportunities for LGBTQ youth to find support, build resiliency, and develop leadership skills. Additionally, DPH has made LGBTQ 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. The Office of Youth and Young Adult Services (OYYAS) within the Bureau of Substance Abuse Services has implemented a plan to increase the capacity of OYYAS and its provider system to serve LGBTQ youth and young adults, and this could well serve as a model for other units at DPH. This effort included reviewing of documents for inclusive language and LGBTQ specific data, exploring strategies for collecting data related to sexual orientation and gender identity, and training staff at all levels to ensure a more welcoming environment for LGBTQ youth and young adults.

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

"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

EXPANDED RECOMMENDATIONS

1. Finalize and implement an LGBTQ nondiscrimination policy for employees and vendors, with particular attention to transgender youth and adults.

DPH has long prioritized services to marginalized populations in its programs. However, not all DPH employees or funded providers fully understand what constitutes discrimination against LGBTQ clients, nor do all employees or providers understand best practices for serving and supporting LGBTQ people. The Commission and DPH have worked together in the past on draft policies and guidance, and the Commission urges 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.

2. Collaborate with the Commission to explore how to share information about marketing of HIV-related services.

In the past, the Commission has received questions from the community about the permissibility of app-based advertising for HIV services among DPH-funded programs. The Commission appreciates the clarification given to it by DPH that such advertising is not prohibited and is subject to an approval process for which multiple campaigns have already been accepted. The Commission looks forward to helping communicate this information to the public, and also

recommends that DPH and the Commission work together to explore best practices and ideas for conducting outreach about HIV-related services to LGBTQ youth, especially LGBTQ youth of color. This includes sharing information about PrEP, about which 80% of queer men were found to know little or nothing as of 2014,¹⁹⁶ and which research shows can be effectively advertised through social media applications.¹⁹⁷ One avenue for pursuing this collaborative discussion could be through the Rappaport Fellow that DPH's Office of HIV/AIDS has graciously agreed to co-sponsor with the Commission for the summer of 2018.

3. Expand training opportunities for key staff and contracting organizations.

Although DPH (and all 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) have modeled an excellent approach of staff training in LGBTQ cultural competency. The Commission recommends that DPH investigate implementing this model in other units, prioritizing those with programs serving youth and young adults. The discussion currently taking place with the EOHHS interagency committee on LGBTQ issues, on which DPH's liaison has played an active role, may help to facilitate the implementation of this recommendation.

4. Expand the current implementation plan for sexual orientation and gender identity and expression (SOGIE) data standards and increase dissemination of SOGIE data.

The Commission commends DPH for beginning a rollout of SOGIE-inclusive questions in three of its data collection mechanisms and encourages DPH to expand this planning to include all DPH entities and surveys as the initial rollout begins. Inclusive data is critical for identifying and addressing LGBTQ health disparities, and the Commission believes that Massachusetts can and should be a leader in inclusive collection of data. The Commission looks forward to supporting DPH as it continues this important work.

5. 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.

The Commission is pleased to have opened a productive conversation with BORIM in the past year. The Commission is 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.

"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."

– Parent, Greater Boston

Office for Refugees and Immigrants

FY2019 RECOMMENDATIONS

- 1. Implement ORI's new LGBTQ nondiscrimination policy and best practices.**
- 2. Work with the Commission to explore promoting its LGBTQ resource map as a tool for LGBTQ immigrants and refugees to find affirming resources.**
- 3. Continue collaborating with the interagency EOHHS effort to launch an interagency LGBTQ training and encourage staff and providers to participate in this training in accordance with interagency strategy.**
- 4. Work with the Commission to explore adding LGBTQ competency and nondiscrimination content to ORI's provider manual.**

"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

BACKGROUND & RESEARCH

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

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

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 research is limited as to how many migrant youth are LGBTQ, one study of undocumented migrants between 18 and 35 found that 10 percent identified as LGBTQ.¹⁹⁸ In some instances, these young people come to the United States seeking to escape persecution or violence based on their sexual orientation or gender identity; one study found that LGBT asylum seekers have high incidences of persecution during

their childhood, experiences of sexual violence, and suicidal ideation.¹⁹⁹ Other asylum seekers come to the U.S. for unrelated reasons but must navigate a system in which their sexual orientation or gender identity compound the challenges they already face as migrants more broadly.

The dual-layer minority status of LGBTQ refugees and immigrants creates obstacles to accessing resources and support. A recent survey of LGBTQ immigrants of diverse backgrounds found that respondents reported high rates of discrimination related to their immigration status as well as sexual orientation and gender identity.²⁰⁰ Additionally, LGBTQ migrant youth may face heightened health and safety risks. In Massachusetts, sexual minority high school students who have been in the United States for six years or less reported higher rates of school victimization and suicidality than heterosexual immigrant youth or sexual minority students born in the U.S.²⁰¹

A recent report posits that “in order to ensure that LGBTQ immigrants thrive, it is critical to invest in culturally competent immigrant integration resources that are responsive to the needs of diverse communities, enabling them to fully participate and contribute to American society”.²⁰² This goal is critical to ensure that all immigrants and refugees are treated fairly and welcomed into communities across the Commonwealth.

EXPANDED RECOMMENDATIONS

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

During FY2018, ORI made progress on the Commission’s recommendation to develop a nondiscrimination policy and best practices guide. As of March 2018, ORI has finalized these documents and has sent them to counsel at EOHHS for review. The Commission thanks ORI for making progress on this goal, and looks forward to seeing the policy and guide implemented in FY2019.

2. Work with the Commission to explore promoting its LGBTQ resource map as a tool for LGBTQ immigrants and refugees to find affirming resources.

Previously, the Commission has recommended that ORI develop and disseminate a resource guide for LGBTQ immigrants and refugees, and also ensure that appropriate referrals are made by its providers who have LGBTQ clients. Because the Commission has been developing its own comprehensive, online resource map, the possibility of using this tool as a resource for ORI’s providers and clients has recently been discussed. The Commission recommends that ORI continue to explore this possibility in FY2019 as the tool is publicly launched. The Commission has offered to design a flier specifically for ORI providers to advertise the tool and how they can use it to find resources for LGBTQ clients. The Commission also hopes that ORI and their providers might offer advice on how to make the tool more useful to and accessible for refugee and immigrant populations, including in prioritizing potential translations for the tool.

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

In FY2018, the Commission recommended that ORI require trainings in basic LGBTQ competency to its contracted providers. ORI had previously held a training in 2016 for their unaccompanied refugee minor program providers. The Commission has held discussions with ORI on the topic of trainings, and heard that contracted providers do occasionally request training in this subject matter, but that ORI feels its capacity is limited to offer such training. One potential solution to this challenge would be to require (or at least offer and promote) use of the new online training being developed by the EOHHS interagency committee on LGBTQ issues. This training would allow ORI's providers to gain a basic understanding of LGBTQ people and how their needs may interact with the needs of ORI's general client population. ORI may also want to explore offering training specifically on the needs of LGBTQ refugees or immigrants, or connecting providers to existing trainings and resources in this field. Starting with the online training for all providers would provide a foundation and perhaps educate providers who might not currently self-select to participate in such a training to learn that they do, in fact, serve LGBTQ people, and could benefit by learning more.

4. Work with the Commission to explore adding LGBTQ competency and nondiscrimination content to ORI's provider manual.

Because ORI has limited capacity to offer trainings to its providers, another way of ensuring that information is disseminated and that providers understand the needs of LGBTQ clients would be to include information in ORI's provider manual. Basic information – like definitions of who comprises the LGBTQ community, examples of challenges and disparities facing LGBTQ refugees and immigrants, and available resources (such as the Commission's resource map) – would prove to be a useful starting point in educating providers and ensuring that they have at least some of the tools that they need. The Commission hopes to further explore this possibility with ORI during FY2019, and is happy to offer technical assistance and potentially funding to see a plan come to fruition.

Department of Transitional Assistance

FY2019 RECOMMENDATIONS

- 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, and continue collaborating on the EOHHS interagency training effort.**
- 3. Require vendors to provide training and professional development to caseworkers on sexual orientation, gender identity, and the needs of LGBTQ youth.**

BACKGROUND & RESEARCH

The Department of Transitional Assistance (DTA) assists low-income individuals and their families to meet their basic needs, increase their incomes, and improve overall quality of life. Evidence suggests that LGBTQ people are disproportionately food insecure compared to non-LGBTQ peers. A national study found that LGB adults raising children are nearly twice as likely as their heterosexual counterparts to receive SNAP benefits.²⁰³ Sexual minority young adults aged 18 to 24 also show a stark disparity, with 26 percent of LGB youth participating in SNAP compared to 17 percent of heterosexual youth.²⁰⁴

More broadly, data indicate that LGBTQ communities are particularly vulnerable to poverty. According to one analysis of national census data, individuals in same-sex couples are more likely than their counterparts in different-sex couples to report receiving TANF.²⁰⁵ Poverty rates are especially high among some LGBTQ parents and some LGBTQ communities of color.²⁰⁶ Furthermore, commonly cited estimates suggest that approximately 40 percent of homeless youth are LGBTQ and that one in five transgender individuals between the ages of 18 and 24 have experienced homelessness, with many also experiencing neglect, abuse, or violence.²⁰⁷ For more information on homelessness, factors resulting in housing insecurity, experiences while homeless, and services for those experiencing homelessness, see page 16.

The Commission has appreciated collaboration with Commissioner Jeff McCue and the work that has already been done to make the local DTA offices more affirming of LGBTQ youth. The Commission congratulates 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. DTA has been part of the EOHHS interagency committee on LGBTQ issues, and has also been represented on the subcommittee working on an interagency LGBTQ training. The Commission hopes that this online training might be a way for DTA to provide all its employees with basic competency training.

EXPANDED RECOMMENDATIONS

1. Designate staff to develop LGBTQ-inclusive policies within DTA services and contract agencies.

As exemplified by the LGBTQ liaison system 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. The Commission urges 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.

2. Provide LGBTQ cultural competency training for all staff, especially those caseworkers involved in direct service provision, and continue collaborating on the EOHHS interagency training effort.

Domestic violence specialists at DTA have independently sought out LGBTQ competency training from community organizations, including Fenway Health's Violence Recovery Program and The Network/La Red. The Commission recommends that DTA incorporate routine LGBTQ cultural competency training for all staff and update customer service protocols to better meet the needs of LGBTQ youth clients. The Commission encourages DTA to collaborate with other state agencies and community partners to realize these trainings. One way to accomplish this might be through the EOHHS interagency training effort, in which DTA's liaison to the Commission has been an active and valued participant. This online training might provide a universal starting point for all DTA staff, from which separate trainings could be tailored to specific needs of subsets of staff, starting with a focus on domestic violence specialists.

3. 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 within state agencies and by vendors providing state services. The Commission recommends 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. Especially given that DTA works in collaboration with DCF and other state agencies, the EOHHS interagency training may prove especially useful in achieving this goal.

Department of Youth Services

FY2019 RECOMMENDATIONS

- 1. Implement regular reviews of data related to sexual orientation and gender identity and continue to test, validate, and modify methods as appropriate.**
- 2. Review educational and clinical curricula on an ongoing basis in order to increase awareness of the diversity of youth in DYS care.**
- 3. Continue to provide LGBTQ training curriculum for existing and incoming staff and vendors, and evaluate the effectiveness of such trainings.**
- 4. Collaborate with the Commission to explore how to implement LGBTQ-inclusive material into existing curricula and programming provided to youth in its care.**
- 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

BACKGROUND & RESEARCH

The Department of Youth Services (DYS) is the state agency charged with serving youth in pre-trial detention or youth committed as juvenile delinquents or youthful offenders. DYS has led the nation in developing and implementing policy and guidelines to prohibit discrimination and harassment against LGBTQ youth. The DYS policy and guidelines, which became effective in July 2014, were developed through collaboration with community advocates, including members of the Commission. DYS has received state and national recognition for their work on behalf of LGBTQ young people. Since the implementation of these changes, DYS staff has kept the Commission apprised of their progress and DYS Commissioner Peter Forbes has met with representation from the Commission multiple times. DYS Deputy Commissioner Ruth Rovezzi also led representation from the Commission on a tour of one of DYS's facilities in Taunton to provide the Commission with a better understanding of the services that DYS provides and the changes it has made to better serve LGBTQ youth. The Commission appreciates the level of engagement that senior leadership at DYS has shown.

Research from across the country suggests that LGBTQ youth are overrepresented within the juvenile justice system, with approximately 20 percent of youth in detention facilities identifying as LGBTQ.²⁰⁸ These youth may come in contact with the system after experiencing family rejection, homelessness, school harassment, and “survival crimes” such as theft or sex work. Massachusetts data indicate that LGBTQ youth are more likely to be gang-involved than non-LGBTQ youth, skip school because they feel unsafe, and be involved in a fight at school.²⁰⁹ LGBTQ girls are especially likely to be system-involved, with approximately 40 percent of girls – disproportionately girls of color – in juvenile detention facilities identified as LGBTQ or gender-nonconforming.²¹⁰

There is an emerging body of national literature indicating that LGBTQ youth are punished more harshly than their heterosexual and non-transgender peers. Sexual minority youth are punished more harshly in schools and in the court system than heterosexual youth, a pattern not explained by rates of infraction.²¹¹ Sexual minority youth also report being suspended or expelled from school at higher rates than heterosexual students.²¹² 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.²¹³ For a detailed discussion on the risk factors LGBTQ youth face for involvement in the juvenile justice system, and their experiences there, see page 20 above.

EXPANDED RECOMMENDATIONS

1. Implement regular reviews of data related to sexual orientation and gender identity and continue to test, validate, and modify methods as appropriate.

The Commission commends DYS for the changes it has implemented in its intake process to collect data relating to sexual orientation and gender identity (SOGI) in a thoughtful, thorough, and confidential manner. It also supports the goal identified by DYS leadership of integrating a regular review of this data into its process for reviewing other related forms of data. The Commission looks forward to supporting DYS in any way possible as the agency refines its practices for collecting this data and implementing a regular review process.

2. Review educational and clinical curricula on an ongoing basis in order to increase awareness of the diversity of youth in DYS care.

The Commission appreciates the work that DYS has done to make its educational and clinical curricula LGBTQ-inclusive. Given that information on provision of services to this population is rapidly expanding, the Commission recommends that DYS continue to regularly review and update these curricula as appropriate. The Commission looks forward to sharing updated research and research with DYS when possible

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

The Commission commends DYS for implementing LGBTQ competency training for every member of its staff, thus providing an excellent example for other state agencies to achieve the Commission's core recommendation on implementing such training (see page 7 above). Recently, DYS has taken the additional step of integrating this LGBTQ competency training into its basic training, thus ensuring that DYS staff receive instruction early in their tenure and in a uniform manner. The Commission appreciates the evaluation that DYS has done so far, supports its goal of conducting additional evaluation to measure the effects of this training, and encourages DYS to use this data to consider how training might be improved. The Commission also encourages DYS to continue its participation in the EOHHS interagency effort to develop a universal, online basic training. While the Commission believes that it will likely be more productive for DYS to continue its in-person training, which has components specific to the needs of DYS staff, it will be helpful to have DYS's perspective in the interagency conversations and to see how, if at all, the online training might be useful to DYS in the future.

"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... 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

4. Collaborate with the Commission to explore how to implement LGBTQ-inclusive material into existing curricula and programming provided to youth in its care.

The Commission had previously recommended that DYS explore how to utilize youth in its care as peer leaders to increase understanding and acceptance of LGBTQ peers and thus increase safety of these youth in its care. The Commission appreciates that DYS believes more discussion is needed on how to do this and recommends that DYS also explore incorporating LGBTQ-inclusive material into its existing curricula, much as the Commission has worked with DESE to do in public schools. The Commission appreciates DYS's willingness to engage in this conversation and looks forward to working together in the new fiscal year.

5. Brief the Commission on 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.

The work that DYS has done to improve the safety of LGBTQ youth in custody should help to decrease the risks that LGBTQ youth generally face while involved in juvenile justice systems, as described in the Commission's research to this effect at page 20 above. The Commission appreciates DYS's efforts to provide it with reports that will regularly be submitted as part of the requirements under PREA, and looks forward to reviewing this information.

Executive Office of Public Safety and Security

FY2019 RECOMMENDATIONS

- 1. Convene an interagency committee to discuss the needs of LGBTQ young people involved with EOPSS agencies and explore options for data collection, training, and policies.**

BACKGROUND & RESEARCH

The Executive Office of Public Safety and Security (EOPSS) oversees several agencies that impact the lives of LGBTQ youth and young adults, including the State Police, Department of Correction, Sex Offender Registry Board, Municipal Police Training Committee, and Parole Board. In FY2018, the Commission recommended that EOPSS appoint a liaison to begin working with us on addressing the needs of LGBTQ youth involved in their agencies. EOPSS fulfilled this recommendation and held two meetings with Commission representatives during the past fiscal year to begin discussions.

The Commission has been pleased by the nationally-recognized work that has been accomplished within the juvenile justice system in Massachusetts, as discussed at page 64 above, and hopes that the momentum from these efforts will carry forward throughout the agencies under EOPSS. There are several positive training initiatives that provide a precedent for working on LGBTQ issues within public safety sectors, including LGBTQ cultural competency trainings undertaken by the Cambridge Police Department.

Homelessness, financial insecurity, family rejection, and poor school climates mean that LGBTQ young people are disproportionately likely to come into contact with the public safety and criminal justice systems. Often, these interactions start while youth are still minors and continue into their early adulthood. For instance, a national study shows that lesbian, bisexual, and questioning girls in detention are approximately twice as likely as their heterosexual peers to have been detained for engaging in the sex trade, and gay, bisexual, and questioning boys are approximately ten times as likely.²¹⁴ LGBTQ youth are also more likely than their non-LGBTQ peers to be detained for status offenses such as truancy, running away from home, and probation violations.²¹⁵

Indeed, national research found that nearly three quarters of all LGBTQ people and people living with HIV had contact with police in the previous five years.²¹⁶ Additionally, a quarter of respondents who recently had contact with police reported experiencing misconduct or harassment, such as profiling, false arrests, verbal or physical assault, or sexual harassment or assault, with higher rates among LGBTQ respondents of color and low-income respondents.²¹⁷

Within detention settings, LGBTQ individuals are at increased risk for violence and victimization. While the Commission has relatively little data specific to Massachusetts, data from the Bureau of Justice Statistics suggest that nationally, non-heterosexual prison inmates experience sexual victimization from other inmates at about ten times the rate of their heterosexual counterparts, and that they experience sexual victimization from staff at more than twice the rate of heterosexual inmates.²¹⁸ 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.²¹⁹

Detailed information on the experiences of LGBTQ youth in the criminal justice system can be found on page 20.

EXPANDED RECOMMENDATIONS

1. Convene an interagency committee to discuss the needs of LGBTQ young people involved with EOPSS agencies and explore options for data collection, training, and policies.

The Commission has seen success working within an interagency model at EOHHS and has supported discussions between EOHHS and EOPSS on how that model could be applied to EOPSS's agencies. The Commission recommends this approach to ensure that discussions on LGBTQ youth are coordinated, particularly because topics like data collection and nondiscrimination policies may not function well in isolation within the larger EOPSS system. Furthermore, the EOHHS interagency training that is being developed may serve as a useful tool for the EOPSS agencies to adopt once it has launched. Once interagency discussions have begun, the Commission would be pleased to appoint liaisons to individual agencies who wanted to have deeper discussions or receive additional support.

The Commission has been encouraged by the recent criminal justice reform effort at the State House, and the prospect of a special commission to look into LGBTQ health during incarceration.²²⁰ However, much work still needs to be done. Identifying the most relevant partners at each of EOPSS's agencies and bringing them together to begin a conversation on the important topic of LGBTQ equity would be an excellent first step. This effort is especially critical with respect to LGBTQ youth of color, who face both greater safety needs and higher rates of being incarcerated.

Additional State Entities

Registry of Motor Vehicles

FY2019 RECOMMENDATIONS

- 1. Implement the nonbinary gender marker option in the RMV's new licensing system.**
- 2. Provide cultural competency training for all line staff.**
- 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. Create and implement a policy to promote nondiscriminatory services for LGBTQ young people.**

"More than one in ten homeless youth are unable to access needed services because they lacked proper identification, and this number is almost surely higher for LGBTQ youth who face intersecting forms of discrimination and marginalization. When an LGBTQ youth who is experiencing homelessness is denied services or does not even attempt to access services because they lack a state document, they relive the victimization they have faced, such as rejection by their families and 'falling through the cracks' of state services."

– Commission testimony to the Joint Committee on Transportation

BACKGROUND & RESEARCH

The Massachusetts Commission on LGBTQ Youth is pleased to have an ongoing relationship with the Registry of Motor Vehicles (RMV), whose work is relevant to that of the Commission because it oversees the provision of state IDs. Accurate and up-to-date identity documents are critical for LGBTQ young people to access education, employment, services, bank accounts, and more, and youth who lack ID facing higher risk of adverse encounters with law enforcement.²²¹ Since the passage of REAL ID legislation in Massachusetts, the Commission has been committed to supporting the RMV on implementation that best meets the needs of LGBTQ young people. The Commission has also been pleased to have been involved with the RMV as it implemented a new licensing system in March 2018.

The RMV made a major change in FY2018 that now allows transgender people to self-attest that they identify with a gender other than their birth sex. This had been a priority of the Commission, given the financial and emotional burden as well as the stigmatizing effect of having to seek documentation from a doctor to verify that their gender identity is "genuine." Lacking ID that reflects one's gender identity is also incredibly harmful. One recent study found that nearly one third of transgender individuals who showed ID incongruent with their gender

presentation had a negative experience such as being harassed, denied services, or attacked.²²² The Commission hopes that this policy change, in addition to changes that would come should the RMV implement the recommendations below, would address concerns it has heard in the past about transgender people encountering unfriendly attitudes, being laughed at, or hearing staff talking about them and their appearance while processing forms.

ID access is also particularly relevant for LGBTQ youth experiencing homelessness, a crisis described in detail at page 16 above. The 2017 Massachusetts Youth Count demonstrated that 9% of youth experiencing homelessness were not able to access needed services because they did not have proper ID, down from 15% in the 2016 survey.²²³ National partners such as the American Bar Association and the U.S. Interagency Council on Homelessness have also found that access to ID documents is an important issue for young people experiencing homelessness.²²⁴ In the fall of 2014, the Commission held a Boston-area convening of youth-serving community organizations. Providers and young people identified lack of access to state-issued identification as a major barrier to services for homeless and low-income youth. Young people sometimes leave their homes of origin in a hurry and returning for ID cards may be physically or emotionally unsafe. In other instances, ID cards are stolen, lost, or confiscated while youth are experiencing homelessness. Furthermore, even a \$25 fee to obtain ID cards may be out of reach for young people experiencing homelessness. Other barriers include requirements for minors to obtain parental consent, as well as residency requirements that necessitate a specific address. The latter challenge disproportionately impacts LGBTQ youth separated from their families because of conflicts related to their LGBTQ identities.

Recent changes with respect to the federal REAL ID Act increase barriers for youth to access an ID, and the Commission has worked with the RMV, as well as testified before the Joint Committee on Transportation, on the importance of this issue for LGBTQ youth.²²⁵ Many other states have taken action to address these barriers while maintaining compliance with the federal REAL ID regulations,²²⁶ and their actions might provide guidance to Massachusetts as it addresses the same concerns.

EXPANDED RECOMMENDATIONS

1. Implement the nonbinary gender marker option in the RMV's new licensing system.

The Commission commends the RMV for including space for a nonbinary gender marker in its new licensing system. However, while the RMV has committed to making this option available soon,²²⁷ it has not yet been activated. The Commission encourages the RMV to begin utilization of the new option as soon into FY2019 as possible. This will allow Massachusetts to join the growing number of states and countries that are already providing a third marker in identification documents, and also bring the RMV in alignment with changes that the Department of Elementary and Secondary Education made to its own records system in 2016.

2. Provide cultural competency training for all line staff.

The Commission recommends that the RMV provide mandatory LGBTQ competency training for all staff, especially those who are client-facing, that includes basic cultural competency and specific instructions on the needs of transgender and gender-nonconforming clients. These include understanding new policies on self-attestation of gender identity and the nonbinary ID marker. While training is critical to addressing the concerns expressed by community groups regarding the cultural competence of RMV staff, the Commission advises the RMV to not delay making the nonbinary gender marker option available until after training is completed. Rather, a training plan could be implemented as clients begin to adopt the nonbinary option.

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.

The Commission thanks the RMV for continuing to discuss ways in which ID access can be improved for youth experiencing homelessness and others who may be experiencing housing instability or conditions that make it difficult to acquire an ID. The Commission's recommendations for improving access have included removing the requirement for a parent or guardian's consent for youth over the age of 14, expanding accepted forms of supporting identification, and appointing a designated service coordinator for unaccompanied youth. The Commission has also suggested considering unaccompanied youth in community outreach initiatives, such as by coordinating with other state agencies serving vulnerable young people or participating in youth- or LGBTQ-targeted events. The Commission twice provided testimony to the Joint Committee on Transportation regarding ID access for LGBTQ youth experiencing homelessness,²²⁸ and hopes that this discussion can continue with the RMV and the Unaccompanied Homeless Youth Commission in the new fiscal year.

4. Create and implement a policy to promote nondiscriminatory services for LGBTQ young people.

The Commission has previously worked with the RMV on drafting a policy and guidance to promote nondiscriminatory services for LGBTQ young people. The Commission continues to recommend that the RMV finalize and implement these documents. Implementing the training described above will improve the likelihood that the policy will effectuate real, positive change.

Regional Transit Authorities

FY19 RECOMMENDATIONS

- 1. Work with the Commission to establish a pilot project to study impediments to and best practices for addressing the mobility needs to connect LGBTQ youth to LGBTQ community groups.**
- 2. Include LGBTQ-serving organizations as transit activity generators and participants in any short- or long-term planning for regional transportation.**

"Growing up in a town so secluded from the city, there were no easily accessible resources for me before I had a driver's license. I felt completely isolated from my LGBTQ peers. I was extremely depressed as a result and, when I was verbally and physically assaulted for my orientation in middle school, I became suicidal... I would like to see more opportunities available for LGBTQ youth outside of Boston to establish support networks."

– Transgender youth, Southeastern Massachusetts

BACKGROUND & RESEARCH

The MassDOT Rail & Transit Division oversees fifteen Regional Transit Authorities (RTAs) in six regions across the Commonwealth: Boston, Northern, Central, Western, and Cape Cod & Islands. The Commission looks forward to collaborating with the RTAs of the Commonwealth to highlight the need to connect LGBTQ youth, as an underserved population, to LGBTQ youth-serving organizations in suburban and rural parts of the Commonwealth.

An analysis of known LGBTQ-specific or -friendly resources conducted by the Commission found that approximately 90% are located in the eastern half of the state, and even there, are concentrated in major population centers.²²⁹ A national report found that LGBTQ youth living in rural areas were significantly less likely to have access to affirming community groups or programs, with only 30% of rural LGBTQ youth reported having access to such a group in their community compared to 51% of their urban counterparts.²³⁰

The Commission looks forward to building stronger connections to the RTAs into the next fiscal year, and to helping facilitate partnerships between the RTAs and community organizations. MassDOT has been helpful in providing other ideas for potential collaborations with the Commission, such as examining partnerships with car sharing services and improving access to MBTA CharlieCards for Boston-area students. The Commission looks forward to continuing this productive dialogue with MassDOT in the fiscal year ahead.

EXPANDED RECOMMENDATIONS

- 1. Work with the Commission to establish a pilot project to study impediments to and best practices for addressing the mobility needs to connect LGBTQ youth to LGBTQ community groups.**

To date, the Commonwealth has not conducted an explicit assessment of the transportation needs of LGBTQ youth, particularly in rural and suburban areas. In order to evaluate whether existing transit infrastructure can meet the demonstrated needs of LGBTQ youth, the Commission recommends that RTAs open dialogues with local LGBTQ organizations and student groups on how to assess their needs and address transportation barriers. LGBTQ youth-serving organizations such as the Massachusetts GSA Student Leadership Council and the AGLY network, which have member organizations serving LGBTQ youth throughout much of the Commonwealth, might be particularly useful in gathering the information needed to effectively coordinate existing transit options and appropriately direct new resources. The Commission looks forward to beginning a dialogue with the RTAs on this possibility, and appreciates any assistance MassDOT can provide in facilitating connections.

- 2. Include LGBTQ-serving organizations as transit activity generators and participants in any short- or long-term planning for regional transportation.**

Given LGBTQ youth's reliance on public and community-operated transportation when accessing local and regional resources, the Commission recommends that RTAs explore ways to factor LGBTQ-serving organizations into any short- and long-term planning that they conduct. This could include ensuring that these organizations are noted as "activity-generators" in the planning of transportation needs, as well as inviting participation from the AGLY Network and the Massachusetts GSA Student Leadership Council in planning discussions.

Massachusetts Board of Library Commissioners

FY19 RECOMMENDATIONS

- 1. Share resources for LGBTQ youth on the public resource portal.**
- 2. Work with the Commission to explore creating programming opportunities, trainings, and resources for librarians on LGBTQ youth issues.**

"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

BACKGROUND & RESEARCH

The Massachusetts Board of Library Commissioners (MBLC) is the agency of state government with the statutory authority and responsibility to organize, develop, coordinate, and improve library services throughout the Commonwealth. Libraries are a vital resource for LGBTQ youth and their supporters, including, increasingly, access to information technology.

The Commission is pleased to have established a partnership with MBLC that engages librarians around issues impacting LGBTQ youth. The Commission congratulates MBLC on starting to assess the availability of single-stall, gender-neutral bathrooms among libraries in the Commonwealth, and explaining to librarians why this is important. An MBLC staff person also gave a presentation on how libraries can better serve LGBTQ youth, in keeping with a past recommendation of the Commission.

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. While resources such as the American Library Association's Rainbow Project Book List are easily accessed and widely used, many library patrons may be unaware of them.²³¹

MLBC's work touches on at least two of the three focus areas identified by the Commission. The first, LGBTQ youth homelessness, is one on which the Commission and MLBC have already shared ideas and resources. One study found that 47 percent of the homeless youth reported public libraries were the main sites granting them access to the internet, which permits

communication with family, friends, caseworkers, and prospective employers.²³² Libraries are likely also a key resource for LGBTQ youth experiencing homelessness because they are open during the day when shelters are closed and often provide programming for underserved populations. The American Library Association has issued a policy statement on homelessness that MBLC has made available for its librarians.²³³ The second of the Commission's focus areas in which MBLC also works is criminal justice, as MBLC provides library services to incarcerated persons. The Commission looks forward to working with MBLC on these and other issues facing LGBTQ youth.

EXPANDED RECOMMENDATIONS

1. Share resources for LGBTQ youth on the public resource portal.

MBLC maintains a public portal of resources for consumers, and the Commission thanks them for offering to add LGBTQ youth resources to this portal. The Commission looks forward to working with MBLC to identify which resources might be most useful to include.

2. Work with the Commission to explore creating programming opportunities, trainings, and resources for librarians on LGBTQ youth issues.

MBLC provides resources to librarians and also provides funding and support for the Massachusetts Library System, which conducts training for library staff. MBLC has expressed interest in working with the Commission to identify resources that might be especially useful for librarians that are either preexisting or that could be developed to increase their knowledge of issues facing LGBTQ youth, ways libraries can support them, relevant literature exploring LGBTQ themes, and more. The Commission and MBLC also expressed a mutual interest in the topic of family acceptance of LGBTQ youth, and how libraries could be a space for pilot programming to take place. The Commission looks forward to exploring options together and potentially funding the creation of resources, trainings, and programs.

Department of Housing and Community Development

FY2019 RECOMMENDATIONS

- 1. Establish a coordinated plan within DHCD for addressing the needs of LGBTQ youth served.**
- 2. Provide LGBTQ cultural competency training to staff and providers to improve access to and quality of shelter and housing for LGBTQ youth.**
- 3. Finalize, adopt, and distribute a policy and guidelines to promote safety and privacy of LGBTQ youth and/or those transitioning genders in shelters.**
- 4. Identify intake documents for which revisions could help address the needs of LGBTQ youth, and initiate planning for making updates as appropriate.**

BACKGROUND & RESEARCH

The Department of Housing and Community Development (DHCD) is responsible for providing safe and affordable housing options for Massachusetts residents, including oversight of regional networks of shelter agencies and partners 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.

Reports indicate that youth who are LGBTQ are at higher risk for homelessness than the general youth population and are often subject to stigma and discrimination, as detailed in depth in the research on homelessness at page 16 above. The Commission convened community members and experts to discuss the issue of LGBTQ youth homelessness in December 2017, and held a legislative briefing and formal Commission meeting discussion on the topic of out-of-home youth that same month. The overwhelming consensus of those conversations, which has also been confirmed by the 2017 Youth Count report, is that LGBTQ youth face unique barriers in accessing services and often feel unsafe using existing shelters.²³⁴ As a result, homeless LGBTQ youth experience violence and victimization on a more frequent basis, and may engage in survival behaviors that put them at increased risk of negative health outcomes and involvement in the criminal justice system. The 2017 Youth Count, for example, showed that LGBTQ youth were twice as likely to trade sexual acts for money, shelter, or food as were non-LGBTQ youth experiencing homelessness.²³⁵ Additionally, state data indicates significantly higher rates of substance use, bullying, suicide attempts, and sexual violence among homeless LGB youth than among housed LGB youth or housed or homeless heterosexual youth.²³⁶

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.²³⁷ Parents who are struggling to navigate homelessness may be particularly in need of assistance from state agencies or providers in supporting and locating resources for their LGBTQ children.

EXPANDED RECOMMENDATIONS

1. Establish a coordinated plan within DHCD for addressing the needs of LGBTQ youth served.

DHCD is involved in and impacted by the LGBTQ youth-related work happening elsewhere in state government, such as the Commission on Unaccompanied Homeless Youth and the State Plan to End Youth and Young Adult Homelessness. The agency is aware that these entities are considering the needs of LGBTQ youth, and the Commission recommends that they incorporate the work being conducted and create their own plan to support LGBTQ youth who are served by their programs and contractors. Additionally, DHCD has noted that some of its contractors have done work relevant to LGBTQ youth and that gathering information about contractor practices might be useful.

2. Provide LGBTQ cultural competency training to staff and providers to improve access to and quality of shelter and housing for LGBTQ youth.

The Commission recommends that DHCD implements trainings on LGBTQ competency for its staff and contractors, especially for those in services in which the Commission has heard the greatest concern, such as domestic violence services. DHCD has noted that it does not have funding for this in the 2019 fiscal year. DHCD is interested, however, in working with the Commission's support to explore a pilot training or training-of-trainers during FY2019 as a starting point. They are also interested in the prospect of a statewide, online training, should one be made available as a result of the Commission's current work and core recommendation to state government on this topic. The Commission looks forward to working with DHCD to achieve this training goal through a combination of means, and encourages DHCD to continue working together and to explore possible sources of funding for the future.

3. Finalize, adopt, and distribute a policy and guidelines to promote safety and privacy of LGBTQ youth and/or those transitioning genders in shelters.

DHCD is engaged in drafting a policy relating to the needs of LGBTQ youth who are impacted by its services. The Commission encourages DHCD to finalize and implement this policy. Questions of placement of LGBTQ (and especially transgender and gender-nonconforming youth) as well as their treatment and safety while in public housing or a shelter are critical to the health and safety of these youths, and the Commission believes that these needs are best addressed through a formal policy. The Commission looks forward to supporting DHCD in this process.

4. Identify intake documents for which revisions could help address the needs of LGBTQ youth, and initiate planning for making updates as appropriate.

The Commission thanks DHCD for reviewing its data collection practices with respect to transgender and gender-nonconforming youth, and for thoughtfully considering how the intake process involving this data impacts the lives of LGBTQ youth and their families. The Commission encourages DHCD to continue this internal discussion and that which has begun with the Commission, and to begin exploring how it can revise its data collection and intake practices to be LGBTQ-inclusive and to allow self-determination of gender identity to the greatest possible extent under the law. DHCD notes that this process will likely be dependent on availability of resources, particularly with respect to modification of documents that would require translation in accordance with DHCD's Language Access Plan; as such, the Commission requests that DHCD periodically update it on the progress of its analysis and planning, and offers to assist DHCD whenever possible throughout the process.

Department of Career Services

FY2019 RECOMMENDATIONS

- 1. Continue to partner with the Commission and social service providers to offer career readiness resources for LGBTQ youth who face barriers to employment, such as career fairs targeting LGBTQ youth around the Commonwealth.**
- 2. Create and distribute model intake forms for DCS programs in line with best practices on LGBTQ data collection.**

BACKGROUND & RESEARCH

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 and referrals to jobs and training. The Commission had previously worked with DCS to update and revise its nondiscrimination policy to be LGBTQ-inclusive, and nondiscrimination and best practice guidelines were released to all DCS staff and career centers as of June 2017. DCS has begun conversations about changing intake forms to become more inclusive and will continue working toward this goal. Additionally, the DCS liaison is working towards planning career fairs targeting LGBTQ youth around the commonwealth. The Commission looks forward to working closely with DCS to continue increasing LGBTQ-inclusive resources and trainings.

LGBTQ youth are more likely to experience several risk factors that make obtaining employment more difficult, such as homelessness, unsafe educational environments, lacking proper ID, and involvement in the criminal justice system. Unsafe or under-resourced schools and disproportionate rates of school suspensions and arrests put LGBTQ youth of color at a particular disadvantage when entering the workforce. Transgender adults and LGBTQ adults of color have significantly higher unemployment rates than the national average, suggesting that the obstacles that LGBTQ youth face in obtaining employment often follow them throughout their lifespans.²³⁸

A survey of LGBTQ youth of color who live, work, or spend time in Boston found that while significant numbers had access to leadership development and skill-building opportunities, only 57 percent had a paid job or internship, with many wanting but lacking such opportunities.²³⁹ Approximately one in five respondents felt there was no more than a 50% chance that they would have a good job by the age of 30.²⁴⁰ 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.

One way to address LGBTQ inclusive career services is through planning and creating career fairs that are specifically targeted towards LGBTQ youth. Several organizations offer LGBTQ specific career and college fairs, but these are few in number and spread throughout the country.²⁴¹ The support of DCS in establishing an LGBTQ youth-focused career fair might provide inclusive career options for many Massachusetts youth in need of them.

EXPANDED RECOMMENDATIONS

- 1. Continue to partner with the Commission and social service providers to offer career readiness resources for LGBTQ youth who face barriers to employment, such as career fairs targeting LGBTQ youth around the Commonwealth.**

The Commission encourages DCS to continue expanding its partnerships 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 career fair aimed at LGBTQ youth 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.

The Commission also recommends 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 the Commission encourages DCS to rely on New York State as a model.²⁴²

Finally, the Commission thanks DCS for sharing with its staff the guidance the Commission issued in recognizing gender identity diversity in state workplaces, and believes that such practices can also improve the inclusiveness of services provided by DCS to LGBTQ youth.

- 2. 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. The Commission recommends that DCS provide a model for program intake forms that include response options beyond “male” and “female,” a step that is particularly salient now that public school students can elect to use a nonbinary gender marker, and that the RMV is also approaching readiness to offer such an option. The Commission also suggests 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.

Appendix A: Glossary of Terms

Assigned sex: the sex (e.g. “male” or “female”) that is noted on an individual’s birth certificate issued at birth. This is also referred to as sex assigned at birth, birth sex, and/or sex recorded at birth. Some individuals may opt to change the sex assigned to them on their birth certificate to better reflect their gender identity.

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

Cisgender: a term used for someone whose gender identity matches their sex assigned at birth, i.e. who is not transgender or gender-nonconforming.

Conversion therapy: a harmful and discredited practice that seeks to change another person’s sexual orientation and/or gender identity.

Coming out: the process of self-disclosing one’s sexual orientation and/or gender identity to themselves and others. 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: most commonly, a man who self-identifies as having an emotional, sexual, spiritual, and/or relational attraction to other men. This term is preferable to “homosexual,” which has clinical overtones that some 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 an identity entirely different. Gender identity is separate from sexual orientation.

Gender expression: how a person publicly represents or expresses their gender identity to others. Every person has a gender identity, and makes choices on how they express this identity with how they speak or act, wear their hair, dress, and otherwise present themselves to the world. A person’s gender expression may be different from the gender norms that are generally associated with that person’s sex assigned at birth.

Gender binary: the idea that there are only two sexes/genders (male and female, or masculine and feminine) and that they are distinct, opposite forms of each other.

Gender dysphoria: formerly known as Gender Identity Disorder (GID), and described as the extreme discomfort or distress resulting from a mismatch between one’s sex assigned at birth

and one's gender identity. Gender dysphoria is also the formal diagnosis for transgender identity in the Diagnostic and Statistical Manual, fifth edition, (DSM 5). In order to be diagnosed with gender dysphoria, one must have a marked incongruence between one's experienced/expressed gender and assigned gender for at least six months. In children, 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-nonconforming (GNC): a term used to describe people whose gender expression differs from stereotypical expectations of gender appropriate behavior or ways men and women are expected to act. Not all gender non-conforming people identify as LGBTQ. This may also be referred to as gender variance.

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, and primary and secondary sex characteristics differs from one of the two expected patterns of male or female. This term replaces "hermaphrodite," which is considered highly offensive.

Latinx: a person of Latin American origin or descent. This term is used as a gender-neutral or nonbinary alternative to the masculine Latino or feminine Latina.

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

Men who have sex with men (MSM): a term commonly used in scientific literature, particularly that relating to HIV, to refer to men who engage in sex with other men. However, the use of this term is often not precise and may not honor people's identities. For example, it sometimes but not always includes transgender women and nonbinary individuals, even though these individuals do not self-identify as "men," and often excludes transgender men. This report avoids use of the term MSM, but it can be found in some of the research that the report cites.

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.

Nonbinary: something that is not composed of two parts, and a word often used in discussing gender. For example, a person who identifies as gender nonbinary does not identify as male or female, and may reject this binary construct altogether. A nonbinary gender marker on an ID would be one that is neither male nor female, but instead might be represented by an X or an N.

Pansexual: a person who has an emotional, sexual, spiritual, and/or relational attraction to other people generally, rather than people of 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 (used in the singular), and ze/hir/hirs.

PrEP: pre-exposure prophylaxis, or a medication taken daily to reduce one's risk of being infected with HIV.

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

Queer: an umbrella term that includes anyone who wants to identify as queer and who 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. This was formerly used as a derogatory term, and is still considered offensive by some, 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. In research, "sexual orientation incongruence," e.g. stating that one is heterosexual but exhibiting same-sex attraction or behavior, may indicate that an individual is "questioning" their orientation.

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. 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-nonconforming 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. 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. Note that the terms FTM and female-to-male are often used in literature and sometimes used as a self-identification, but should be generally avoided as it can be interpreted as not respecting the validity of someone's gender identity. A "transgender man," or simply "man," is generally the preferable way to refer to such an individual.

Transgender woman/MTF/Male-to-female: a person who identifies as female, but was assigned male at birth. Note that the terms MTF and male-to-female are often used in literature and sometimes used as self-identification, but should be generally avoided as it can be interpreted as not respecting the validity of someone's gender identity. A "transgender woman," or simply "woman," is generally the preferable way to refer to such an individual.

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

Appendix B: LGBTQ Youth Resources

Massachusetts Commission on LGBTQ Youth

The Commission's website hosts lists of both governmental and nongovernmental resources, as well as resources of particular interest to educators, and also contains policy documents for use by government agencies and others interested in LGBTQ youth policy. Its regular meetings are open to the public, and half of its 50 members are elected from the public at large, with applications typically open in August-September of each year. The Commission provides training and technical assistance to government agencies in the Commonwealth, and also has programs and events for community organizations.

<http://mass.gov/cgly>

(617) 624-5495

Safe Schools Program for LGBTQ Youth

The Safe Schools Program is co-sponsored by the Commission on LGBTQ Youth and the Department of Elementary and Secondary Education. It provides training and technical assistance to public schools across the Commonwealth.

<http://www.doe.mass.edu/sfs/lgbtq/>

(781) 338-6319

LGBTQ Youth Resource Map

The LGBTQ Youth Resource Map is a new venture of the Commission on LGBTQ Youth that is launching summer 2018. This map includes entities that have self-identified as being LGBTQ-serving or that have programs specifically for LGBTQ youth. Join the Commission's newsletter on its website (above) to be notified when this map is launched, or visit the site below.

<http://ma-lgbtq.org>

(617) 624-5495

Office of the Child Advocate

The Office of the Child Advocate works to improve state services for children and families, and maintains an online complaint form and a telephone complaint line that can be used to file grievances about negative experiences in seeking services.

<http://mass.gov/childadvocate>

(617) 979-8374 [Main]

(617) 979-8360 [Complaint line]

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