



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

## 2020 Report & Recommendations



July 1, 2019 - June 30, 2020

**Recommended citation:** Massachusetts Commission on Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning Youth. (2019). *Massachusetts Commission on LGBTQ Youth: 2020 Report and Recommendations*. Retrieved from <https://www.mass.gov/annual-recommendations>

**Authors:** Corey Prachniak-Rincón, Director; Jordan Meehan, Policy Coordinator; Val Leiter, Data Consultant; Elisa Glubok Gonzalez, Dennis Dacarett-Galeano, Emily Popky, and Rory Moore, 2019 Policy Fellows; Peter Orta and Jessica Hillman, 2018 Policy Fellows.

**Contributors:** Molly Wexler-Romig, agency coordination and content editing; Monica Johnson, graphic design and testimonial editing; Sasha Goodfriend, content oversight; Simone Varnado, content review; Jeff Perrotti and Jason Wheeler, agency support. The authors also thank the Commission members (listed in Appendix C), youth, agency liaisons, community partners, and others who offered their feedback and opinions.

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

**Contact Us:** For print copies, permissions, and other inquiries, contact us at (617) 624-5495 or [commission@ma-lgbtq.org](mailto:commission@ma-lgbtq.org).

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

---

## Table of Contents

---

<b>Executive Summary .....</b>	<b>5</b>
<b>A Letter from Commission Leadership .....</b>	<b>7</b>
<b>Core Recommendations to the Legislature and Executive Branch .....</b>	<b>8</b>
Increasing Inclusion .....	8
Ending Homelessness .....	11
Advancing Justice .....	14
Improving Health .....	16
<b>Diverse Identities and Risks among LGBTQ Youth: A New Report on Massachusetts Data.....</b>	<b>19</b>
I. Demographic Overview of LGBTQ Youth .....	19
II. Key Disparities Facing LGBTQ High School Students .....	20
III. Data on LGBTQ Status and Gender .....	21
IV. Data on LGBTQ Status, Race, and Ethnicity .....	23
V. Conclusion.....	24
<b>Review of Research in Our Core Areas: Inclusion, Homelessness, Juvenile Justice, and Health.....</b>	<b>26</b>
I. Increasing Inclusion .....	26
<i>A. School-based Inclusion and Bullying .....</i>	<i>26</i>
<i>B. Family Acceptance .....</i>	<i>27</i>
II. Ending Homelessness .....	31
<i>A. Factors Resulting in Housing Instability .....</i>	<i>32</i>
<i>B. Experiences While Homeless .....</i>	<i>33</i>
<i>C. Services for Those Experiencing Homelessness .....</i>	<i>34</i>
III. Advancing Justice .....	35
<i>A. Pathways to Involvement in the Criminal Justice System.....</i>	<i>36</i>
<i>B. Experiences of LGBTQ Youth in the Justice Systems.....</i>	<i>39</i>
<i>C. 2018 Criminal Justice Reform Bill .....</i>	<i>40</i>
IV. Improving Health .....	41
<i>A. HIV and Sexually-transmitted Infections (STIs).....</i>	<i>42</i>

<i>B. Sexual Victimization.....</i>	<i>43</i>
<i>C. Suicide Risk .....</i>	<i>43</i>
<i>D. Substance Use.....</i>	<i>44</i>
<i>E. Healthcare Experiences.....</i>	<i>44</i>
V. Conclusion.....	45
<b>Executive Office of Education Recommendations.....</b>	<b>46</b>
Department of Early Education and Care .....	47
Department of Elementary and Secondary Education .....	50
Department of Higher Education.....	56
<b>Executive Office of Health and Human Services Recommendations .....</b>	<b>59</b>
Department of Children and Families.....	60
Massachusetts Commission for the Blind .....	65
Massachusetts Commission for the Deaf and Hard of Hearing.....	67
Massachusetts Rehabilitation Commission.....	69
Department of Mental Health .....	71
Department of Public Health .....	74
Office for Refugees and Immigrants .....	78
Department of Transitional Assistance .....	81
Department of Youth Services .....	83
<b>Executive Office of Public Safety and Security .....</b>	<b>86</b>
<b>Additional State Entities .....</b>	<b>88</b>
Registry of Motor Vehicles .....	88
Massachusetts Board of Library Commissioners .....	91
Department of Housing and Community Development .....	93
MassHire Department of Career Services.....	96
<b>Appendix A: Glossary of Terms.....</b>	<b>99</b>
<b>Appendix B: LGBTQ Youth Resources .....</b>	<b>104</b>
<b>Appendix C: Commission Membership.....</b>	<b>105</b>
<b>Endnotes.....</b>	<b>106</b>

---

## Executive Summary

---

The Massachusetts Commission on Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) Youth is an independent state agency founded in 1992 that works towards making the Commonwealth a place in which all youth can thrive. For the past three years, the Commission has focused its policy work into roughly four areas: inclusion (including in schools, families, and other settings), homelessness, the juvenile and criminal justice systems, and health (especially mental and sexual health).

### ***New Data on LGBTQ Youth (see page 19)***

The Commission is providing in this report, for the first time, new data on LGBTQ youth based on the 2017 Massachusetts Youth Risk Behavior Survey (MYRBS), in which 15.2% of youth identified as LGBTQ. This report finds that LGBTQ youth are 1.7 times more likely to experience in-school or electronic bullying than are their non-LGBTQ peers. LGBTQ students were also 3.5 times more likely to skip school because they felt unsafe than were their non-LGBTQ peers, with more than one in ten (11.5%) having skipped school within the past month because of safety concerns. Troublingly, LGBTQ youth were also much more likely than other youth to consider (3.2 times) or actually attempt (3.9 times) suicide within the past year, with more than 3 in 10 LGBTQ students (31.2%) saying they seriously considered ending their lives within the past year. Other risk factors for LGBTQ students included experiencing sexual contact against their will (2.7 times the risk of other students), homelessness (2.8 times), and heroin use (5.8 times).

This report also explores differences by race, ethnicity, and gender that are possible by combining data from the two most recent iterations of the MYRBS. For example, there were twice as many LGBTQ girls (20.2% of the total female youth population) than LGBTQ boys (10% of the total male youth population). LGBTQ girls were more likely than their LGBTQ peers to experience bullying, to have engaged in self-harm, or to have contemplated or attempted suicide. In terms of race and ethnicity, while LGBTQ youth of color were not more likely to report bullying per se, they were more likely to experience a myriad of other safety concerns than were White LGBTQ students, and reported higher rates of not attending school because they felt unsafe. Disparities facing LGBTQ youth of color are also discussed in the research review section starting on page 26.

### ***Core Recommendations (see page 8)***

Based on its research on LGBTQ youth disparities, feedback received from Commission members and the public, and collaboration with community organizations and coalitions, the Commission developed the following list of recommendations for the Legislature and Governor to consider addressing in Fiscal Year 2020:

*Increasing Inclusion:*

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

*Ending Homelessness:*

1. Increase the budget line items for prevention of youth homelessness and services for youth experiencing homelessness.
2. Improve access to IDs for youth experiencing homelessness and gender-nonconforming youth.
3. Create a bill of rights for people experiencing homelessness.
4. Increase LGBTQ participation as ambassadors and respondents to the Youth Count.
5. Prevent families and individuals from experiencing homelessness.

*Advancing Justice:*

1. Increase collection of data on sexual orientation and gender identity to identify and reduce disparities throughout the juvenile and criminal justice systems.
2. Decriminalize consensual sexual relations among parties close in age and issue guidance on reporting consensual sexual relations between minors.
3. Adapt the Sexual Orientation and Gender Identity or Expression Guiding Principles developed by the Juvenile Detention Alternative Initiative (JDAI).
4. Support legislative initiatives to improve the juvenile justice system.

*Improving Health:*

1. Ensure that comprehensive, age-appropriate, and LGBTQ-inclusive sexual health education is taught in every school district and supported with adequate funding.
2. Ban the harmful and discredited practice of conversion therapy.
3. Increase funding for the HIV line item (4512-0103) that provides critical services for LGBTQ youth, particularly LGBTQ youth of color.
4. Improve access to critical reproductive and sexual health treatment and services.
5. Improve the quality and availability of mental healthcare.

***Agency Recommendations (see pages 46-98)***

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

---

## A Letter from Commission Leadership

---

April 4, 2019

The Massachusetts Commission on LGBTQ Youth was founded in 1992 as a governor's commission, and reformed by the legislature in 2006 as an independent commission, to provide expert advice to the Commonwealth of Massachusetts on how to improve services and decrease inequities facing LGBTQ youth. In keeping with its legislative requirements, the Commission is herein providing its annual report on the status of LGBTQ youth in the Commonwealth, as well as its policy recommendations, for the 2020 fiscal year.

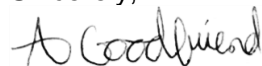
At a time in which facts and data are frequently dismissed as unimportant, the Commission is particularly enthusiastic to present new data on LGBTQ youth based on findings from the most recent Massachusetts Youth Risk Behavior Survey. That report (see page 19) is complemented by an updated review of the available research nationally on LGBTQ youth (see page 26) to provide a clear and evidence-based context for the recommendations the Commission is issuing for the new fiscal year.

The data is irrefutable that LGBTQ youth still face increased risks to their health, safety, and wellbeing, despite the progress made on LGBTQ issues in many respects. With a record number of youth identifying as LGBTQ, it is logical that our support for LGBTQ youth should be increasing in its availability and veracity in turn. Moreover, as the LGBTQ youth population grows, it is even more important that the diversity within this group not be ignored. The data presented herein show significant disparities facing LGBTQ youth of color – as well as major differences among LGBTQ youth of color when looking at specific racial and ethnic groups. Similarly, female- or femme-identified LGBTQ youth – who encounter sexism and misogyny, in addition to anti-LGBTQ bias – face differences and disparities compared to their male-identified LGBTQ peers.

The Commonwealth must tackle the issues facing LGBTQ youth on all fronts. We have convened a Family Acceptance Task Force to develop detailed recommendations and potential interventions for the 2021 fiscal year. But because we may never live in a society in which all families are accepting, it is even more critical that our governmental institutions – be they schools, executive agencies, law enforcement, or anything else – be LGBTQ-competent and bias-free. The Commission's core recommendations, issued on page 8, reflect this belief, as do the recommendations issued to specific agencies throughout the report.

The Commission is grateful to the many members of state government, nonprofit organizations, community coalitions, and others who weighed in to help shape this report. We look forward to partnering with all branches and levels of government in Massachusetts to advance these goals throughout the new fiscal year.

Sincerely,



Sasha Goodfriend  
Chair



Corey Prachniak-Rincón  
Director

## Core Recommendations to the Legislature and Executive Branch

---

For Fiscal Year 2020, the Commission hereby issues the following core recommendations to the Executive and Legislative branches of the government of the Commonwealth. These recommendations are followed by a new data report and a review of available research applicable to these recommendations.

“I really appreciate how supported I am in Massachusetts. A couple of my friends and I went on a road trip out of state, and being visibly part of the LGBTQ community, we felt uncomfortable in local shops. I would attribute my safety in MA to education for ALL age groups. Further education should be mandatory. I learned the majority of my knowledge of the community through research after I discovered I was part of it.”

– High school student, Metrowest

### Increasing Inclusion

---

*See applicable data on page 19 and background on this topic on page 26*

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

The Commission recommends that all state employees and contractors receive basic training on how to deliver competent and equitable services to LGBTQ clients and how to work professionally and respectfully with LGBTQ colleagues. The Commission has worked with the Executive Office of Health and Human Services and the agencies that comprise it, as well as with several other partners, in developing training content that could be used to offer professional development to all state employees and contractors who are not already receiving such training. The Commission recommends that a version of the training be added to PACE, the Commonwealth’s employee training system; that agencies work on implementing this or their own in-person training on LGBTQ inclusion; and that the Legislature and Administration explore how to make this or comparable training available to and utilized by all state employees and contractors.

“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



“I would like to feel more accepted in schools and in my community. It feels like no one knows about my identity and if they do they aren't accepting of it.”

– High school student, GSA Leadership Council

## 2. Support the interagency collaboration to address family 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 FY 2019, the Commission invited representatives from various government agencies and nonprofits to convene and discuss how to better understand and address the issue of familial rejection of LGBTQ youth in Massachusetts. Those who responded formed the Family Acceptance Task Force in December 2018. In FY 2020, the Commission will continue convening this Task Force and meeting with relevant governmental and nongovernmental actors to develop specific recommendations on addressing family acceptance and rejection at the end of the fiscal year. The Commission encourages parties from all branches of state government and from the general public who are interested in this work to join us in exploring novel solutions to increase acceptance and prevent the adverse outcomes that come with familial rejection.

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

– Board Member, Bisexual Resource Center

## 3. Strengthen protections against bullying of LGBTQ youth.

Implementation of the state's anti-bullying plan has been a key part of the Commission's work and the cornerstone of its programming for many years. New data on anti-LGBTQ bullying, as reported for the first time below, demonstrate the continued need to address this bias in schools as a way of protecting vulnerable students, preventing the negative health consequences of bullying, and improving educational outcomes. The Commission believes that the Commonwealth's anti-bullying laws need to be strengthened. School districts need more funding and clearly defined mandatory requirements for how to counter bullying and proactively build more inclusive communities; these requirements should explicitly address LGBTQ students and mandate that districts make LGBTQ trainings available to all staff on a regular basis. Students also need more education to prepare them to deal with experiences of bullying, bias, and mistreatment; this goal could be advanced with bills such as An Act Relative to Mental Health Education (H. 482 / S. 244),

which would add mental health as a required subject in K-12 schools, and An Act to Promote Social-Emotional Learning (H. 402 / S. 258), which could increase the use of social-emotional learning in classrooms. The Commonwealth should also strengthen existing requirements for schools provide age-appropriate instruction on bullying prevention, to ensure that the state is monitoring for evidence-based instruction at every level.

“We need more proactive measures rather than reactionary. Teachers should know what terminology to use and should be able to know how to treat LGBTQ+ youth and deal with issues that they have.”

– High school student, GSA Leadership Council

“Respect should be an obvious need, respect for students and people's sexual orientation and gender identity.”

– High school student, GSA Leadership Council

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

The Commission recently issued policy guidance entitled “Workplace Practices to Recognize Gender Identity Diversity.”<sup>1</sup> 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.

“I became well aware of how little understanding or acceptance there is surrounding trans, non-binary and gender non-conforming identities. Asking pronouns and preferred names (and respecting them!) is such a simple and affirming ask.”

– Educator, Greater Boston

“I would like to see changes made in terms of nonbinary representation at a social and legal level.”

– High school student, Central Massachusetts

## Ending Homelessness

---

*See background of this topic on page 31*

1. Increase 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. The Commission also encourages funding programs that address homelessness in novel and diverse ways, such as job readiness initiatives.

"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

"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

2. Improve access to state IDs for youth experiencing homelessness and gender-nonconforming youth.

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. A national survey of transgender individuals found that 68% did not have any identifying documents that had their preferred name or gender marker.<sup>2</sup> The Commission commends the RMV for making it possible to change gender markers on an ID without need of documentation to validate such a change, and for the planned launch of a nonbinary "X" gender marker option on all state license and ID

cards. Furthermore, policies such as those proposed in An Act Relative to Gender Identity on Massachusetts Identification (S. 2055), which would expand nonbinary gender markers to birth certificates and empower the Attorney General to expand nonbinary markers in other state records systems, would further the goal that all can have ID that matches their gender identity. Nevertheless, barriers remain for LGBTQ youth - especially those experiencing homelessness - to get an ID at all, due to prohibitive costs and documentation requirements that are hard to meet for youth facing familial rejection. Policies such as that proposed in An Act to Provide Identification to Homeless Youth and Families (H. 3066 / S. 2043), which seeks to make access to IDs less costly and onerous for youth experiencing homelessness, would improve access to IDs in general and thus for the LGBTQ youth who are most likely to need such documentation to avoid discrimination and access services.

“In California, there is a non-binary gender marker on some legal forms of ID, and it would be cool if Massachusetts eventually was able to come around and have this be an option here too. “

High school student, Central Massachusetts

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

LGBTQ youth are already more likely than others to face discrimination in their daily lives, and are 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 An Act Providing a Bill of Rights for People Experiencing Homelessness (H. 1314 / S. 816). Further, the bill of rights should affirm the rights to eat, rest, and be in public spaces, as well as include housing status in the Commonwealth’s anti-discrimination laws, as proposed in An Act Relative to the Safety, Dignity, and Civil Rights of Persons Experiencing Homelessness (H. 150 / S. 76), the companion bills to H. 1314 / S. 816.

“There needs to be even more resources for homeless youth, especially ages 18-21 who are no longer part of the “system” but still need assistance. Especially shelters for trans people where they can feel safe expressing their gender how they express it.”

- Youth, Southeast Massachusetts

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

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

5. Pass legislation to prevent families and individuals from experiencing homelessness.

The Commission supports initiatives on issues that, while not explicitly related to LGBTQ youth, nevertheless disproportionately affect LGBTQ youth at risk of or actually experiencing homelessness. Such initiatives being considered in the current legislative session include: (1) Protecting children at imminent risk or experiencing homelessness by delaying a household's eviction from subsidized housing or termination from a publicly-funded shelter until safe, alternative housing or shelter is found, as proposed in An Act to End Child Homelessness (H. 160); (2) Protect families experiencing homelessness from having to sleep in unsafe places, as proposed in An Act to Protect Families Experiencing Homelessness from Having to Sleep in Unsafe Places (H. 1265); (3) Ensure a right to counsel for eviction proceedings, as proposed in An Act to Ensure Right to Counsel in Eviction Proceedings (S. 913); (4) Restore the Rent Arrearage Assistance Program, which would allow access to resources before a household begins the eviction process, as proposed in An Act to Further Provide a Rental Arrearage Program (H. 1264); (5) Improve the Massachusetts Rental Voucher Program (MVRP), as proposed in An Act Codifying the Massachusetts Rental Voucher Program (H. 1305 / S. 797); and (6) Provide school transportation to children experiencing homelessness, as proposed in An Act Providing School Transportation to Homeless Children (S. 344).

## Advancing Justice

---

*See background of this topic on page 35*

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

Data can provide insight into the disparities experienced and the needs faced by LGBTQ youth who are in the juvenile and criminal justice systems. The newly-created Juvenile Justice Policy and Data (JJPAD) Board has been tasked with collecting data to identify disparities and make recommendations on how best to improve the juvenile justice system. The Childhood Trauma Task Force (CTTF), a subcommittee of the JJPAD Board, is charged with studying and making recommendations on gender responsive and trauma-informed approaches to treatment services for youth currently involved, or at risk of becoming involved, in the juvenile justice system. The Commission intends to track the progress of the JJPAD Board and CTTF's data collection efforts over the next year and support their efforts to identify and reduce disparities within the juvenile and criminal justice systems. The state should further increase its collection of sexual orientation and gender identity (SOGI) data wherever possible in the criminal and juvenile justice systems, as proposed by An Act to Collect Data on LGBTQI Prisoners Held in Restrictive Housing (S. 905), which would collect data on LGBTQI prisoners held in restrictive housing, as well as An Act Improving Juvenile Justice Data Collection (H. 2141 / S. 1386), which would include sexual orientation and gender identity in the collection and reporting of juvenile justice data, with the goal of identifying and evaluating policies to reduce racial disparities in the juvenile justice system.

"The school-to-prison pipeline needs to be [addressed]. Especially since we're in the LGBTQ community and a person of color at the same time, I feel like we're disciplined harsher than White students also in the LGBTQ community or even outside of it."

– Youth of Color, Greater Boston

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

Criminalization of consensual sexual relationships between minors discourages use of critical health services and contributes to the school-to-prison pipeline. It also presents the opportunity for LGBTQ youth to be targeted with discriminatory use of these laws as a means of punishing stigmatized relationships between LGBTQ young people. These relationships should be decriminalized with a policy such as that proposed in An Act Clarifying Consent Laws for Adolescents (H. 1493 / S. 1014), which would remove criminal

penalties for consensual relations among youth close in age. Relatedly, the Commission recommends the decriminalization of minors engaging in consensual peer-to-peer dissemination of explicit visual material and stresses the need for education in this area instead of criminal punishment. Furthermore, given the harmful effects of the criminalization of consensual sexual relationships between minors as noted above, state entities can play a role in clarifying when such reporting should occur and in helping make clear to youth when they are able to seek services without fear of punishment.

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

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

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

The Commission supports juvenile justice initiatives that, while not explicitly related to LGBTQ youth, address areas that disproportionately impact LGBTQ youth. Such initiatives include: (1) Raising the age of the juvenile justice system to gradually include 18- to 20-year-olds, which will improve public safety and improve outcomes for the oldest teens, as proposed in An Act to Promote Public Safety and Better Outcomes for Young Adults (H. 3420 / S. 825); (2) Expanding access to expungement by removing the one court case restriction to ensure young people can have better access to education and employment opportunities, as proposed in An Act Relative to Expungement, Sealing, and Criminal Records Provisions (H. 1386 / S. 900); (3) Establishing developmentally-appropriate policies in the adult criminal justice system for emerging adults under age 26 that look to the Commonwealth's juvenile justice system of rehabilitation and focus on treatment and access to health services, education, and vocational training to reduce recidivism for this age group, as proposed in An Act to Reduce Recidivism Among Emerging Adults (H. 1486 / S. 940); and (4) Preserving the right to education of students who are accused of an offense by requiring a basic determination that the case will move forward in court and requires that the felony be a "serious violent felony" as outlined by the Department of Elementary and Secondary Education before a student is suspended or expelled from school, as proposed in An Act to Promote the Education Success of Court Involved Children (H. 531 / S. 297).



## Improving Health

---

*See data report on page 19 and background of this topic on page 41*

1. Ensure that comprehensive, age-appropriate, and LGBTQ-inclusive sexual health education is taught 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 in every district. To facilitate this, the state should ensure that adequate funding is allocated to support sexual health programming in schools; provide guidelines and requirements on providing quality and inclusive sexual health education, through the curriculum framework currently under revision by the Department of Elementary and Secondary Education and through legislation such as the Healthy Youth Act (H. 410 / S. 263); and make general health education and sexual health education in particular mandatory, as proposed in An Act Providing Health Education in Schools (S. 237) and An Act Relative to Providing Health Education in Schools (H. 427).

“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

“[Sexual health education] is super important because all students should have access to sexual education regardless of sexual orientation.”

– High school student, GSA Leadership Council

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

Fifteen 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. Last year, the House and Senate both approved a ban on conversion therapy, but ran out of time in the session to see it enacted. The Commission urges quick action to join the growing number of states that have already banned this abusive treatment, such as by passing An Act Relative to Abusive Practices to Change Sexual Orientation and Gender Identity in Minors (H. 140 / S. 70).



“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

3. Increase 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 with a particular focus on LGBTQ youth of color, including for services relating to PrEP and safer sex education. The \$1.5 million increase in funding being sought by the Project Able coalition will provide for critical expansion of services to include syringe services and PrEP health navigation, both of which should be priorities in advancing public health. HIV funding should also be prioritized for release to recipient organizations as early in the fiscal year as possible, to avoid irreparable harm to those who use this funding to provide services and to the youth who rely on those services to meet basic health needs.

4. Improve access to critical reproductive and sexual health treatment and services.

All youth deserve the highest attainable reproductive and sexual health, which requires access to services, treatments, and products that are too often out of reach. Barriers for LGBTQ youth are often compounded by the stigma they face in accessing information and treatment, and their higher likelihood of experiencing challenges such as poverty, homelessness, and system involvement. The Commonwealth should work to remove barriers that youth face through inclusive and evidence-based means; for example, through An Act Removing Obstacles and Expanding Access to Women’s Reproductive Health, referred to as the “ROE Act” (H. 3320 / S. 1209), An Act to Increase Access to Disposable Menstrual Products in Prisons, Homeless Shelters, and Public Schools, referred to as the “I AM.” bill (H. 1959 / S. 1274), and An Act Relative to Expanding Access to Preventative HIV Screening and Testing for Minors (S.1265). The state should also consider how to prevent the transmission of HIV through injection needles, for example, by creating safe injection sites, which have been proven to reduce adverse risk behaviors and lower dependency on controlled substances.

## 5. Improve the quality and availability of mental healthcare.

The data presented below in this report shows that LGBTQ youth still face highly disparate rates of self-harm, suicidal contemplation, and suicide attempt. LGBTQ youth therefore stand to disproportionately benefit from improvements to mental healthcare access in the Commonwealth. The Commission recommends that Massachusetts consider legislation to make mental healthcare more readily available and of higher quality, such as An Act Increasing Consumer Transparency about Insurance Provider Networks (H. 913 / S. 610), which would require insurers to improve provider directories and thus make it easier to find care; An Act to Protect Children's Mental Health Services (H. 1736 / S. 1154), which would create an ombuds position within the Office of the Child Advocate to monitor and ensure compliance with child mental health laws; and An Act Relative to Mental Health Parity Implementation (H. 910 / S. 588), which would help ensure that coverage for mental health conditions and substance use disorders must be the same as coverage for physical health problems.

“In acute mental health placements (CBAT, ICBAT, and inpatient) trans youth often face barriers to accessing treatment. Nearly all such facilities throughout the state will only place trans youth into a single occupancy room. As most facilities have a limited number of single rooms, trans youth experiencing a mental health crisis often have extended waits for treatment. Acute mental health facilities should permit trans youth to be placed into rooms with peers consistent with their gender identity.”

- Service Provider, Central Massachusetts

# Diverse Identities and Risks among LGBTQ Youth: A New Report on Massachusetts Data

---

Every two years, the Commonwealth conducts the Massachusetts Youth Risk Behavior Survey (MYRBS) by using a representative sample of middle and high school students. Massachusetts has been a leader on adding sexual orientation, and more recently, gender identity measures. The data from the 2017 MYRBS was recently made available to the Commission, which herein is releasing the results of its analysis.

The Commission is also pleased to present herein new analysis on the intersection of LGBTQ status and gender, race, and ethnicity. It is well-known that there is intersectional discrimination against LGBTQ youth who are also youth of color or identify as women. These youth face homophobia, biphobia, or transphobia that is compounded by factors like racism, xenophobia, and misogyny. However, actual data on these intersectional disparities are limited, in part because of the limited resources and attention dedicated to them, but also because of limitations in studies like the MYRBS that may have sample sizes that are too small to find statistically significant differences. This has been especially challenging with respect to data on sexual orientation, gender identity, and gender expression (SOGIE) because the framing of these identities varies so greatly between studies. While this challenge continues in the field at large, the consistency in SOGIE questions on the MYRBS between its 2015 and 2017 iterations means that the Commission is now able to pool data and thus present more findings on LGBTQ youth of color and LGBTQ young women. The Commission thanks the Department of Elementary and Secondary Education for sharing its data and Professor Val Leiter for conducting these analyses on behalf of the Commission.

## I. Demographic Overview of LGBTQ Youth

---

In the 2017 MYRBS, 14.3% of students surveyed described themselves as gay, lesbian, or bisexual or not sure (questioning) about their sexual orientation and 2.9% identified themselves as transgender or questioning their gender identity. These categories overlapped, with three-quarters (78%) of transgender/questioning youth also self-identifying as LGBQ. Altogether, 15.2% of Massachusetts high school students were LGBTQ.

More female- than male-identified adolescents were LGBTQ (20.2% vs. 10.0%). The percent of youth who said they were LGBTQ varied across racial and ethnic groups, with LGBTQ youth comprising 14% of White, 12% of Black, 18% of Hispanic/Latinx, 12% of Asian, and 22% of multiracial youth. Gender, racial, and ethnic differences were statistically significant.

## II. Key Disparities Facing LGBTQ High School Students

---

The 2017 MYRBS (see Table 1 below) revealed that many of the key disparities faced by LGBTQ high school students have remained, even as progress has been made in many respects in advancing LGBTQ rights and visibility. For example, when compared to their non-LGBTQ peers, LGBTQ students face 1.7 times the risk of facing bullying at school, over 2 times the risk of being threatened or injured with a weapon at school, and 3.5 times the risk of skipping school because they felt unsafe.

Indicators for self-harm and suicide risk are equally troubling: 31.2% of LGBTQ youth say that they seriously considered suicide in the past year, representing 3.2 times the risk of that faced by non-LGBTQ youth; that was roughly the same increased risk that LGBTQ youth faced of having committed self-harm in the past year. The disparity was even greater when it came to those who had actually made a suicide attempt within that period: 16.3% of LGBTQ youth reported having done so compared to 4.1% of other youth, representing a nearly four-fold increased risk.

**Table 1: Risk Factors Facing LGBTQ Versus Other Students, 2017.**

<b>Percent of Students Who Reported Risk Behaviors and Experiences, 2017</b>	<b>LGBTQ Students</b>	<b>Heterosexual - Cisgender Students</b>	<b>Relative Risk for LGBTQ Students</b>
Bullied at school in the past year	22.3	12.8	1.7x
Skipped school in past month because felt unsafe	11.5	3.3	3.5x
Been in a physical fight at school in the past year	9.8	5.2	1.9x
Threatened or injured with weapon at school	9.0	4.4	2.1x
Bullied electronically in the last year	20.7	11.9	1.7x
Hurt self on purpose in the last year (e.g., by cutting, burning self)	35.6	11.2	3.2x
Seriously considered suicide in the past year	31.2	9.9	3.2x
Made a suicide attempt in the past year	16.3	4.1	3.9x
Can talk to parents about "things that are important to you"	73.9	81.1	0.9x
Any lifetime heroin use	5.2	0.9	5.8x
Had experienced sexual contact against their will	16.3	6.1	2.7x
Homeless	2.2	0.8	2.8x
<i>All differences between LGBTQ and Heterosexual/Cisgender students are statistically significant, <math>p &lt; .01</math>.</i>			

LGBTQ youth also faced disparities in a variety of other issue areas, including homelessness (2.8 times increased risk), heroin use (5.8 times increased risk), and experiencing sexual contact against their will (2.7 times increased risk). Table 1 below includes a complete breakdown of major disparities facing LGBTQ youth as of this most recent 2017 data.

Finally, looking toward sources of support, LGBTQ students were less likely than their non-LGBTQ peers to report having a supportive parent and/or support at school, according to pooled data from the two most recent iterations of the survey (2015 and 2017, shown in Table 2 below). LGBTQ students were 1.6 times more likely than non-LGBTQ students to say they neither had parental nor school-based support (14.3% vs. 9.1%). Similarly, LGBTQ students were less likely than their non-LGBTQ peers to say that they had both school-based and parental support (53.6% versus 65.9%). Instead, more LGBTQ students seemed to rely on support in school than did non-LGBTQ students: 15.5% of LGBTQ students said that they had support from an adult in school but not from a parent, compared to 8.5% - meaning LGBTQ students were about 1.8 times as likely to be relying on school personnel for support but not a parent, compared to non-LGBTQ students. This finding reinforces the need to train and assist school personnel on how to support their LGBTQ students, given the critical role that they may play in those students' lives. It also suggests the need, in the long-term, to increase the family acceptance and support enjoyed by LGBTQ youth in the Commonwealth. Together, these complementary strategies represent two of the Commission's core recommendations on increasing acceptance as indicated above.

**Table 2. Percent of Massachusetts High School Students Who Reported Social Support from Parents and/or School Staff by LGBTQ Identity, 2015-2017**

	<b>LGBTQ (N=705)</b>	<b>Non-LGBTQ (N=4473)</b>
Neither parent nor school***	14.3%	9.1%
Parent only	16.6%	16.5%
School only***	15.5%	8.5%
Parent and school***	53.6%	65.9%

\*\*\*Significant difference at the .001 level

### III. Data on LGBTQ Status and Gender

By pooling data from the two most recent iterations of the MYRBS (2015 and 2017), the Commission was able to analyze risk behaviors and experiences by LGBTQ identity and gender. This analysis is limited to binary gender options of male and female, due to limited numbers of gender-nonconforming youth in the present datasets.

The analysis revealed important differences between LGBTQ male and female students (see Table 3). While LGBTQ males were more likely than LGBTQ females to have been in a physical fight, been threatened or injured by a weapon, or skipped school because they felt unsafe, LGBTQ females were more likely than their male LGBTQ counterparts to have been bullied in school or electronically. They were also more likely than their male LGBTQ counterparts to hurt themselves on purpose, seriously considered suicide, or made a suicide attempt. LGBTQ girls were also more likely than LGBTQ boys - and far more likely than heterosexual, cisgender girls - to have experienced sexual contact against their will. On the other hand, LGBTQ boys were much more likely than LGBTQ girls, or non-LGBTQ boys or girls, to engage in heroin use.

In sum, while the male portion of the LGBTQ community was more likely to fight, be impacted by weapons, or skip school due to safety, their female counterparts faced higher disparities in most other areas, including the Commission's long standing priorities of bullying and suicide risk. In part, this is linked to the fact that girls generally faced higher disparities in many of these areas. For example, non-LGBTQ girls were also more likely than non-LGBTQ boys to face bullying. Therefore, while the disparity between LGBTQ boys and non-LGBTQ boys was larger than the disparities between LGBTQ girls and non-LGBTQ girls, LGBTQ girls still had higher overall rates when compared to LGBTQ boys. These findings suggest that interventions aimed at supporting LGBTQ students need to take into the intersectional discrimination and disparities faced by girls and young women, within and outside of the LGBTQ community. It also suggests that interventions on bullying and suicide prevention, in particular, should target LGBTQ girls as a priority subpopulation. Table 3 has a full breakdown of these data.

#### **IV. Data on LGBTQ Status, Race, and Ethnicity**

---

It is also possible to analyze in detail the effects of the intersection of LGBTQ identity and race and ethnicity by pooling together the two most recent iterations of the survey (2015 and 2017) (see Table 4). While White LGBTQ students were more likely to report experiences of bullying in the last year than were most other racial and ethnic groups—with the exception of multiracial, non-Latinx youth, who faced the highest bullying rate—LGBTQ students of color reported higher disparities on many other safety indicators. Black, Latinx, and multiracial LGBTQ students were all more likely to report skipping school because they felt unsafe. Black, Latinx, and multiracial Latinx LGBTQ students were more likely to report being in a physical fight at school than were White LGBTQ students, and Asian, Black, and multiracial students of all ethnicities were more likely to have been threatened or injured by a weapon at school. Therefore, a narrow focus on LGBTQ antibullying that does not also include a consideration of other school safety concerns is likely to offer limited support to LGBTQ students of color. “Bullying” as such—especially if narrowly defined—is unlikely to be as significant a safety concern for students if they are also dealing with threats, injuries, and other dangers that are forcing them to leave school.

**Table 3. Percent of Massachusetts Students Who Reported Risk Behaviors and Experiences by Gender and LGBTQ Identity, 2015-2017**

	LGBTQ		Non-LGBTQ	
	Male (N=307)	Female (N=564)	Male (N=2833)	Female (N=2586)
Bullied at school in the past year***	23.1	26.5	10.9	15.3
Skipped school in past month because felt unsafe***	14.8	12.1	2.6	4.5
Been in a physical fight at school in the past year***	21.3	12.6	15.9	7.1
Threatened or injured with weapon at school***	14.0	7.5	5.1	2.5
Bullied electronically in the past year***	18.6	22.7	8.1	15.4
Hurt self on purpose in the past year (e.g., by cutting, burning self)***	30.8	42.4	8.8	17.1
Seriously considered suicide in the past year***	29.5	37.7	9.0	12.6
Made a suicide attempt in the past year**	16.9	18.9	4.2	5.2
Can talk to parents about “things that are important to you”	69.4	70.5	82.9	81.8
Any lifetime heroin use***	11.7	2.0	1.7	0.2
Had experienced sexual contact against their will***	13.3	15.8	3.5	7.2
Homeless	3.0	2.1	0.6	0.6

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

Racial and ethnic comparisons with respect to suicide risks for LGBTQ students is perhaps more complicated. White LGBTQ students were more likely than Asian, Black, and Latinx students to have seriously considered suicide, but the rates for multiracial Latinx and non-Latinx students were higher still. Additionally, neither White nor multiracial LGBTQ students were more likely to have actually attempted suicide to a statistically-significant degree, meaning it is impossible to know if this risk trend holds for suicide risk beyond contemplation. Additional years of data will likely make it possible in the future to make more definitive conclusions in this area.

Two more measures also showed troubling trends for LGBTQ students of color. All LGBTQ students of color with the exception of Asian students were more likely than their White LGBTQ counterparts to report having experienced sexual contact against their will. As with the similar disparity between girls and boys in the LGBTQ youth community noted above, this suggests that an understanding of racial and gender intersectionality is key to addressing sexual assault and harassment as the Commonwealth grapples with the impact of the “#MeToo” era. Second, all LGBTQ student of color subgroups were more likely than White LGBTQ students to report lifetime heroin use, with a staggering 1 in 10 Latinx multiracial students who identify as LGBTQ having used heroin. This suggests that the opioid crisis, too, must consider the disparate needs of not only LGBTQ youth in general but also LGBTQ youth of color in particular. See Table 4 for a full analysis of these data.

## V. Conclusion

---

These results show that LGBTQ youth are not a uniform group with uniform needs, and in fact that the intersections of LGBTQ status with gender, race, and ethnicity lead to differing risks and potential sources of resilience. Programming designed to improve the lives of LGBTQ youth should consider the diversity of that population and how intersecting forces of racism, xenophobia, misogyny, and more can amplify and alter the anti-LGBTQ bias those youth experience. Given that the overall issues of bullying, suicide risk, and other safety concerns continue to disproportionately impact LGBTQ youth despite other gains made on LGBTQ rights and inclusion, adopting an intersectional approach that considers the needs of youth impacted by factors such as racism and sexism may be the key to making sustaining and equitable progress.



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

	Asian (N=48)	Black / African American (N=94)	White (N=396)	Latinx / Hispanic (N=75)	Multiple, Latinx/ Hispanic (N=174)	Multiple, Non- Latinx/ Hispanic (N=52)
Bullied at school in the past year**	10.6	15.7	29.5	14.7	24.7	30.8
Skipped school in past month because felt unsafe**	6.3	16.5	9.4	12.0	20.3	9.6
Been in a physical fight at school in the past year***	8.3	18.0	11.3	18.1	25.9	10.2
Threatened or injured with weapon at school*	6.3	10.6	6.3	5.3	14.5	11.5
Bullied electronically in the past year**	6.3	13.8	23.0	14.7	26.9	19.6
Hurt self on purpose in the past year (e.g., by cutting, burning self)**	25.0	31.5	41.8	21.6	44.6	41.2
Seriously considered suicide in the past year*	25.5	27.1	37.2	26.4	38.0	50.0
Made a suicide attempt in the past year	11.4	17.1	15.4	16.1	23.4	26.7
Can talk to parents about “things that are important to you”	63.0	65.0	72.3	72.2	69.2	73.8
Any lifetime heroin use*	4.2	7.6	2.8	5.4	10.0	4.0
Had experienced sexual contact against their will*	6.3	16.7	12.2	16.4	21.1	21.2
Homeless	a	a	a	a	a	a

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

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

*<sup>a</sup> Cell sizes too small for subgroup analysis*

# Review of Research in Our Core Areas: Inclusion, Homelessness, Juvenile Justice, and Health

---

Last year, the Commission presented for the first time a literature review on the four areas that it has recognized in recent years as defining its policy priorities: inclusion (including addressing bias, bullying, and rejection), homelessness, juvenile and criminal justice, and health, with a particular focus on sexual health. This year, the Commission is providing herein an updated version of this review to complement the new report on data presented immediately above. This updated review includes expanded research on family acceptance of LGBTQ youth, an area in which the Commission first issued a recommendation last year and has now convened a special task force to work on addressing in more detail over the next twelve months. The juvenile justice section has also been significantly updated to reflect the changed policy landscape—and new opportunities for progress—since the passage of the landmark 2018 criminal and juvenile justice reform bill.

## I. Increasing Inclusion

---

*See related recommendations on page 8 and data report on page 19*

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 inclusion on the one hand and rejection on the other. For many years, the Commission has tracked trends relating to school-based inclusion, and particularly bullying; this data informs the work of the Commission's Safe Schools Program for LGBTQ Students, which is run in collaboration with the Department of Elementary and Secondary Education (DESE). The Commission has had less data to rely on when it comes to LGBTQ inclusion in other settings, particularly within families, as statewide data instruments such as the MYRBS do not detail the relationships that students have with their families. Therefore, it is necessary to explore more data from outside Massachusetts to understand how youth are likely affected by the issue of family rejection, and how they could be supported through possible interventions.

### A. School-based Inclusion and Bullying

Data from the most recent MYRBS, as presented in the data report immediately above, shows that LGBTQ youth in Massachusetts are more likely to rely on adults at school for support because they are less likely to have support from a parent, when compared to non-LGBTQ youth. Building inclusive school environments is therefore critical for supporting the wellbeing of LGBTQ youth, and is an important part of the work being done by the Commission's Safe Schools Program. While progress has been made on many fronts, LGBTQ youth today are still about 70% more likely to experience bullying than are their non-LGBTQ peers, as detailed in the data report above;

this trend is also seen nationally.<sup>3</sup> 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.<sup>4</sup> Therefore, the disparate rate of bullying faced by LGBTQ youth is also tied to the community's higher suicide risk, as discussed in the "Improving Health" section below.

The data presented above also shows that LGBTQ youth are about 70% more likely to experience cyberbullying. Little research has been done on the effect of cyberbullying on the mental health of LGBTQ youth, but studies have found that LGBTQ youth who are cyberbullied are significantly less likely to report talking to a parent or guardian about the abuse than heterosexual youth.<sup>5</sup> Research suggests that the relationship between experiencing cyberbullying and suicidal ideation is even stronger than that between traditional bullying and thoughts of suicide,<sup>6</sup> which is of particular concern for LGBTQ youth who are already at higher risk of experiencing both cyberbullying and suicidal ideation.

With LGBTQ students reporting higher rates of facing threats or injuries with weapons at school, as well as higher likelihood of being in fights, it is not surprising that they are also more than three times as likely to skip school because they feel unsafe, as detailed in the data report above. The data also show that while "bullying" as such is more likely to be reported by White LGBTQ students, LGBTQ students of color were far more likely to face these other safety risks. These facts help to explain the disparities in homelessness, criminal justice involvement, and health that the population faces, and indicates why the Commission has chosen these fields as priority areas.

Youth who are questioning their sexuality are rarely given much attention by LGBTQ organizations and research, but evidence suggests that questioning students do need additional support. Research has found that questioning students are at higher risk of negative outcomes than both heterosexual students and students with confirmed LGB identities. Questioning students reported experiencing more homophobic bullying and higher rates of depression and suicidal feelings than heterosexual or LGB students. Questioning students who experienced homophobic bullying were more likely to use alcohol or drugs than their heterosexual and LGB peers. Some research suggests that LGB students, while marginalized, are able to draw support from other LGB peers, but questioning students do not have the same sense of support. This suggests that more work needs to be done to support students who are questioning their sexuality, and that research data specific to questioning students would be highly beneficial.<sup>7</sup>

## *B. Family Acceptance*

While creating more inclusive and supportive schools has been a main goal of the Commission since its founding in 1992, addressing support and inclusion within the family has been a more challenging issue to approach. This is in part because while the data is clear that familial support is critical for LGBTQ youth to thrive, there have been far fewer interventions and programs offered in Massachusetts and elsewhere that focus on family-based support versus supporting youth directly, through educators and providers.

Family engagement is a broad term that encapsulates a wide spectrum of possible dynamics, from family rejection to family acceptance, which respectively have well-documented negative and positive effects on the health of LGBTQ youth.<sup>8</sup> This research demonstrates that family acceptance is a protective factor across many health outcomes and therefore must be supported and strived toward in developing future recommendation goals.<sup>9</sup> On the other hand, family rejection has significant negative impacts on LGBTQ youth that can create lifelong elevated risks for many adverse health outcomes.<sup>10</sup> As such, the recommendations on family engagement must be aligned with the goal of preventing family rejection to the greatest extent possible and supporting interventions that can ameliorate these dynamics for certain families.

In the area of family engagement, there is great room for both opportunities and consequences. For this reason, the Commission has decided to form the Family Acceptance Task Force, a group of representatives from relevant governmental and non-governmental agencies and organizations that will spend the next year crafting fully comprehensive, robust recommendations on family engagement for the official FY 2021 Commission recommendations.

### *1. Harms Associated with Family Rejection*

There are multiple ways in which family rejection adversely impacts the health of LGBTQ youth, including physical, mental, emotional, and social well-being. The research demonstrates that LGBTQ youth are more likely to experience physical violence from their parents<sup>11</sup> and that there is a great deal of psychological distress associated with parental rejection.<sup>12</sup> These effects are not isolated; as one study showed, the behavior of the parents was sometimes modeled by siblings, especially younger siblings, straining the sibling relationships and furthering isolating the LGBTQ youth.<sup>13</sup>

Despite recent legislative attempts in Massachusetts to ban “conversion therapy”<sup>14</sup> (a harmful and discredited practice that seeks to change another person’s sexual orientation and/or gender identity), the practice remains legal in this state at the time of this report’s publication.<sup>15</sup> The Commission has already long recommended the banning of this practice, but its impact is so strongly negative that we reiterate here the evidence for this recommendation.<sup>16</sup> Research demonstrates that parent-initiated sexual orientation change (whether or not it was accompanied by a conversion therapy program) is associated with depression, suicidal ideation, suicide attempts, and sexual risk behaviors.<sup>17</sup> Parent-initiated sexual orientation change decreases levels of social support, lowers educational attainment, and lowers income,<sup>18</sup> all of which can contribute to the social disparities that LGBTQ individuals see throughout their lifetimes.

The disproportionately high prevalence of LGBTQ youth among the homeless youth population is well-established and discussed in depth below. Research demonstrates that there are strong links between family dynamics and homelessness in this population.<sup>19</sup> Housing instability was associated with sexual or gender minority status, regardless of whether or not the youth was out to parents.<sup>20</sup> However, in cases where the youth did come out, the process of coming out often exacerbated previous underlying conflict and heightened the risk for housing instability.<sup>21</sup>

## *2. Benefits of Family Acceptance*

Fostering family acceptance is equally important to countering family rejection. Higher levels of family acceptance are associated with increased rates of self-esteem and social support, as well as decreased rates of substance abuse, suicidal thoughts, and lifetime suicidal attempts.<sup>22</sup> While Massachusetts data (as presented in the report above) show that LGBTQ youth are less likely to have the support of their parents than other youth, at least one study from outside Massachusetts found that individual family characteristics may be equally or more important than LGBTQ status.<sup>23</sup> This may mean that the elements that create an environment prone to family acceptance are the same across many identities, and therefore we could provide similar interventions or skill sets to parents and providers of youth of many different identities.

Connectedness with a parent, teacher, or other trusted adult is a protective factor against depression, suicide, or substance use.<sup>24</sup> When parental acceptance is not possible, the presence of a responsible and trusted adult figure can have many of the same effects.<sup>25</sup> It was also seen that the support of a trusted adult had an even more powerful protective effect in these areas than support from a peer.<sup>26</sup> For example, feeling connectedness with a teacher is associated with lower rates of tobacco and alcohol use.<sup>27</sup>

One study evaluated the connection between family religious affiliation and family acceptance. While family religious association was associated with lower family acceptance, when there were high levels of both family acceptance and religious affiliation, then there was a positive association with social support.<sup>28</sup> In moving forward with the Family Acceptance Task Force, it will be crucial to engage religious community leaders in the effort of promoting family support of LGBTQ youth.

Another finding in the research on family acceptance discussed the importance of non-parental roles in the support of LGBTQ youth. While it is ideal to receive support from all members of the family (especially parents), it is not always possible. One study examined youth coming out to different family members and found that 25% of sexual minority youth first came out to a sister, 20% to a mother, 16% to a brother, and only 1 of the 56 participants had first come out to a father.<sup>29</sup> 100% of participants that had a sexual or gender minority sibling were out to that sibling.<sup>30</sup> Another important connection that this study made was that aunts had unique relationships with LGBTQ youth in part because they were considered to have an “insider-outsider” status through a “diagonal relationship” (balance of authority figure and friend). It was often aunts and other non-parental extended family members who served as mediators of coming out to parents.<sup>31</sup>

## *3. Special Considerations for Transgender Youth*

Most of the literature surrounding LGBTQ youth and family dynamics focuses on sexual minority youth, either explicitly or by relatively less focus on gender minority participants in studies. While it is true that the likelihood of acceptance did not vary based on sexual minority or gender minority identity,<sup>32</sup> transgender youth and their families have unique concerns compared to their sexual minority peers and therefore require attention specific to these needs.<sup>33</sup>

Like with sexual minority youth, the benefits of family acceptance of transgender youth are clear, especially in the arena of mental health.<sup>34</sup> Parental support was associated with lower rates of PTSD, psychological stress, and suicidal thoughts.<sup>35</sup> Transgender youth who received support from their parents also had a lower perceived burden of their transgender identities, fewer depressive symptoms, and increased life satisfaction.<sup>36</sup>

While it is important to maintain a youth-centered approach in the consideration of family dynamics, addressing concerns of parents can help create a more positive environment for the youth. For example, parents expressed feelings of isolation from parents of cisgender sexual minority youth, in part because some trans youth undergo hormonal and/or surgical changes.<sup>37</sup>

Most interventions piloted were only done so on a small scale, but there were a number of studies that examined group therapy specifically for parents and families with transgender youth. There were a few specific advantages to this process. For one, the collaborative environment meant that many different topics could be addressed even when a parent did not recognize a gap in their knowledge base.<sup>38</sup> Further, as part of the group process, parent peers provided insight and emotional support to one another, and parents reported positive associations with having a space to express fears and concerns with other parents who had had similar experiences.<sup>39</sup> For example, one parent discussed how the parent support group gave her a space to express her emotions so that her child would not see her experiencing as much distress at home.<sup>40</sup> Overall, parents expressed relief at understanding causes of child distress.<sup>41</sup>

#### *4. Increasing Family Acceptance in Massachusetts*

Because the topic of family dynamics has been established as a crucial element in the lives and wellbeing of LGBTQ youth, particularly in the Commission's topics of interest, the Commission has decided to develop the Family Acceptance Task Force. In December 2018 and February 2019, the Commission held two meetings for stakeholders from various government agencies and LGBTQ youth supportive organizations. This group has met to discuss the role of Family Acceptance in the lives of LGBTQ youth, and how the Commission can form recommendations support the health and well-being of LGBTQ youth in Massachusetts. The group will continue to meet quarterly over the next year with the goal of presenting formal recommendations in the FY 2021 Annual Recommendations.

An important theme from the literature is building the capacity of parents to communicate. Although parents often report an initial period of rejecting their children's sexual orientation or gender identity when they first learn of a potential change in identity, the research demonstrated a consistent theme of parental desire for communication with their children.<sup>42</sup> Parents stated that their greatest barrier to communication with their child was lack of knowledge around LGBTQ issues and how to discuss these with their children.<sup>43</sup> In one study that evaluated levels of parental communication with sexual minority girls, lower levels of parental communication increased risk for substance abuse in this group.<sup>44</sup> Sexual minority girls were also found to have lower levels of communication in general compared to their heterosexual counterparts.<sup>45</sup>

Most interventions and proposals focus on themes of connectedness, safety, and resilience. Group therapy seems to be beneficial for parents in terms of developing skills for communication with their youth<sup>46</sup> and developing knowledge base of LGBTQ youth issues.<sup>47</sup> Therapy also does not necessarily fit into every family culture or may not be an accessible resource for all families. While the parental role cannot be underestimated, there are untapped resources in other trusted adult and extended family relationships, such as with aunts, siblings, teachers, mentors, and coaches.<sup>48</sup>

Finally, the literature on family engagement offers little information that directly addresses the needs of LGBTQ youth of color, and this is one of the greatest gaps in our knowledge base on this issue.<sup>49</sup> That said, one study determined that LGBTQ youth of color tended to have less opportunities for culturally-responsive spaces compared to their White peers.<sup>50</sup> Support is needed for research efforts that better represent the needs of LGBTQ youth of color and their families.

There are some organizations that are taking leadership in the field of family acceptance, such as the Family Acceptance Project (FAP) at San Francisco State University and the Biden Foundation. For 15 years, the Family Acceptance Project has been a frontrunner in developing policy and practice guidelines, provider training, peer-reviewed research and more for families with LGBTQ youth.<sup>51</sup> In 2019, the Biden Foundation (in collaboration with other groups such as the Movement Advancement Project and Gender Spectrum) launched the Advancing Acceptance project, which seeks to “educate the public about the importance of family acceptance through personal stories.”<sup>52</sup> These resources may be of use to those in Massachusetts, including the Commission’s Family Acceptance Task Force, work towards addressing this issue.

## II. Ending Homelessness

---

*See related recommendations on page 11*

In 2017, the MYRBS found that LGBTQ students in Massachusetts were 2.8 times more likely to experience homelessness than were their non-LGBTQ peers, as described in the data report above. This is consistent with other youth-based studies,<sup>53</sup> including the 2018 Massachusetts Youth Count, which surveyed 2,150 youth or young adults who are unstably housed or experiencing homelessness and found that 21.9% of respondents identified as LGBTQ.<sup>54</sup> Homelessness is particularly damaging to LGBTQ youth of color, with one study finding that among LGBTQ youth experiencing homelessness, 31% were Black, 14% were Latinx, 1% were Native American, and 1% were Asian or Pacific Islander.<sup>55</sup> Given these stark disparities, the Commission has been pleased to partner with the coalition of governmental and nongovernmental entities who have developed a Massachusetts State Plan to End Youth Homelessness.<sup>56</sup> The plan envisions a system “in which every community in the Commonwealth has coordinated, developmentally appropriate, and trauma-informed resources that are effective, regionally accessible, and reliably funded.”<sup>57</sup>



## *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.<sup>58</sup> In Massachusetts, according to the 2018 Massachusetts Youth Count, the top reasons for all unaccompanied homeless youth (LGBTQ and non-LGBTQ) not living with their parent or guardian were (1) fighting with their parent or guardian (33.5%); (2) being told to leave by their parent or guardian (26.4%); (3) choosing to leave on their own (24.5%) and (4) being abused or neglected by their parent or guardian (20.7%).<sup>59</sup> Unaccompanied homeless youth who identified as LGBTQ were more likely than other non-LGBTQ respondents to report abuse and neglect, parental substance use, foster care, and their own drug use as reasons for not living with their parent or guardian.<sup>60</sup>

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.<sup>61</sup> Of these, 43% report being forced out of home by their family despite wanting to remain.<sup>62</sup> 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.<sup>63</sup> 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.<sup>64</sup>

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.”<sup>65</sup> 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.<sup>66</sup>

LGBTQ youth experiencing homelessness are more likely to have been physically, emotionally, or sexually abused than their non-LGBTQ peers.<sup>67</sup> 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.<sup>68</sup> As a result, nearly half of homeless LGBTQ youth report running away from negative home environments as their primary reason for homelessness.<sup>69</sup> 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.<sup>70</sup>

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.<sup>71</sup> 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.<sup>72</sup>

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.<sup>73</sup> 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.<sup>74</sup> After emancipation, between 12% and 36% of LGBTQ youth who age out of foster care experience at least one episode of homelessness.<sup>75</sup>

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.<sup>76</sup> Involvement in the criminal justice system and personal or parental substance use are also common causes of homelessness<sup>77</sup> 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.<sup>78</sup> 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.<sup>79</sup> 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.<sup>80</sup> Another study showed that LGB youth experiencing homelessness are 70% more likely than their non-LGB peers to engage in survival sex.<sup>81</sup> On average, homeless LGBTQ youth experience 7.4 more acts of sexual violence than their non-LGBTQ peers.<sup>82</sup> 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.<sup>83</sup>

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.<sup>84</sup> 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.<sup>85</sup> 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.<sup>86</sup> 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).<sup>87</sup>

Beyond sexual health, homelessness and LGBTQ status independently compound the risk of substance use and poor mental health.<sup>88</sup> 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.<sup>89</sup> LGBTQ homeless youth also use cocaine, methamphetamines, and crack at higher rates than their non-LGBTQ peers.<sup>90</sup> 29% of homeless LGBTQ youth report having substance use disorder.<sup>91</sup> 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%).<sup>92</sup>

Finally, transgender youth experiencing homelessness have been found to face even more severe discrimination and trauma than LGBTQ youth experiencing homelessness.<sup>93</sup> 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.<sup>94</sup> Many transgender youth also experience complications from unmonitored use of transition hormones obtained on the streets.<sup>95</sup>

### *C. Services for Those Experiencing Homelessness*

The needs reported by LGBTQ youth experiencing homeless 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, LGBTQ youth report housing, employment, education, and acceptance of their LGBTQ status as primary needs, while transgender youth express need of housing, employment, education, and transition support.<sup>96</sup>

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.<sup>97</sup> This was a particular 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.<sup>98</sup>

For the services that do exist, there are some signs that competency to serve LGBTQ youth may have improved in recent years. A 2015 nationally representative survey showed that more than 90% of service providers for homeless youth self-reported feeling “somewhat” or “very confident” in caring for LGBTQ youth.<sup>99</sup> 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 LGBTQ staff member(s), 47% had transgender staff member(s), 61% had LGBTQ board member(s), and 22% had transgender board member(s).<sup>100</sup> However, a separate national survey of service providers demonstrated that 25% of respondents experienced inadequate training as a barrier to serving LGBTQ youth.<sup>101</sup> 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.<sup>102</sup>

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.<sup>103</sup> 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.<sup>104</sup> 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.<sup>105</sup>

### **III. Advancing Justice**

---

*See related recommendations on page 14*

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.<sup>106</sup> 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.<sup>107</sup> 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.<sup>108</sup> 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.<sup>109</sup> Over two-thirds of justice-involved youth have histories of adversity related to interpersonal trauma and most are disproportionately burdened by discrimination on several levels of social identity — race, ethnicity, gender identity, sexual orientation, disability status, etc.<sup>110</sup> 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.<sup>111</sup> In total, LGB people nationally are three times more likely to be incarcerated than the general population.<sup>112</sup>

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.<sup>113</sup> Another study found that up to 40% of girls in the juvenile justice system are LGBTQ.<sup>114</sup> 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.<sup>115</sup>

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.<sup>116</sup> It is therefore deeply troubling, but not surprising, that an estimated 85% of LGBTQ youth in the justice system are youth of color.<sup>117</sup> Experiences of discrimination that disproportionately affect and result in justice involvement for LGBTQ youth, particularly LGBTQ youth of color, parallel vulnerabilities that result in victimization, abuse, and further trauma within the justice-system<sup>118</sup>.

### *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.<sup>119</sup>

#### *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.<sup>120</sup> 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 heterosexual women.<sup>121</sup> Transgender people are four times more likely to live in extreme poverty (make less than \$10,000 a year) than the general population.<sup>122</sup> 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.<sup>123</sup> 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.<sup>124</sup>

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.<sup>125</sup> 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.<sup>126</sup> 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.<sup>127</sup> As described in detail in the new data report above, LGBTQ youth were more likely to experience bullying, being involved in fights, skipping school due to feeling unsafe, or being threatened or injured with a weapon – all indicators for being disciplined within school or via the juvenile or criminal justice systems.

Unfortunately, although 99% of students could identify at least one supportive staff member at their school,<sup>128</sup> the majority of LGBTQ students who experienced harassment in Massachusetts high schools did not report the incident to school staff (61%).<sup>129</sup> 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.<sup>130</sup> Only 60% of LGBTQ students felt comfortable talking to a teacher at school. Further, LGBTQ youth who were bullied often reported being disciplined more harshly than their non-LGBTQ peers.<sup>131</sup> 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.<sup>132</sup>

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 heroin in their lifetime (6.7% vs. 1.0%).<sup>133</sup>

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.<sup>134</sup> 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.<sup>135</sup> Furthermore, Black LGBTQ students were suspended at higher rates than non-black LGBTQ youth (31% vs. 20%).<sup>136</sup> Youth who reported discrimination at school reported school discipline at a rate 1.5 times greater than their LGBTQ peers who did not report experiences of victimization.<sup>137</sup> Transgender youth reported higher rates of harsh disciplinary measures including detention, suspension, or expulsion than LGB students (45% vs. 28%).<sup>138</sup> More than 1 in 6 LGBTQ students in Massachusetts also report disproportionately harsh disciplines for public displays of affection.<sup>139</sup>

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.<sup>140</sup> 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%).<sup>141</sup> 57% of LGBTQ youth who skipped school cited hostile school environments as their reason for leaving.<sup>142</sup> LGBTQ students disproportionately report feeling unsure if they will graduate high school, with almost 6 in 10 reporting a hostile school climate as a reason for their outlook.<sup>143</sup> Additionally, one in five LGBTQ youth who have dropped out of school report mental health concerns,<sup>144</sup> 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.<sup>145</sup>

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.<sup>146</sup> 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.<sup>147</sup> 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.<sup>148</sup> For this reason, the Commission has recommended decriminalizing consensual sexual relations among parties close in age and issuing guidance as to when consensual sexual relations need to be reported.

In Massachusetts, individuals living with HIV can face increased criminal penalties for sexual-related criminal activity, including consensual sexual relations involving a young person under 16



with a close-in-age peer. This is based on a statute that leaves a great deal open to the interpretation, discretion, and potential abuse of the courts when it is applied.<sup>149</sup> 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.<sup>150</sup> Nationally, sexual minority girls are twice as likely to be detained for running away compared to heterosexual girls (38% to 17%),<sup>151</sup> and Black girls are six times as likely to be suspended from school as are their White peers.<sup>152</sup> 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.<sup>153</sup>

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.<sup>154</sup> 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.<sup>155</sup>

#### *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.<sup>156</sup>

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.<sup>157</sup> 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 below. The Commission has commended DHS 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 facilities<sup>158</sup> and requires that youth younger than 18 years of age be treated as children and not adults.<sup>159</sup> However, data exploring the specific experiences of LGBTQ youth in juvenile facilities since the implementation of these reforms is limited.

Although PREA standards limit the use of “protective isolation” for LGBTQ and intersex youth and the Criminal Justice Reform Act of 2018 placed restrictions on the use of segregation within the Commonwealth, isolation has historically been a serious problem for LGBTQ 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.<sup>160</sup> Another 2015 report put the proportion of LGBTQ inmates who had been in solitary confinement at 85%.<sup>161</sup> When isolation is used, there is a correlated increase in the risk of suicide and abuse by staff.<sup>162</sup>

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%).<sup>163</sup> 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.<sup>164</sup> A national study showed that four in five (80%) queer and transgender girls in juvenile facilities had experienced sexual abuse while in custody.<sup>165</sup> 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.<sup>166</sup>

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.<sup>167</sup> 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.<sup>168</sup>

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.<sup>169</sup> 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.

### *C. 2018 Criminal Justice Reform Bill*

In April 2018, the legislature passed and governor signed into law a sweeping juvenile and criminal justice reform package<sup>170</sup>. Given the disparities described above facing LGBTQ youth in the justice systems, the reforms seem likely to have a positive impact on LGBTQ youth in Massachusetts. A key aspect of the reform is the decriminalization of non-violence school based offenses, which is particularly relevant for LGBTQ students as they are three times as likely to experience harsh disciplinary action at school when compared to heterosexual students<sup>171</sup>. Decriminalizing non-violent offenses will hopefully help to disrupt the school to prison pipeline that is especially dangerous for LGBTQ youth of color.



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

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

Under Chapter 69 Section 218, the reform law creates a special commission to study the health and safety of incarcerated LGBTQ individuals and which will prepare a report of recommendations to improve outcomes for incarcerated LGBTQ individuals that should be available no later than 1 year after the effective date of the act. Additionally, Chapter 69 Section 89 created a Juvenile Justice Policy and Data Board that will evaluate the juvenile justice system's current policies and procedures, examine feasibility of improved, cross-agency data collection, and provide recommendations while studying the implementation of statutory changes. On June 30, 2019, the JJPAD Board will have submitted a report on data collection to the clerks of the House and the Senate and will thereafter, report annually to the Governor, the House and Senate Chairs of the Joint Committee on the Judiciary and the Joint Committee on Public Safety and Homeland Security, as well as the Chief Justice of the Trial Court. The Massachusetts Commission on LGBTQ Youth looks forward to working closely with the new JJPAD Board to further improve services for gender and sexual minority youth in the Commonwealth.

## IV. Improving Health

---

*See data report on page 19 and related recommendations on page 16*

LGBTQ youth face a range of health disparities, many stemming from factors such as bullying, family rejection, and bias in the healthcare system. The Commission was originally formed in large part to address suicide risk among LGBTQ youth, and working to improve mental health services and outcomes for these youth remains a large part of its mission today. Additionally, sexual health is a focus of the Commission and its annual recommendations, given the unique needs and risks that LGBTQ youth face in this field. Beyond the risk factors that LGBTQ youth face in these areas (as well as others, such as sexual assault and substance use), these youth also face problems in accessing healthcare, which discourages usage of services and thus exacerbates disparities. This

section highlights the available literature on LGBTQ health in these core areas of the Commission's work, and supplements the new data report presented herein on page 19.

### *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.<sup>172</sup>

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%.<sup>173</sup> 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.<sup>174</sup> Trends in Massachusetts have been similar to those seen nationally in these respects.<sup>175</sup> 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.<sup>176</sup>

While more LGBTQ students report having ever been tested for HIV than heterosexual students, the LGBTQ testing rate is still only at 12%. The CDC estimates that 50% of the youth living with HIV are undiagnosed, the largest undiagnosed population of any age group. These two factors, combined with LGBTQ students' lower rates of condom use create the potential for an increase in HIV infection among LGBTQ youth.<sup>177</sup>

While HIV 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.<sup>178</sup> As of 2015, 43% of sexual minority men with syphilis were also co-infected with HIV.<sup>179</sup> Incidence of gonorrhea has increased, as well, with young sexual minority men comprising fully 50% of the reported cases of gonorrhea among all men.<sup>180</sup> 20% of sexual minority men with gonorrhea were co-infected with HIV.<sup>181</sup> 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.<sup>182</sup>

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,<sup>183</sup> 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 report 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.<sup>184</sup>

## *B. Sexual Victimization*

One contributing factor to disparities in STIs and HIV, as well as a serious problem in its own right, is sexual victimization. As described in the data report above, LGBTQ youth are 2.7 times as likely to experience sexual contact against their will as are non-LGBTQ youth. This trend is also reflected nationally where the CDC has found 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%).<sup>185</sup>

In Massachusetts, 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.<sup>186</sup> This risk is heightened for bisexual youth, who experience dating violence at even higher rates than their gay or lesbian peers. In one study of LGBTQ teen dating violence researchers found that most respondents identified school or community LGBTQ youth groups as resources for teens experiencing dating violence, implying that work should be done to ensure that these organizations are prepared to serve this population. Research has found that sexual minority women who experienced IPV suffered long lasting consequences at a higher rate than heterosexual women, likely caused by barriers to receiving support due to their sexual orientation.<sup>187</sup> This troubling data on dating violence underscores the importance of school-based education on consent that is evidence-based, comprehensive, and LGBTQ-inclusive, as the Commission has recommended be mandatory in all schools in its core recommendations above.

Another form of sexual victimization comes in the form of survival sex (trading sex for money, shelter, or food), which LGBTQ youth in Massachusetts are twice as likely as other youth experiencing homelessness to do.<sup>188</sup> 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.<sup>189</sup>

## *C. Suicide Risk*

The report on new MYRBS data (presented above on page 19) shows that major disparities remain for LGBTQ youth in terms of suicide risk. LGBTQ youth were 3.2 times more likely than other youth to seriously consider suicide within the past year, and 3.9 times more likely to have actually made a suicide attempt. Furthermore, LGBTQ girls were at significantly higher risk for suicidal contemplation and attempt than were LGBTQ boys; multiracial youth were also more likely than all other racial groups to face these risks. Together, these facts highlight that not only is suicidality an important problem to address for LGBTQ youth, but that research and responses should consider the intersection between LGBTQ status, gender, and race.

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.<sup>190</sup> 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.<sup>191</sup> This same study found that facing psychological mistreatment by caregivers led to a 9.5 times increased risk,<sup>192</sup> a fact that underscores the need to ban the practice of conversion therapy by health professionals against youth, as recommended by the Commission 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.<sup>193</sup> 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.<sup>194</sup> Several large studies have confirmed that experiencing transphobia—including violence, rejection, mistreatment, and discrimination—are associated with elevated suicide risk in transgender individuals.<sup>195</sup>

Both LGBTQ-related victimization and low levels of social support are correlated with increased risk of attempted suicide among LGBTQ youth.<sup>196</sup> 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.<sup>197</sup> In contrast, strong family ties and close parental relationships serve as a protective factor against youth suicide attempts.<sup>198</sup> The Commission’s recommendations on “Increasing Inclusion” presented above – including in families, schools, and state institutions – may help build more protective and safe environments that reduce suicide risk.

#### *D. Substance Use*

LGBTQ high school students in Massachusetts report higher rates of substance use than their heterosexual peers, which aligns with national data on LGBTQ youth substance abuse. In Massachusetts, as reported above, LGBTQ youth were 5.8 times more likely than their non-LGBTQ peers to use heroin. Nationally, research on opioid use among young adults aged 18-25 has found that LGBTQ individuals are nearly twice as likely to be “intensive” users of opioids as compared to those who were only considered “active” users.<sup>199</sup> For young MSM there is an association between prescription drug and opioid misuse and unprotected anal intercourse, putting these individuals at greater risk for STIs.<sup>200</sup> While there is little research that has been done explicitly on drug use in transgender individuals, a California study found that transgender and gender non-conforming youth had between a 2.5 and 4 times higher rate of substance abuse as compared to cisgender youth.<sup>201</sup>

#### *E. 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% of 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.<sup>202</sup> It also found that 28% of transgender patients in Massachusetts struggled to get covered by insurance,<sup>203</sup> 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.<sup>204</sup> 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.<sup>205</sup> The passage of the PATCH Act in Massachusetts, which had been recommended by the Commission, may help to address these concerns and build trust between LGBTQ youth and the healthcare system over time.<sup>206</sup>

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.<sup>207</sup> Unfortunately, rampant misinformation about available treatment options and a history of negative experiences with providers has led to underdiagnoses and under-treatment. 85% of Massachusetts residents living with HIV are undiagnosed, and among those who have, 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.<sup>208</sup>

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.<sup>209</sup> 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.<sup>210</sup> Additionally, 15% of respondents reported experiencing poor treatment by a healthcare provider and 30% felt uncomfortable talking about sex with their provider.<sup>211</sup>

## 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. This dual approach is reflected in the Commission's core recommendations presented above, as well as its recommendations to individual agencies, presented immediately below.

## 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

---

### **FY 2020 RECOMMENDATIONS**

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

"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.<sup>212</sup> Additionally, detailed information provided at page 60 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



“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

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.

“The topic of gender and sexuality is still avoided at all costs. Our school seems to be scared that this topic is “too mature” for elementary school students. There needs to be an openness to talking about gender to kids. They get it! I think the administration is more scared of the closed-minded parents’ reaction. There is still so much more work to do.”

- Parent, North Shore area of Massachusetts

## **EXPANDED RECOMMENDATIONS**

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

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

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

Without affirming placements, transgender young people experience barriers to success and stability. Where relevant, the Commission urges DEEC to 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 to share information about LGBTQ-affirming placements and recognize LGBTQ youth as a priority population.

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

The Commission encourages DEEC to continue its collaboration with DESE and other state agencies on the Statewide Family Engagement Framework, which the Commission believes is important for reducing family rejection of LGBTQ youth. This effort could play a role with the Commission's core recommendation on family rejection at page 9 above.

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

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

## **6. Continue to train DEEC Residential and Placement Licensing Specialists on best practices and emerging issues for serving LGBTQ youth.**

The Commission encourages DEEC to continue training residential and placement licensing specialists on best practices to ensure that placements are affirming and safe for LGBTQ youth. This is particularly important considering that LGBTQ youth are disproportionately represented in state systems of care. The Commission looks forward to continuing to work with DEEC to ensure that licensing specialists have the information and training they need to best support LGBTQ youth in their care.

## Department of Elementary and Secondary Education

---

### **FY 2020 RECOMMENDATIONS**

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

*“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

*“I want to see LGBTQ relationships and lifestyles incorporated and accepted in curriculum and school environments so that the school culture can be more open to students who are not straight, white, and cis. As an open trans woman in high school, I often feel alienated by the lack of awareness or sympathy among school staff.”*

– High School Student, GSA Leadership Council

### **BACKGROUND & RESEARCH**

The Commission is fortunate to enjoy a strong working relationship with the Department of Elementary and Secondary Education (DESE). At the center of this relationship is the Safe Schools Program for LGBTQ Students, a joint initiative of the Commission and DESE that was founded in 1993 and remains a national leader in creating policies and programs to foster safe and supportive environments for LGBTQ students. Through this program, which the Commission administers with in-kind support and invaluable input from DESE, approximately 200 trainings and workshops are held each year on addressing anti-LGBTQ bullying and building safer environments in public schools. The Program also manages the GSA Leadership Council,

including statewide and regional components that meet monthly throughout the year and including student leadership and teacher professional development components. The Commission has also supported DESE in increasing its capacity to create landmark policies, provide professional development and technical assistance to schools, and promote student leadership throughout the Commonwealth.

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

Part of the MOU includes annual meetings with the DESE Commissioner and presentations every other year to the Board of Elementary and Secondary Education. The Commission had its first meeting with Commissioner Jeffrey C. Riley in the summer of 2018, which proved very productive in introducing the Commissioner to the Commission and Safe Schools Program and identifying shared priorities. Since then, Commissioner Riley has continued to support the Commission and Program, including by sending out the annual Commissioner's letter to schools explaining the Safe Schools Program's services. The Commission is enthusiastic and grateful to have the continued support of DESE under Commissioner Riley's leadership. The Commission and Safe Schools Program are due to have their next presentation to the Board of Elementary and Secondary Education in 2019, and look forward to working with Commissioner Riley and DESE staff to prepare.

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." Massachusetts also continues to collect information on gender identity and gender expression through the Massachusetts Youth Risk Behavior Survey (MYRBS) and supports the continued inclusion of questions on gender identity, gender expression, and transgender students on the MYRBS and the School Health Profiles. The Commission encourages DESE to continue collaborating to further grow and analyze data relevant to sexual minority and particular gender identity minority students, and hopes to continue having access to this data to drive its policy recommendations and programmatic work.

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

– High school student, North Shore region of Massachusetts

## **EXPANDED RECOMMENDATIONS**

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

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. To help facilitate this, the Commission has created a new Policy Coordinator position whom DESE has generously agreed to house on-site to act as the contact person between the Commission, the Safe Schools Program, and DESE in these areas of collaboration. DESE has also supported connection between the Program and the Safe and Supportive Schools Commission by advising the State Student Advisory Council (SSAC) on the appointment of two GSA Leadership Council members to share the student member position on the Safe and Supportive Schools Commission.

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

Massachusetts has made great progress at increasing data on sexual orientation, gender identity, and gender expression (SOGIE) which respect to its student population. For example, such measures are now included in the MYRBS. The Commission encourages DESE to continue exploring how to increase SOGIE data and thus better understand the needs and opportunities to serve LGBTQ students. For example, the Commission is very interested in how LGBTQ students are affected by school disciplinary measures, but SOGIE data is not currently being collected aside from a student's gender. Learning how to effectively and safely collect this data could shine new light onto whether LGBTQ students face disparities with respect to discipline, as seems likely given other available data points on student behaviors and systems involvement. Another area in which members of the Commission have expressed interest is data relating to SOGIE status and school performance. Additionally, 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. DESE has raised concerns about this prospect because of students potentially being uncomfortable answering the questions and having the information be collected and stored by the state agency along with identifiable information (state identification number, name, school, etc.), and are unsure as to the usefulness of the data. Additionally, DESE notes that important data on LGBTQ status and bullying is already available through the MYRBS. That said, DESE has also expressed continued interest in considering and discussing how to best help schools, districts, and the state collect and share information that will be helpful and not potentially harmful to students. The Commission appreciates these concerns and interest and looks forward to further discussing the issue in FY 2020. Finally, the Commission was very pleased to see DESE offer students the chance to use a nonbinary marker in school records systems, starting with the 2016-2017 school year. This is important both on the micro level, in which individual students have their identities recognized and affirmed, and potentially the macro level, as the statewide data could be useful. However, at the present moment, uptake among students has been much lower than those who self-identify as gender nonbinary in other instruments. The Commission looks forward to supporting DESE in determining why this is the case and potentially communicating to nonbinary students this option.

“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

“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 people of color, misrepresenting those who contributed to making sure the LGBTQIA+ community is more accepted today.”

– High school student, Boston



### 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."<sup>213</sup> The Commission appreciates the work that DESE has done in advancing the LGBTQ-inclusive curriculum materials that they have developed in partnership, and hopes that more materials will become available in FY 2020. The Commission also appreciates DESE including its staff and consultants in the comprehensive health curriculum frameworks revision process. The Commission believes that the work done so far is promising in terms of its LGBTQ inclusivity, and urges DESE to continue working to ensure that sexual health education is comprehensive, evidence-based, and LGBTQ-inclusive. Making such education available to every student in the Commonwealth is a major priority of the Commission, as identified in the core recommendations above. The Commission also appreciates DESE's effort to maintain sexual health education and programming in schools despite some funding cuts at the federal level under the current federal administration, and encourages the Department to continue seeking funding to do this important work. The Commission was encouraged to learn that DESE had recently received two CDC grants that, while not primarily focused on LGBTQ health or sexual health education, may be used to advance these goals.

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

DESE's policy on 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

"Schools should encourage and seek out collaboration between GSAs and/or interested students and faculty, specifically principals, vice principals, guidance counselors, and health teachers. Students in specific schools know best what that individual school lacks or excels at. I received a fantastic intersectional health education because of my school's close line of communication between the GSA and PE department (regarding language, concepts related to health that aren't present, etc.). This relationship and regular communication with other departments, specifically in charge of discipline and mental health and guidance, would be beneficial."

– High school student, GSA Leadership Council



“It’d be great if schools connected students with staff who understand/share similar experiences and encourage staff to ask for feedback from different demographics. Schools should include LGBTQ+ people in ‘regular’ classes. They shouldn’t be forced to go to a separate class to learn about themselves.”

– High school student, GSA Leadership Council

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 would also appreciate support in sharing the guidance it has issued on making workplaces more inclusive of diverse gender identities, as noted in the core recommendations for FY 2020.

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

The Commission recommends that DESE investigate how LGBTQ students of color are affected by policies and practices that create barriers to a safe and successful learning experience, and develop trauma-informed strategies and interventions to address these barriers. The Commission has been particularly concerned with the impact of the school-to-prison pipeline on LGBTQ students of color, and notes that DESE’s policy on LGBTQ students calls on schools to examine how LGBTQ students are affected by related factors like disciplinary action and involvement in the juvenile justice system.<sup>214</sup> As the Commission carries out its own work on racial justice throughout calendar year 2019 and beyond, it looks forward to continuing this discussion with DESE, including how our shared findings on the needs of students of color should impact Safe Schools Program delivery; for example, the Commission looks forward to discussing together how to positively impact more students of color through the Safe Schools Program.

“We need more easily accessible resources and support for minorities in general that are more capable of handling day to day life and even more specific issues other than academic support.”

– High school student, GSA Leadership Council

## Department of Higher Education

---

### **FY 2020 RECOMMENDATIONS**

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

“Massachusetts is one of the safest places in the country for queer and trans youth like me. I noticed this in my college search—that the campuses I realized I would feel the safest at were in Massachusetts.”

– High school student, Central Massachusetts

### **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.<sup>215</sup> Harassment based on sexual orientation or gender identity may also intersect with racial bias, resulting in even higher

levels of harassment for LGBTQ students of color in higher educational settings.<sup>216</sup> Four of Massachusetts' 29 public colleges and universities are listed on the national Campus Pride index, where Salem State University<sup>217</sup> and UMass Dartmouth<sup>218</sup> both earned a three star rating, Bridgewater State University<sup>219</sup> earned a four star rating, and UMass Amherst<sup>220</sup> 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.<sup>221</sup>

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

Finally, the sexual violence that is pervasive on college campuses across the country affects LGBTQ students at disproportionate rates. For instance, a survey of Minnesota college students found that 12 percent of bisexual students, 7 percent of gay and lesbian students, and 3.3 percent of heterosexual students reported a sexual assault in the past year.<sup>222</sup> The same study found that 47 percent of bisexual college students, 33 percent of gay and lesbian students, and 17 percent of heterosexual students reported one or more incidents of sexual assault in their lifetime.<sup>223</sup> 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.<sup>224</sup>

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.

"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

## **EXPANDED RECOMMENDATIONS**

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

“More support is needed for first-generation LGBTQ college students of color and those that may be victims/survivors of trauma.”

- Youth of Color, Greater Boston

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

National data indicate that sexual violence continues to have a disproportionate impact on LGBTQ students.<sup>30</sup> 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. The Commission recommends that DHE work with colleges and universities to conduct comprehensive campus climate surveys.

## 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 have met regularly since the end of FY 2017 to discuss their individual recommendations from the Commission, the many commonalities, and how they can best work together to effectively and efficiently achieve goals related to LGBTQ youth.

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 FY 2020, 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 FY 2020 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

---

### **FY 2020 RECOMMENDATIONS**

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

"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... [i]t 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

### **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 research section on homelessness above), there is reason to believe

that LGBTQ youth may be more likely than others to be involved in DCF care, and there is research to confirm that they have specific needs. Researchers estimate that LGBTQ youth are 7 times more likely to end up in foster care than heterosexual youth.<sup>225</sup> A study conducted on the foster care system in Los Angeles found that 19 percent of youth in the foster system were LGBTQ—a percentage significantly higher than estimates of LGBTQ youth in the general population.<sup>226</sup> 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,<sup>227</sup> 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.<sup>228</sup> 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.<sup>229</sup>

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

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

## **EXPANDED RECOMMENDATIONS**

### **1. Adopt a comprehensive LGBTQ policy.**

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.

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

One issue that could be included in a comprehensive policy but that DCF is currently pursuing as a stand-alone measure is guidance around gender-affirming care for transgender and gender-nonconforming youth in their care. The Commission was pleased to hear a proposal from DCF senior staff that would allow youth in most circumstances to access hormone blockers as regular medical care and that would also make the process clearer on how to receive other treatment, such as hormone replacement. The Commission believes that court orders should be required for as little gender-affirming care as is necessary to protect the safety of the youth. Furthermore, the Commission does not believe that a second medical opinion should be needed for a youth to access gender-affirming care, given the extra barrier and hardship this would produce. The Commission is encouraged to have seen DCF issue a first draft of a guide in FY 2019, which now appears more likely to be eventually issued as a formal policy, which the Commission understands may take more time. The Commission looks forward to supporting DCF in completing a policy that is youth-focused and as low-barrier as possible.

“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

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

In 2015, DCF released “LGBTQ: A guide for working with Youth and Families.”<sup>230</sup> 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 fulfilled the Commission's recommendation to include the resource prominently on their 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.

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

DCF's own diversity plan has, since October 2013, mandated that area offices collect data on LGBTQ-friendly foster home settings, but this policy has never been implemented. It states: "Each Area Office will identify current foster homes that would be welcoming and affirming to adolescents and children who are gay, lesbian, bisexual, transgender, gender non-conforming and questioning. A list of LGBTQ safe homes will be managed and kept updated by the Area Program Manager overseeing Family Resource. A copy of the list will be provided to the Diversity Officer on a semi-annual basis, and made available to the LGBTQ State Chair and LGBTQ Regional Coordinator." The Commission has heard from community members who say that they have offered up their homes as foster parents with LGBTQ cultural competency, and have never received a call with a placement - despite the high number of LGBTQ youth in foster care and the problems they encounter when placed in a home that is not LGBTQ-affirming. The Commission continues to call on DCF to come into compliance with its own long-standing diversity plan and to facilitate connections between LGBTQ youth who need affirming homes and the prospective parents who are standing by to provide them.

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

DCF regulation (110 CMR 7.104) requires that licensed foster and adoptive homes be able to nurture children, "including supporting and respecting a child's sexual orientation or gender identity." DCF has begun to partner with local providers to offer training, but so far has not provided a larger framework to make such training efforts sustainable over time or to enable more permanent culture change. The Commission has heard that LGBTQ training, especially with respect to transgender and gender-nonconforming youth, would be highly beneficial for DCF's staff to receive on a universal level. DCF is eligible, as a Title IV-E agency, to assess resources from the federal government to provide training to caseworkers on LGBTQ competency. The Commission encourages DCF to learn more about opportunities to access these federal funds. Additionally, LGBTQ content could be offered at monthly staff meetings. The Commission has heard from LGBTQ liaisons that some in-service trainings have been offered in a few offices, and these could prove to be an example for what was successful and what needed improvement to utilize this option (or an alternative) more broadly. The Commission also attended a spring 2019 gender identity training that was offered through a joint effort of DYS, DCF, schools, and specialized foster care agencies; this well-attended event could be replicated in other areas as a way of training both DCF staff and provider agencies. 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.

#### **6. 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

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

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

## Massachusetts Commission for the Blind

---

### **FY 2020 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. Continue working with the Commission on 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,<sup>231</sup> and convenes regular conferences.<sup>232</sup>

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

MCB has worked on identifying opportunities to fully serve LGBTQ youth, including through LGBTQ-inclusive diversity planning. Further, they have conducted optional staff trainings in the 2017 and 2018 fiscal years, with plans for an event in FY19. MCB has also worked on incorporating the collection of preferred pronouns into case notes. Future opportunities to expand their outreach and resources for LGBTQ youth could include incorporating LGBTQ information and speakers into their regular guest presentations.

### **EXPANDED RECOMMENDATIONS**

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

MCB has offered several optional trainings on LGBTQ issues for its staff. The most recent was in FY 2018, which was attended by approximately 25 people, and the agency is looking into having a follow-up event in FY 2019 as well as additional training in the new fiscal year. The Commission recommends continuing to expand these trainings to reach 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. MCB's liaison to the Commission has been an active part of the EOHHS interagency committee working on developing this shared training curriculum.

**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 advising staff on how to enter a client's gender pronouns into their case notes so that staff can avoid making incorrect assumptions about how a client identifies, especially when those pronouns vary from what is normally associated with a client of that sex. 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. In the meantime, continuing to formalize the process for adding a client's gender pronouns as a case note is a strong intermediary step that does not require changes to the data collection system.

**3. Continue working with the Commission on 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.**

Last year, the Commission discussed with MCB the creation of its new LGBTQ resource map. Since that initial discussion, MCB and the Commission have begun to discuss how the Commission can make this map accessible to people who are blind or visually impaired. This may be accomplished by publishing the list of resources in a document format that is readable by accessibility technology. The Commission appreciates MCB's input on this matter and looks forward to working together to make the resource more accessible and useful for MCB's client population.

## **Massachusetts Commission for the Deaf and Hard of Hearing**

---

### **FY 2020 RECOMMENDATIONS**

1. **Increase data collection on sexual orientation and gender identity, and add a gender nonbinary option to MCDHH's client management system.**
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.<sup>233</sup> 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. **Increase data collection on sexual orientation and gender identity, and add a gender nonbinary option to MCDHH's client management system.**

Following last year's recommendations that MCDHH work on making its data systems more LGBTQ-inclusive, MCDHH is now close to launching a new client management database that will include a nonbinary gender option in addition to Male and Female. The Commission commends MCDHH for this development and looks forward to seeing the new system launch in spring 2019. The Commission encourages MCDHH to continue to work on expanding LGBTQ data collection measures—specifically, the collection of sexual orientation and gender identity—to improve its data on LGBTQ clients and their needs. The Commission understands that the costs of adding

such measures to their system have been a challenge in the past, so it encourages them to plan how to incorporate SOGI questions in the long-term and perhaps build that into the planning of its new database.

**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.**

Following last year's release of the Commission's LGBTQ resource map, the Commission would 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 consider how the resource might be used to strengthen referrals made by its providers to LGBTQ youth.



## Massachusetts Rehabilitation Commission

---

### **FY 2020 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.**
3. **Continue partnering with the Commission on implementing an LGBTQ youth outreach plan.**

“Disability services also need to be more inclusive of disabled LGBTQ people of color.”

- Youth of Color, Greater Boston

### **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.<sup>234</sup> 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.<sup>235</sup> These and other studies suggest that LGBTQ youth and adults may indeed experience higher rates of disability, and also face greater exclusion from state and social services due to discrimination and stigma, thus making their ability to access the services that MRC provides all the more important.

Since the Commission first issued recommendations to MRC, the agency has offered training opportunities in LGBTQ cultural competency, conducted an internal staff climate survey related to LGBTQ issues, and created an internal LGBTQ working group. MRC representatives have met regularly with Commission personnel, and an MRC liaison to the Commission, David Sykes, was honored with an Advancing Equity Award from the Commission in March 2018. MRC Commissioner Toni Wolf also met with Commission members personally in 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 Group and the Massachusetts Transgender Political Coalition. These trainings included vocational counselors, job placement, and employment specialists. This series of “Trans

101” trainings also included an abridged half-day training for clerks and receptionists. Further, in 2016, MRC vocational transition counselors in the south district attended a two-hour training specific to LGBTQ youth.

### **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. This includes considering how to add a nonbinary gender marker option to their system as they work on piloting a new eligibility unit system in Western Massachusetts. MRC staff have worked to ensure such changes would comply with requirements from the federal government and have also discussed how LGBTQ competency training for staff such as vocational counselors could maximize the success of such changes. The Commission commends this progress and looks forward to supporting MRC as it works to make its application process and data collection more inclusive.

#### **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. MRC previously offered trainings as described above, and the LGBTQ subcommittee of its diversity committee is interested in repeating or expanding upon these sessions. 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.

#### **3. Continue partnering with the Commission on implementing an LGBTQ youth outreach plan.**

The LGBTQ subcommittee of MRC’s diversity committee has developed a plan to reach more LGBTQ youth and increase their awareness of the services MRC provides. The Commission is thankful for the opportunity to partner with MRC in this important work. Together, the Commission and MRC are working on developing posters to be distributed to high schools with the highest populations of those eligible for MRC services to educate students about MRC and the Commission, and the services they offer. Discussions also continue on how to best equip vocational counselors in their work with LGBTQ high school students. MRC and the Commission have committed resources to implement the plan. The MRC LGBTQ subcommittee has also again made plans to participate in multiple Pride celebrations in the Commonwealth over the summer, as a way of further increasing their visibility in the LGBTQ community.

## Department of Mental Health

---

### **FY 2020 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 recommendation that was new for FY2019.

Although LGBTQ youth are typically well-adjusted and mentally healthy, factors such as violence, victimization, and family rejection increase their risk of needing mental health support. The Massachusetts Youth Risk Behavior Survey (MYRBS) indicates that LGBTQ youth are at significantly higher risk than their heterosexual counterparts for suicidal ideation and substance

abuse; for instance, LGBTQ youth are nearly five times more likely to have attempted suicide in the past year than their peers.<sup>236</sup> Recent surveys have shown that attempted suicide rates for self-identified transgender people are particularly high, with one-third reporting attempting suicide at least once in their lifetime.<sup>237</sup> These statistics are even higher for youths and young adults,<sup>238</sup> and these at-risk populations need the support of inclusive policies.

The Commission's new data report, presented above, shows that LGBTQ youth are at increased risk for self-harm, suicidal ideation, suicide attempt, and other health risks that relate directly or indirectly to mental health. With such alarming and disproportionate risks, it is critical that mental health providers and policymakers understand what contributes to mental health problems among LGBTQ youth. Providers need to know how best to provide supportive environments and inclusive systems of care that promote positive coping mechanisms. It is vital that all mental health services, including those in drop-in programs, emergency housing programs, and long term transitional housing programs, are trauma-informed.

"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.**

DMH continues to make progress in publishing a nondiscrimination policy for LGBTQ persons, as well as related guidance. An implementation group has been formed and plans to conduct 3-4 meetings in order to address any remaining issues with the policy and plan and execute its implementation. The Commission looks forward to the likely completion of this project in FY 2020 and is happy to assist DMH with any remaining issues as it finalizes this important work.

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

DMH continues to make progress on training all of its employees on LGBTQ competency. In 2018, DMH completed its trainings-of-trainers. As of March 2019, almost all supervisors and managers have been trained, and community staff were in the process of being trained. The last remaining staff group to be trained are the inpatient staff, and this has proven more challenging for DMH to plan for given the need to have continuous staffing in inpatient facilities and thus a logistical issue in pulling staff for training. The Commission looks forward to providing any support it can to DMH

in order to reach this final group of employees. DMH and the Commission have discussed possibly using an online version of the training, coupled with a small group discussion guide, to facilitate training small groups of employees at a time. While both the Commission and DMH recognize that in-person trainings are ideal, this alternative approach may facilitate training staff who would otherwise be unable to attend an in-person training. The interagency training developed by the Commission and EOHHS might be a solution once completed. The Commission also encourages DMH to gather and analyze evaluations of its trainings and their long-term retention by staff. Finally, it recommends that DMH consider how to also ensure its vendors are trained on LGBTQ competency.

“I would like to see more accessible and culturally proficient mental health and wellness providers. I would also like the young people to have access to people who will talk about puberty blockers and hormones with them in a safe way and at their pace.”

- Youth & Educator of Color, Merrimack Valley region of Massachusetts

### **3. 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. One way that DMH has identified doing so is through a new system it is developing for investigation purposes, for which DMH's LGBTQ working group has issued internal recommendations on making inclusive of SOGI data measures. The Commission looks forward to seeing how this step could lead to additional SOGI data collection occurring at the agency in the future, and to the analysis of any data relating to LGBTQ clients that is generated as a result.

### **FY 2020 RECOMMENDATIONS**

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

“It’s important as more kids are coming out as LGBTQ 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 data report above at page 19 and the research review on page 26 – 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).<sup>239</sup> Research also shows that LGBTQ people have elevated rates of trauma,<sup>240</sup> 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.

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

"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

"Not only specific to LGBTQ youth, but given the known preponderance of substance use among LGBTQ youth is the concern of rising vaping/juuling use among youth. There are already webinars (both prevention and treatment oriented, like CATCH My Breath and the Truth Initiative), addiction hotlines/texting sites/etc. for generic use among youth (e.g., but few address the points of intersectionality or other SDH that may drive higher use among LGBTQ youth."

– Service Provider, Central Massachusetts



## **EXPANDED RECOMMENDATIONS**

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

The Commission has worked in partnership with DPH's Office of HIV/AIDS to improve marketing of key services and prevention messages to the LGBTQ youth, and looks forward to continuing this relationship and potentially providing support to other offices, if desired. The Office of HIV/AIDS has made considerable progress on expanding its outreach with the LGBTQ community in mind. For example, they have funded organizations to deliver HIV, HCV, STI, and TB prevention services that include specialized services targeting LGBTQ youth, and launched a "Care That Fits You" campaign on healthcare access and sexual health services for queer men, which they are continuing to expand on using market research.<sup>241</sup> DPH has also expanded its use and its support of grantee use of social media and dating apps to reach LGBTQ young people. The Commission believes that using these modern forms of communication is critical to reaching LGBTQ youth and other priority populations, and looks forward to supporting DPH in expanding that type of outreach. The Commission remains particularly interested in the marketing of HIV-related services to LGBTQ youth, especially LGBTQ youth of color, a topic on which DPH and the Commission collaborated by jointly hosting a Rappaport Fellow in the summer of 2018. This issue area includes sharing information about PrEP, about which 80% of queer men were found to know little or nothing as of 2014,<sup>242</sup> and which research shows can be effectively advertised through social media applications.<sup>243</sup>

### **2. Expand training opportunities for 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, could help to facilitate the implementation of this recommendation in FY 2020. The Commission appreciates the feedback that DPH has provided and that was addressed as it approaches a final draft of this interagency training, which it would then be happy to help implement at DPH and for its contractors.

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

DPH has been working on finalizing standardized data standards that include SOGIE measures. Given the limited data on LGBTQ youth in Massachusetts and the difficulty in comparing data that is measured in different ways, the Commission is excited to see these standards finalized and

implemented, as well as to see the newly-collected data analyzed and disseminated. The Commission thanks the Office of Health Equity and Office of Data Management and Outcomes Assessment for their progress on this work. The Commission believes that the standards, as well as the best practices guide that DPH has developed to facilitate implementation, could prove useful to other government agencies and nongovernmental agencies, particularly those who have expressed concerns about how to develop SOGIE questions and prepare staff to ask them.

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

The Commission has begun conversations with DPH on how they can work together to expand SOGIE data collection within the medical profession, have LGBTQ cultural competency indicated on physician profiles, and SOGIE data collection in EHRs. One way this could be addressed is by collaborating with BORIM and other boards of registration. Another would be to use DPH's new data standards, described in recommendation number three above, through requirements placed on vendors. Finally, the Commission encourages DPH to join the departments of health in other states in promoting the inclusion of SOGIE fields in EHR systems among the companies who create leading systems, and to encourage users of these systems to do the same. Such pressure may lead to these companies voluntarily adding SOGIE fields as standard measures, which would increase uptake by healthcare providers including this information in EHR, thus increasing data on a macro level and improving individual patients' care on a micro level.

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

DPH has long prioritized services to marginalized populations in its programs. However, not all DPH employees or funded providers fully understand what constitutes discrimination against LGBTQ clients, nor do all employees or providers understand best practices for serving and supporting LGBTQ people. The Commission and DPH have worked together in the past on draft policies and guidance. DPH has looked into the applicable nondiscrimination policies that apply to its employees and contracts. The Commission looks forward to exploring what, if any, additional steps might be productive in building proactively inclusive services and programs throughout the Commonwealth's public health and healthcare systems.

"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

---

### **FY 2020 RECOMMENDATIONS**

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

"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.<sup>244</sup> In some instances, these young people come to the United States seeking to escape persecution or violence based on their sexual orientation or gender identity; one study found that LGBT asylum seekers have high incidences of persecution during their childhood, experiences of sexual violence, and suicidal ideation.<sup>245</sup> 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.<sup>246</sup> 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.<sup>247</sup>

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”.<sup>248</sup> This goal is critical to ensure that all immigrants and refugees are treated fairly and welcomed into communities across the Commonwealth.

“Having this intersection [of marginalized identities] can lead to a larger intensity of stigma and being denied of autonomy or agency; there needs to be more celebration for these identities, as well as support in understanding the hardships we face.”

- Youth of Color, Greater Boston

## **EXPANDED RECOMMENDATIONS**

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

During FY 2018, ORI made progress on the Commission’s recommendation to develop a nondiscrimination policy and best practices guide, which was submitted as a draft to EOHHS counsel for review. As of March 2019, the policy remains in draft form. The Commission looks forward to seeing the policy and best practices finalized and released in the near future.

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

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

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

ORI held an LGBTQ competency training in 2016 for their unaccompanied refugee minor program providers. Since then, the Commission has recommended additional trainings to reach all providers who might work with LGBTQ youth. ORI has noted that some providers are interested in having additional LGBTQ resources and education, but that there is limited capacity to provide a training. ORI has at the same time been working with the EOHHS interagency initiative to develop a common training curriculum. Once a training is available online, that might be an efficient way of having providers trained on basic LGBTQ competency. Additionally, the Commission has volunteered to work with ORI to provide an in-person version of the EOHHS training for ORI providers who are interested in participating. The Commission looks forward to continuing these conversations and finding ways of expanding training opportunities for ORI's staff and providers.

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

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

## Department of Transitional Assistance

---

### **FY 2020 RECOMMENDATIONS**

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

“More training for service providers of all kinds is needed, and especially those that particularly serve at-risk and marginalized people.”

- Youth of Color, Greater Boston

### **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.<sup>249</sup> 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.<sup>250</sup>

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.<sup>251</sup> Poverty rates are especially high among some LGBTQ parents and some LGBTQ communities of color.<sup>252</sup> 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.<sup>253</sup> More research on homelessness among LGBTQ youth is presented in the research review above.

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. Finally, the Commission began a conversation with DTA about potentially expanding data

collection to be more LGBTQ inclusive at a meeting in March 2019. DTA notes that most of their data collection occurs through the provision of SNAP benefits, and is heavily regulated by the federal government. The Commission looks forward to continuing this conversation and potentially offering a recommendation for 2021.

### **EXPANDED RECOMMENDATIONS**

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

Previously, the Commission had recommended that DTA work on developing an LGBTQ liaison system to help develop and implement LGBTQ-inclusive policies and programming. At a meeting in 2019, DTA instead proposed utilizing the DTA Diversity Council, a preexisting body with representation from the agency's 22 local offices. The Commission was pleased to learn that the Diversity Council was already taking on the project of developing a Transgender Awareness Month to take place most likely in June in order to help educate staff about transgender issues. The Commission believes that this approach is very promising and has offered to assist the Diversity Council in any way it can, including providing resources for trainings, participating in its statewide meetings, assisting in developing policies, etc. The Commission continues to recommend that this newly-identified body take steps such as: (1) advise on the implementation of clear and thorough nondiscrimination policies and the dissemination of LGBTQ-affirming materials; (2) disseminate guidance on transgender client service and program access; and (3) 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 and vendors, especially those caseworkers involved in direct service provision, and continue collaborating on the EOHHS interagency training effort.**

The Commission recommends that DTA incorporate routine LGBTQ cultural competency training for all staff and update customer service protocols to better meet the needs of LGBTQ youth clients. While DTA has not previously held an all-staff training focused entirely on LGBTQ issues, domestic violence specialists at DTA have independently sought out LGBTQ competency training from community organizations in the past. DTA and the Commission began discussions in March 2019 as to how the EOHHS interagency training fits within existing state diversity trainings and might be useful for DTA to provide training to its staff. The Commission also continues to recommend making training, perhaps this same training, available to vendors. DTA also expressed interest in having a training made available during their planned Transgender Awareness Month, noted above and slated to happen later in calendar year 2019.



## Department of Youth Services

---

### **FY 2020 RECOMMENDATIONS**

1. Share and continue to develop data related to sexual orientation and gender identity, and analyze its implications.
2. Continue to provide LGBTQ trainings and other resources, and review them for currency and effectiveness.
3. Continue implementation of LGBTQ-inclusive material into existing curricula and programming provided to youth in its care.

“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 were 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, most recently in March 2019 at a meeting also attended by other senior staff. DYS has also provided the Commission with a tour of one of its facilities, sent representation to the release of the Commission’s policy recommendations, and invited Commission staff and members to its annual youth art event. The Commission appreciates the level of engagement that senior leadership at DYS has shown.

Research from across the country suggests that LGBTQ youth are overrepresented within the juvenile justice system, with approximately 20 percent of youth in detention facilities identifying as LGBTQ.<sup>254</sup> These youth may come in contact with the system after experiencing family rejection, homelessness, school harassment, and “survival crimes” such as theft or sex work. Massachusetts 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.<sup>255</sup> 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.<sup>256</sup>

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.<sup>257</sup> Sexual minority youth also report being suspended or expelled from school at higher rates than heterosexual students.<sup>258</sup> This disparity in treatment by law enforcement is especially pronounced among girls. Lesbian and bisexual girls are 50 percent more likely to be stopped by police, and twice as likely to be arrested and convicted, even though they do not engage in higher levels of misconduct compared to heterosexual girls.<sup>259</sup> For a detailed discussion on the risk factors LGBTQ youth face for involvement in the juvenile justice system, and their experiences there, see page 35 above.

## **EXPANDED RECOMMENDATIONS**

### **1. Share and continue to develop data related to sexual orientation and gender identity, and analyze its implications.**

The Commission commends DYS for the changes it has implemented in its intake process to collect data relating to sexual orientation and gender identity (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. In March 2019, the Commission received preliminary data from DYS that has been gathered as a result of this process. Given the limited nature of data on LGBTQ youth in the juvenile justice system, both in Massachusetts and generally across the states, the Commission believes this data could be of interest and value to the public. DYS has offered to explore how to finalize and share their findings with the public. Beyond sharing the data, the Commission also looks forward to assisting DYS, if desired, in its analysis of the data. For example, if DYS should find differences in the experiences of LGBTQ youth in custody, this may be of great value in determining how to continue to improve services and thus the safety and wellbeing of these youth.

### **2. Continue to provide LGBTQ trainings and other resources, and review them for currency and effectiveness.**

The Commission commends DYS for implementing LGBTQ competency training for every member of its staff and for making their educational and clinical curricula LGBTQ-inclusive. Recently, DYS has taken the additional step of integrating its LGBTQ competency training into its basic training, thus ensuring that DYS staff receive instruction early in their tenure and in a uniform manner. The Commission believes that maintaining the same level, quality, and duration of the original training will be important in DYS's continued success. The Commission encourages DYS to continue reviewing its LGBTQ training and other resources. The Commission appreciates the

evaluation that DYS has done so far, supports its goal of conducting additional evaluation to measure the effects of this training, and encourages DYS to use this data to consider how training might be improved.

“Knowledge is key to the development of young people but it can be very difficult when a lot of it is withheld or altered, especially for those who are LGBTQ and at other marginalized intersections. Spaces that aim for inclusion can feel very ill-intended, just for praise or show, and never take actual action to acknowledge the experiences, voices, and needs of the people they claim to serve. There are so many wonderful LGBTQ-led resources for youth, but many of these resources can be hard to find, or might not serve the proper age group, and even lack competency for other intersections of identity such as disability, race, class, etc.”

- Youth of Color, Greater Boston

### **3. Continue implementation of LGBTQ-inclusive material into existing curricula and programming provided to youth in its care.**

The Commission commends DYS for implementing LGBTQ-inclusive material into its health and wellness curriculum. The Commission had previously recommended that DYS explore how to utilize youth in its care as peer leaders to increase understanding and acceptance of LGBTQ peers and thus increase safety of these youth in its care. The Commission appreciates DYS’s willingness to engage in this conversation and looks forward to working together and reviewing data on youth responses to the new curriculum in the new fiscal year.

“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

# Executive Office of Public Safety and Security

---

## FY 2020 RECOMMENDATIONS

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

## BACKGROUND & RESEARCH

The Executive Office of Public Safety and Security (EOPSS) oversees several agencies that impact the lives of LGBTQ youth and young adults, including the State Police, Department of Correction, Sex Offender Registry Board, Municipal Police Training Committee, and Parole Board. In FY 2018, the Commission recommended that EOPSS appoint a liaison to begin working with us on addressing the needs of LGBTQ youth involved in their agencies. EOPSS fulfilled this recommendation and held two meetings with Commission representatives during the past fiscal year to begin discussions.

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

Homelessness, financial insecurity, family rejection, and poor school climates mean that LGBTQ young people are disproportionately likely to come into contact with the public safety and criminal justice systems. Often, these interactions start while youth are still minors and continue into their early adulthood. For instance, a national study shows that lesbian, bisexual, and questioning girls in detention are approximately twice as likely as their heterosexual peers to have been detained for engaging in the sex trade, and gay, bisexual, and questioning boys are approximately ten times as likely.<sup>260</sup> 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.<sup>261</sup>

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.<sup>262</sup> 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.<sup>263</sup>

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.<sup>264</sup> In addition to specific experiences of violence, stigma can have a significant impact on LGBTQ incarcerated people. One survey of LGBTQ prisoners found that 70 percent of respondents had experienced emotional pain from hiding their sexuality, and 78 percent of transgender respondents had experienced pain from hiding their gender identity.<sup>265</sup> A detailed review of the literature on LGBTQ youth and the justice system can be found in the research review section above.

## **EXPANDED RECOMMENDATIONS**

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

The Commission has seen success working within an interagency model at EOHHS and has supported discussions between EOHHS and EOPSS on how that model could be applied to EOPSS's agencies. The Commission recommends this approach to ensure that discussions on LGBTQ youth are coordinated, particularly because topics like data collection and nondiscrimination policies may not function well in isolation within the larger EOPSS system. Furthermore, the EOHHS interagency training that is being developed may serve as a useful tool for 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.<sup>266</sup> 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. The Commission appreciates EOPSS's initiative in inviting the Commission to a meeting of HR managers within EOPSS and looks forward to working together further in the coming fiscal year.

## Additional State Entities

---

### Registry of Motor Vehicles

---

#### **FY 2020 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.<sup>267</sup> 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 FY 2018 that now allows transgender people to self-attest that they identify with a gender other than their birth sex. This change was further adapted in FY 2019, when the RMV shared plans to now allow individuals to change their gender marker simply by indicating their new preferred marker on a form, much as they would submit a change of address. The Commission is very encouraged to see these changes that now make it easier for individuals

to have IDs that match their gender identity, given the harms that individuals can face when this is not the case. For example, one recent study found that nearly one third of transgender individuals who showed ID incongruent with their gender presentation had a negative experience such as being harassed, denied services, or attacked.<sup>268</sup>

ID access is also particularly relevant for LGBTQ youth experiencing homelessness, which is the subject of one of the core recommendations on homelessness above. The 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.<sup>269</sup> 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.<sup>270</sup> 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.<sup>271</sup> Many other states have taken action to address these barriers while maintaining compliance with the federal REAL ID regulations,<sup>272</sup> 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 working to include a nonbinary gender marker in its new licensing system.<sup>273</sup> Since the publication of the FY 2019 recommendations, the RMV has worked with the Commission to prepare for the launch of this new marker, which is nearing readiness as of spring 2019 when this report went to print. The Commission is excited to see the nonbinary option become available and to help communicate the change and its implications to the LGBTQ youth population. This change will allow Massachusetts to join the growing number of states and countries that are already providing a third gender 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 was pleased to join the Massachusetts Transgender Political Coalition in presenting RMV senior staff and Service Center managers with a presentation on implementing the forthcoming nonbinary gender marker in December 2018. The Commission thanks the Registrar and her staff for this opportunity. Following the training, materials were finalized for Service Center managers to take key lessons back to their staff in the form of an explanatory handout and a Frequently Asked Questions guide. The Commission believes that this is a very positive first step in helping staff to best serve LGBTQ clients. The Commission would like to further recommend that the RMV consider how to implement additional training options that could go beyond merely the nonbinary gender marker and also look at other parts of the LGBTQ community and their needs. The Commission looks forward to continuing this conversation in the new fiscal year, as well as providing any required follow-up support on the training materials developed so far.

## **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,<sup>274</sup> 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.

## Massachusetts Board of Library Commissioners

---

### **FY 2020 RECOMMENDATIONS**

1. **Share resources for LGBTQ youth online and in libraries.**
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 region of Massachusetts

### **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. MBLC says that the continued funding of the library construction grant program will help to facilitate continued library renovations and modernizations that will likely advance this trend.

For privacy reasons, libraries do not generally collect demographic data on their users, so the number of LGBTQ youth accessing library services is unknown. Libraries can nonetheless take steps to be welcoming for LGBTQ youth by providing programming and materials relevant to their concerns and helping them access information technology. Events like “drag queen story times” and recognition of local Pride events are examples of inclusive and welcoming programming that libraries are increasingly offering.

MBLC’s work touches on at least two of the three focus areas identified by the Commission. The first, LGBTQ youth homelessness, is one on which the Commission and 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.<sup>275</sup> 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.<sup>276</sup> 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 online and in libraries.**

MBLC maintains several portals aimed at different classes of users (for example, library board members, librarians, and the public) and has begun to discuss with the Commission how to expand LGBTQ-related resources. MBLC has kindly offered to explore how to share the Commission's recommendations and other resources, such as guidance on how to make workplaces more inclusive, on their website. Additionally, MBLC has offered to work with the Commission on designing and distributing to all public libraries statewide an LGBTQ brochure with reading suggestions and resources in time for June 2019, in which many towns recognize LGBTQ Pride. National resources such as the American Library Association's Rainbow Project Book List exist but may not be known to librarians and library patrons statewide, who also might benefit from learning about local resources that the Commission can share.<sup>277</sup> The Commission is excited to begin work on developing these resources in partnership with MBLC.

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

The Commission is pleased to be exploring two major training and programming opportunities with MBLC. First, MBLC works closely with the Massachusetts Library System, which conducts training for library staff, and with librarian associations that hold workshops and conferences. The Commission previously worked with an MBLC staff member who conducted an LGBTQ youth workshop at one such event, which was well-received. MBLC and the Commission are now planning to tailor the Commission's existing educator training to apply specifically to library staff, to be delivered as early as fall 2019 among MBLC's partners who think this would be beneficial. The Commission and MBLC hope that this training will also be made available to librarians online as a webinar for those who cannot attend in-person sessions. The second project that the Commission and MBLC are discussing is to pilot a workshop for families of LGBTQ and questioning youth in public libraries. This is tied directly to the Commission's Family Acceptance Task Force as one way that the group has identified as a promising means of reaching the families of LGBTQ youth who have questions or need support. The Commission is excited to work with MBLC at piloting a family workshop at a few libraries who might volunteer to do so during FY 2020 and to examine how to scale up this programming opportunity in FY 2021 and beyond, perhaps by working with local partners to hold the workshops.

## Department of Housing and Community Development

---

### **FY 2020 RECOMMENDATIONS**

1. **Work with Interagency Council on Housing and Homelessness and the Commission on Unaccompanied Homeless Youth to address the needs of LGBTQ youth.**
2. **Provide LGBTQ cultural competency training to staff and providers to improve access to and quality of shelter and housing for LGBTQ youth.**
3. **Finalize, adopt, and distribute a policy and guidance to promote safety and privacy of LGBTQ youth and/or those transitioning genders in shelters.**
4. **Identify intake documents for which revisions could help address the needs of LGBTQ youth, and initiate planning for making updates as appropriate.**

“As someone who has worked with LGBTQ youth, 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.”

– Social Worker and Therapist, Massachusetts

“There needs to be even more resources for homeless youth, especially ages 18-21 who are no longer part of the “system” but still need assistance. Especially shelters for trans people where they can feel safe expressing their gender how they express it.”

- Youth, Southeastern Massachusetts

### **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.<sup>278</sup> 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.<sup>279</sup> 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.<sup>280</sup>

Homelessness impacts not only homeless LGBTQ youth who are unaccompanied, but also those who are living with their families in unstable or unsheltered situations. In a national survey of providers serving LGBTQ homeless youth, family service providers estimated that of their total youth served, an average of 22 percent identified as LGBTQ and 3 percent identified as transgender.<sup>281</sup> Parents who are struggling to navigate homelessness may be particularly in need of assistance from state agencies or providers in supporting and locating resources for their LGBTQ children.

## **EXPANDED RECOMMENDATIONS**

### **1. Work with Interagency Council on Housing and Homelessness and the Commission on Unaccompanied Homeless Youth to address the needs of LGBTQ youth.**

DHCD is involved in and impacted by the LGBTQ youth-related work happening elsewhere in state government, such as the Commission on Unaccompanied Homeless Youth 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 those conversations inform DHCD's own policies and programs 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 that directly interface with LGBTQ youth and their families. The Commission requests that DHCD work with us to develop a plan to provide training in person or online. The Commission will be happy to adapt the statewide training to that it is developing to suit DHCD's needs as an in-person training, or to assist DHCD in sharing the online version of the training once the Commission has made that available independently or through PACE.

### **3. Finalize, adopt, and distribute a policy and guidance to promote safety and privacy of LGBTQ youth affected by DHCD programs and services.**

DHCD is engaged in drafting a policy and guidance relating to the needs of LGBTQ youth who are impacted by its program and services. DHCD anticipates being aided by LGBTQ competence training offered by the Commission for its policy development and to share with DHCD staff and with housing and shelter providers. The Commission encourages DHCD to finalize and implement this policy. The Commission has specifically asked that such a policy address the self-identification of gender among youth, and how the system addresses gender nonbinary youth, issues that the Commission believes may be best addressed in a formal policy. The Commission looks forward to supporting DHCD as needed throughout the 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 and federal requirements. DHCD notes that this process may require resources, particularly with respect to modification of documents that would require translation in accordance with DHCD's Language Access Plan. DHCD is planning a follow-up meeting with Commission staff to discuss next steps before the end of the 2019 fiscal year. The Commission looks forward to checking in with DHCD regularly throughout the upcoming year to provide as much support as possible.

## MassHire Department of Career Services

---

### **FY 2020 RECOMMENDATIONS**

1. Offer LGBTQ youth-inclusive regional or statewide career fairs.
2. Update data collection methods to reflect best practices on LGBTQ-related data.
3. Work with the Commission to offer staff and partner trainings on LGBTQ inclusion and competency.
4. Continue to partner with the Commission and social service providers to offer career readiness resources for LGBTQ youth who face barriers to employment.

“There needs to be more opportunity for growth for LGBTQ youth, job training and the like, that doesn’t cost an arm and a leg—whether it be in money or by any other sort of exerting means.”

- Youth of Color, Greater Boston

### **BACKGROUND & RESEARCH**

MassHire creates and sustains powerful connections between businesses and jobseekers by leveraging a network of twenty-nine MassHire Career Centers and sixteen MassHire Workforce Boards located across the Commonwealth. The central MassHire branch, MassHire Department of Career Services (MDCS), oversees workforce development activities, which include providing access to quality education, skills training, and employment opportunities for jobseekers, and partnering with businesses to meet their hiring and industry needs, at all MassHire locations.

The Commission had previously worked with MDCS to update and revise its nondiscrimination policy to be LGBTQ-inclusive, and nondiscrimination and best practice guidelines were released to all MDCS staff and career centers as of June 2017.

LGBTQ youth are more likely to experience several risk factors that make obtaining employment more difficult, such as homelessness, unsafe educational environments, lacking proper ID, and involvement in the criminal justice system. Unsafe or under-resourced schools and disproportionate rates of school suspensions and arrests put LGBTQ youth of color at a particular disadvantage when entering the workforce. Transgender adults and LGBTQ adults of color have significantly higher unemployment rates than the national average, suggesting that the obstacles that LGBTQ youth face in obtaining employment often follow them throughout their lifespans.<sup>282</sup>

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.<sup>283</sup> 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.<sup>284</sup> To secure stable and meaningful employment, LGBTQ young people need access to quality career development programs that address the specific challenges they face, as well as employers who are willing to hire them. In this way, the missions of MDCS and the Commission intersect, and the Commission is looking forward to partnering with MDCS to ensure LGBTQ youth have access to employment opportunities.

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.<sup>285</sup> The support of MDCS in establishing an LGBTQ youth-focused career fair might provide inclusive career options for many Massachusetts youth in need of them.

### **EXPANDED RECOMMENDATIONS**

#### **1. Recruit, market, and execute a LGBTQ youth-inclusive statewide and/or regional career fair(s).**

In collaboration with The Commission, it is recommended that MDCS plans statewide and/or regional job fairs by leveraging the expertise and connections of private sector members of the MassHire Workforce Boards. These LGBTQ-inclusive job fairs will feature businesses that self-identify as welcoming of LGBTQ employees, and businesses which support LGBTQ youth resources provided by local LGBTQ organizations and/or the Commission. Businesses in every industry value, increasingly, a workforce which represents a range of diverse perspectives, and these career fairs would provide an opportunity to cultivate an inclusive staff. A career fair which emphasizes LGBTQ youth could increase engagement with a wide array of MassHire services and programming. The Commission appreciates MDCS's openness to this idea and looks forward to planning and executing one or more events together in the new fiscal year.

#### **2. Update data collection methods to reflect best practices on LGBTQ-related data.**

MDCS has begun exploring how to meet its federal data collection requirements—which include collecting sex—with making the intake process more inclusive for clients. The Commission recommends that if and when gender is collected, that a third, nonbinary option is offered. The Commission believes that the recommendation below on training is also important for data collection, as staff will need to understand the difference between gender and sex, and have a basic understanding of why an individual might select a nonbinary gender marker. MDCS is revising its data collection and validation techniques as part of the Work Innovation and Opportunities Act (WIOA) State Plan 2020 development. The Commission hopes that part of this planning will be how to design inclusive data measures that affirm clients' identities and provide MDCS with invaluable data on the needs of the LGBTQ population.

### **3. Work with the Commission to offer staff and partner trainings on LGBTQ inclusion and competency.**

The Commission is pleased to offer MDCS the opportunity to have regional trainings for its staff and selected partners on how to better serve LGBTQ clients. The Commission believes that such trainings are a necessary complement to changes as MDCS seeks to broaden the accessibility of MassHire services to LGBTQ youth, and LGBTQ community members generally. The Commission has offered to share with MDCS a draft of the state employee training it has developed to see how it might be adapted and presented to MassHire staff and invitees at a regional level.

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

The Commission encourages MDCS to continue expanding and reinforcing its partnerships with social service providers, businesses, and other state agencies to offer resources aimed at addressing the career readiness needs of LGBTQ young people. The Commission also recommends that MDCS make LGBTQ resources available to MassHire Career Centers and ensure that jobseeker services staff and business services staff 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 MDCS to rely on New York State as a model.<sup>286</sup> The Commission and MDCS have begun exploring how to help share resources of shared interest online. The Commission looks forward to adding MassHire Career Centers to its online resource map as soon as possible. Finally, the Commission thanks MDCS for sharing with its staff the guidance the Commission issued in recognizing gender identity diversity in state workplaces, and believes that such practices can also improve the inclusiveness of services provided by MDCS to LGBTQ youth.

## Appendix A: Glossary of Terms

---

*A note on terminology:* 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 referred to within the report when they have questions about the exact population measured in a given topic or statistic.

**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 Students

---

The Safe Schools Program for LGBTQ Students 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.

<https://www.mass.gov/info-details/safe-schools-program-for-lgbtq-students>

(617) 624-5495

### LGBTQ Youth Resource Map

---

The LGBTQ Youth Resource Map is a new venture of the Commission on LGBTQ Youth that includes resources specifically for LGBTQ youth as well as services that have self-identified as being LGBTQ-inclusive. These include health, housing, legal, social, educational, and other types of services that LGBTQ youth need. Please visit this online tool to learn more.

<http://ma-lgbtq.org>

### 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]

## Appendix C: Commission Membership

---

### Commission Leadership

Sasha Goodfriend, Chair  
Paul Gels, Vice Chair  
Sathya Mandjiny, Vice Chair  
Jeffry Wright, Vice Chair

### Commission Members

Alan Plotz  
Allen Lin  
Alyssa Rayman-Read  
Ashley Waterberg  
Aspen Eberhardt  
Autumn Jarrett  
Bella Wong  
Courtney Chelo  
David P. Norton  
Emily Bellush  
Erik Fearing  
Ezra Zeke Acevedo  
Gary Bailey  
Grace Sterling Stowell  
Ivy Stanton  
Joseph F. Baeta  
Joshua Durando  
Kimberly Rhoten  
Laura DelloStritto

Leilani Mroczkowski  
Mason Dunn  
Michel Anteby  
Nick John  
Roger Bourgeois  
Sam Barrak  
Samantha Thomasson-Bless  
Sarabeth Broder-Fingert  
Sasha Heggie  
Shavon Fulcher  
Sheila Graham  
Sonya Epstein  
Steven Belec  
Tariana V. Little  
Taylor Lewis  
Timothy Wang  
Zachary Tsetsos  
Zadian Madhuri  
Zuleny Gonzalez

### Commission Personnel

Corey Prachniak-Rincón, Director  
Jordan Meehan, Policy Coordinator  
Molly Wexler-Romig, Administrative Assistant  
Monica Johnson, Community Outreach Intern  
Jeff Perrotti, Senior Consultant  
Jason Wheeler, Senior Consultant

## Endnotes

---

<sup>1</sup> Massachusetts Commission on LGBTQ Youth. (2017, November 29). Guidance for Massachusetts State Agencies: Workplace Practices to Recognize Gender Identity Diversity. Retrieved from <https://www.mass.gov/special-guidance-for-state-agencies>

<sup>2</sup> James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Ana, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.

<sup>3</sup> Luk, J. W., Filman, S. E., & Haynie, D. L., et al. (2018). Sexual Orientation and Depressive Symptoms in Adolescents. *Pediatrics*. 141(5).

<sup>4</sup> Russell, S. T., Ryan, C., Toomey, R. B., Diaz, R. M., & Sanchez, J. (2011). Lesbian, gay, bisexual, and transgender adolescent school victimization: implications for young adult health and adjustment. *Journal of School Health*, 81: 223-230.

<sup>5</sup> Blumenfeld, W., & Cooper, R. M. (2010). LGBT and Allied Youth Responses to Cyberbullying: Policy Implications. *The International Journal of Critical Pedagogy*, 3(1).

<sup>6</sup> Van Geel, M., Vedder, P., & Tanilon, J. (2014). Relationship Between Peer Victimization, Cyberbullying, and Suicide in Children and Adolescents: A Meta-analysis. *JAMA Pediatrics*.

<sup>7</sup> Espelage, D., Aragon, S., Birkett, M., & Koenig, B. (2008). Homophobic Teasing, Psychological Outcomes, and Sexual Orientation Among High School Students: What Influence Do Parents and Schools Have? *School Psychology Review*.

<sup>8</sup> While family is a broad term that can encompass many different types of relationships (adoptive, chosen, biological), we refer to family most often as immediate family (parents and siblings) and grandparents, aunts, uncles, stepparents, and stepsiblings. This by no means suggests that these are the only relationships that are worth exploring as trusted adults, mentors, teachers, and peers can all have important impacts on the life of LGBTQ youth. However, for the purposes of this report, we primarily refer to family as the LGBTQ youth's primary caretaker(s), whether adoptive or biological, and any other close familial relationships such as siblings, grandparents, aunts, or uncles.

<sup>9</sup> Katz-Wise, Sabra L., Margaret Rosario, and Michael Tsappis. "LGBT Youth and Family Acceptance." *Pediatric Clinics of North America* 63, no. 6 (December 2016): 1011–25. <https://doi.org/10.1016/j.pcl.2016.07.005>

<sup>10</sup> Ryan, Caitlin, David Huebner, Rafael M. Diaz, and Jorge Sanchez. "Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults." *Pediatrics* 123, no. 1 (January 2009): 346–52.

<sup>11</sup> Puckett, Julia A., Eva N. Woodward, Ethan H. Mereish, and David W. Pantalone. "Parental Rejection Following Sexual Orientation Disclosure: Impact on Internalized Homophobia, Social Support, and Mental Health." *LGBT Health* 2, no. 3 (September 2015): 265–69. <https://doi.org/10.1089/lgbt.2013.0024>.

<sup>12</sup> Martinez, Katherine, and Courtney McDonald. "Childhood Familial Victimization: An Exploration of Gender and Sexual Identity Using the Scale of Negative Family Interactions." *Journal of Interpersonal Violence*, November 1, 2017, 886260517739289. <https://doi.org/10.1177/0886260517739289>.

<sup>13</sup> *Ibid.*

<sup>14</sup> Lannan, Katie. "Massachusetts House Votes To Ban So-Called Conversion Therapy." Accessed March 8, 2019. <https://www.nepr.net/post/massachusetts-house-votes-ban-so-called-conversion-therapy>.

<sup>15</sup> *Ibid.*

<sup>16</sup> "FY 19 Recommendations - Massachusetts Commission on LGBTQ Youth.," n.d.

Gower, Amy L., G. Nic Rider, Camille Brown, Barbara J. McMorris, Eli Coleman, Lindsay A. Taliaferro, and Marla E. Eisenberg. "Supporting Transgender and Gender Diverse Youth: Protection Against Emotional Distress and Substance Use." *American Journal of Preventive Medicine* 55, no. 6 (December 2018): 787–94. <https://doi.org/10.1016/j.amepre.2018.06.030>.

<sup>17</sup> Ryan, Caitlin, Russell B. Toomey, Rafael M. Diaz, and Stephen T. Russell. "Parent-Initiated Sexual Orientation Change Efforts With LGBT Adolescents: Implications for Young Adult Mental Health and Adjustment." *Journal of Homosexuality*, November 7, 2018, 1–15. <https://doi.org/10.1080/00918369.2018.1538407>.

<sup>18</sup> *Ibid.*

- <sup>19</sup> Morton, Matthew H., Amy Dworsky, Jennifer L. Matjasko, Susanna R. Curry, David Schlueter, Raúl Chávez, and Anne F. Farrell. "Prevalence and Correlates of Youth Homelessness in the United States." *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine* 62, no. 1 (January 2018): 14–21. <https://doi.org/10.1016/j.jadohealth.2017.10.006>.
- <sup>20</sup> Castellanos, H. Daniel. "The Role of Institutional Placement, Family Conflict, and Homosexuality in Homelessness Pathways Among Latino LGBT Youth in New York City." *Journal of Homosexuality* 63, no. 5 (2016): 601–32. <https://doi.org/10.1080/00918369.2015.1111108>.
- <sup>21</sup> *Ibid.*
- <sup>22</sup> Katz-Wise, et al. (2016)
- <sup>23</sup> Ryan, Caitlin, Stephen T. Russell, David Huebner, Rafael Diaz, and Jorge Sanchez. "Family Acceptance in Adolescence and the Health of LGBT Young Adults." *Journal of Child and Adolescent Psychiatric Nursing* 23, no. 4 (November 1, 2010): 205–13. <https://doi.org/10.1111/j.1744-6171.2010.00246.x>.
- <sup>24</sup> Gower, Amy L., G. Nic Rider, Camille Brown, Barbara J. McMorris, Eli Coleman, Lindsay A. Taliaferro, and Marla E. Eisenberg. "Supporting Transgender and Gender Diverse Youth: Protection Against Emotional Distress and Substance Use." *American Journal of Preventive Medicine* 55, no. 6 (December 2018): 787–94. <https://doi.org/10.1016/j.amepre.2018.06.030>.
- <sup>25</sup> *Ibid.*
- <sup>26</sup> *Ibid.*
- <sup>27</sup> *Ibid.*
- <sup>28</sup> Ryan, Caitlin, et al. (2010)
- <sup>29</sup> Grafsky, Erika L., Katherine Hickey, Hoa N. Nguyen, and John D. Wall. "Youth Disclosure of Sexual Orientation to Siblings and Extended Family." *Family Relations* 67, no. 1 (February 2018): 147–60. <https://doi.org/10.1111/fare.12299>.
- <sup>30</sup> *Ibid.*
- <sup>31</sup> *Ibid.*
- <sup>32</sup> Castellanos, H. Daniel. (2016).
- <sup>33</sup> Katz-Wise, Sabra L., Diane Ehrensaft, Ralph Vettters, Michelle Forcier, and S. Bryn Austin. "Family Functioning and Mental Health of Transgender and Gender-Nonconforming Youth in the Trans Teen and Family Narratives Project." *The Journal of Sex Research* 55, no. 4–5 (June 13, 2018): 582–90. <https://doi.org/10.1080/00224499.2017.1415291>.
- <sup>34</sup> *Ibid.*
- <sup>35</sup> Chan, Christian D. "Families as Transformative Allies to Trans Youth of Color: Positioning Intersectionality as Analysis to Demarginalize Political Systems of Oppression." *Journal of GLBT Family Studies* 14, no. 1–2 (March 15, 2018): 43–60. <https://doi.org/10.1080/1550428X.2017.1421336>.
- <sup>36</sup> Simons, Lisa, Sheree M. Schrager, Leslie F. Clark, Marvin Belzer, and Johanna Olson. "Parental Support and Mental Health among Transgender Adolescents." *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine* 53, no. 6 (December 2013): 791–93. <https://doi.org/10.1016/j.jadohealth.2013.07.019>.
- <sup>37</sup> Field, Taylor L., and Greggor Mattson. "Parenting Transgender Children in PFLAG." *Journal of GLBT Family Studies* 12, no. 5 (October 19, 2016): 413–29. <https://doi.org/10.1080/1550428X.2015.1099492>.
- <sup>38</sup> Menvielle, Edgardo J., and Leslie A. Rodnan. "A Therapeutic Group for Parents of Transgender Adolescents." *Child and Adolescent Psychiatric Clinics of North America* 20, no. 4 (October 2011): 733–43. <https://doi.org/10.1016/j.chc.2011.08.002>.
- <sup>39</sup> Field, Taylor L., et al. (2016).
- <sup>40</sup> Menvielle, et al. (2011).
- <sup>41</sup> *Ibid.*
- <sup>42</sup> Newcomb, Michael E., Brian A. Feinstein, Margaret Matson, Kathryn Macapagal, and Brian Mustanski. "'I Have No Idea What's Going On Out There': Parents' Perspectives on Promoting Sexual Health in Lesbian, Gay, Bisexual, and Transgender Adolescents." *Sexuality Research & Social Policy: Journal of NSRC: SR & SP* 15, no. 2 (June 2018): 111–22. <https://doi.org/10.1007/s13178-018-0326-0>.
- <sup>43</sup> *Ibid.*
- <sup>44</sup> Montano, Gerald T., Michael P. Marshal, Heather L. McCauley, Elizabeth Miller, Tammy Chung, and Alison E. Hipwell. "Group-Based Trajectories of Parent-Child Communication and Parental Knowledge between Sexual Minority and Heterosexual Girls and Their Associations with Substance Use." *Journal of Adolescence* 69 (October 12, 2018): 150–62. <https://doi.org/10.1016/j.adolescence.2018.09.009>.
- <sup>45</sup> *Ibid.*
- <sup>46</sup> Menvielle, et al. (2011).

- <sup>47</sup> Newcomb, Michael E., et al. (2018).
- <sup>48</sup> Grafsky, Erika L., et al. (2018).
- <sup>49</sup> Chan, Christian D. (2018).
- <sup>50</sup> *Ibid.*
- <sup>51</sup> Ryan, Caitlin. "GENERATING A REVOLUTION IN PREVENTION, WELLNESS & CARE FOR LGBT CHILDREN & YOUTH" 23 (n.d.): 14.
- <sup>52</sup> "Biden Foundation Teams up with LGBTQ Groups on Family Acceptance Campaign." NBC News. Accessed March 21, 2019. <https://www.nbcnews.com/feature/nbc-out/biden-foundation-teams-lgbtq-groups-family-acceptance-campaign-n966811>.
- <sup>53</sup> Morton, M. H. et al. (2018).
- <sup>54</sup> Massachusetts Commission on Unaccompanied Homeless Youth. (2019). Massachusetts Youth Count 2018. Retrieved from [http://www.mahomeless.org/images/2018\\_finalYouthCountreport.pdf](http://www.mahomeless.org/images/2018_finalYouthCountreport.pdf)
- <sup>55</sup> Choi, S. K., Wilson, B. D. M., Shelton, J., Gates, G. (2015). Serving Our Youth 2015: The Needs and Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth Experiencing Homelessness. Los Angeles: The Williams Institute with True Colors Fund and The Palette Fund. Retrieved from <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Serving-Our-Youth-June-2015.pdf>
- <sup>56</sup> The Commonwealth of Massachusetts Special Commission on Unaccompanied Homeless Youth. (2018). Massachusetts State Plan to End Youth Homelessness. Retrieved from: <https://www.mass.gov/files/documents/2018/05/01/Massachusetts%20State%20Plan%20to%20End%20Youth%20Homelessness%20-%202018.pdf>
- <sup>57</sup> *Ibid.* at 7.
- <sup>58</sup> Durso, L. E., et al. (2012).
- <sup>59</sup> Massachusetts Commission on Unaccompanied Homeless Youth. (2019). Massachusetts Youth Count 2018. Retrieved from [http://www.mahomeless.org/images/2018\\_finalYouthCountreport.pdf](http://www.mahomeless.org/images/2018_finalYouthCountreport.pdf)
- <sup>60</sup> *Ibid.*
- <sup>61</sup> Choi, S. K. et al. (2015).
- <sup>62</sup> *Ibid.*
- <sup>63</sup> Rosario, M., Schrimshaw, E. W., & Hunter, J. (2012). Risk Factors for Homelessness Among Lesbian, Gay, and Bisexual Youths: A Developmental Milestone Approach. *Children and Youth Services Review*, 34(1), 186–193. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3279927/>
- <sup>64</sup> *Ibid.*
- <sup>65</sup> Willoughby, B. L. B., Doty, N. D., & Malik, N. M. (2008). Parental Reactions to Their Child's Sexual Orientation Disclosure: A Family Stress Perspective, *Parenting*, 8(1): 70-91.
- <sup>66</sup> Durso, L. E. et al. (2012).
- <sup>67</sup> Whitbeck, L. B., Chen, X., Hoyt, D. R., Tyler, K., & Johnson, K. D. (2004). Mental Disorder, Subsistence Strategies, and Victimization Among Gay, Lesbian, and Bisexual Homeless and Runaway Adolescents. *Journal of Sex Research*, 41(4): 329-342.
- <sup>68</sup> Choi, S. K. et al. (2015).
- <sup>69</sup> *Ibid.*
- <sup>70</sup> LGBTQ Homeless Youth Fact Sheet. *National Alliance to End Youth Homelessness*. Retrieved from <http://www.safeschoolscoalition.org/LGBTQhomelessFactSheetbyNAEH.pdf>
- <sup>71</sup> Choi, S. K. et al. (2015).
- <sup>72</sup> Morton, M. H., Dworsky, A., & Samuels, G.M. (2017). *Missed Opportunities: Youth Homelessness in America. National Estimates*. Chicago, IL: Chapin Hall at the University of Chicago. Retrieved from [http://voicesofyouthcount.org/wp-content/uploads/2017/11/ChapinHall\\_VoYC\\_NationalReport\\_Final.pdf](http://voicesofyouthcount.org/wp-content/uploads/2017/11/ChapinHall_VoYC_NationalReport_Final.pdf)
- <sup>73</sup> Wilson, B. D. M., Cooper, K., Kastanis, A., & Nezhad S. (2014). Sexual and Gender minorities in Foster Care: Assessing Disproportionality and Disparities in Los Angeles. Los Angeles: The Williams Institute at UCLA Law with True Colors Fund. Retrieved from [https://williamsinstitute.law.ucla.edu/wp-content/uploads/LAFYS\\_report\\_final-aug-2014.pdf](https://williamsinstitute.law.ucla.edu/wp-content/uploads/LAFYS_report_final-aug-2014.pdf)
- <sup>74</sup> Mallon, G. P. (1998). *We Don't Exactly Get the Welcome Wagon: The Experiences of Gay and Lesbian Adolescents in Child Welfare Systems*. New York: Columbia University Press.
- <sup>75</sup> LGBTQ Homeless Youth Fact Sheet. *National Alliance to End Youth Homelessness*.
- <sup>76</sup> Morton, M.H. et al. (2017).
- <sup>77</sup> Pilnik L., Maury, M., Sickmund, M., Smoot, N., & Szanyi, J. (2017). Addressing the Intersection of Juvenile Justice Involvement and Youth Homelessness: Principles for Change. *Coalition for Juvenile Justice*. Retrieved from [http://www.csh.org/wp-content/uploads/2017/03/Principles\\_FINAL.pdf](http://www.csh.org/wp-content/uploads/2017/03/Principles_FINAL.pdf)
- Morton, M.H. et al. (2017).

- <sup>78</sup> Chapin Hall at the University of Chicago. (2018).
- <sup>79</sup> Tyler, K. A., Schmitz, R. M. (2018). A comparison of risk factors for various forms of trauma in the lives of lesbian, gay, bisexual and heterosexual homeless youth. *Journal of Trauma & Dissociation* 19(4): 431-443. DOI: 10.1080/15299732.2018.1451971
- <sup>80</sup> Quintana, N. S., Rosenthal, J., & Krehely, J. (2010). On the Streets: The Federal Response to Gay and Transgender Homeless Youth. Center for American Progress. Retrieved from <https://cdn.americanprogress.org/wp-content/uploads/issues/2010/06/pdf/lgbtyouthhomelessness.pdf>
- <sup>81</sup> Walls, N. E. & Bell, S. (2011). Correlates of Engaging in Survival Sex Among Homeless Youth and Young Adults. *Journal of Sex Research*, 48(5), 423–36. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/20799134>
- <sup>82</sup> *Ibid.*
- <sup>83</sup> Keuroghlian, A. S., Shtasel, D., & Bassuk, E. L. (2014). Out on the Street: A Public Health and Policy Agenda for Lesbian, Gay, Bisexual, and Transgender Youth Who Are Homeless. *The American Journal of Orthopsychiatry*, 84(1), 66–72. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4098056/>
- <sup>84</sup> *Ibid.*
- <sup>85</sup> LaLota, M., Kwan, B. W., Waters, M., Hernandez, L. E., & Liberti, T. M. (2005). The Miami, Florida, Young Men's Survey: HIV prevalence and risk behaviors among urban young men who have sex with men who have ever runaway. *Journal of Urban Health : Bulletin of the New York Academy of Medicine*, 82(2), 327–338. <http://doi.org/10.1093/jurban/jti056>
- <sup>86</sup> Tyler, K. A. (2013). Homeless Youths' HIV Risk Behaviors with Strangers: Investigating the Importance of Social Networks. *Archives of Sexual Behavior*, 42(8). <http://doi.org/10.1007/s10508-013-0091-3>
- <sup>87</sup> Clatts, M. C., Goldsamt, L., Yi, H., & Gwadz, M. V. (2005). Homelessness and drug abuse among young men who have sex with men in New York city: A preliminary epidemiological trajectory. *Journal of Adolescence*, 28(2), 201–214. <http://doi.org/10.1016/j.adolescence.2005.02.003>
- <sup>88</sup> Rosario, M., et al. (2012).  
Leslie, M. B., Stein, J. A., & Rotheram-Borus, M. J. (2002). Sex-specific predictors of suicidality among runaway youth. *Journal of Clinical Child and Adolescent Psychology*, 31(1), 27-40. <http://dx.doi.org/10.1207/153744202753441648>
- <sup>89</sup> LGBTQ Homeless Youth Fact Sheet. *National Alliance to End Youth Homelessness*.
- <sup>90</sup> Cochran, B. N., Stewart, A. J., Ginzler, J. A., & Cauce, A. M. (2002). Challenges Faced by Homeless Sexual Minorities: Comparison of Gay, Lesbian, Bisexual, and Transgender Homeless Adolescents With Their Heterosexual Counterparts. *American Journal of Public Health*, 92(5), 773–777.
- <sup>91</sup> Morton, M.H. et al. (2017).
- <sup>92</sup> Whitbeck, L.B., et al. (2004).
- <sup>93</sup> Chapin Hall at the University of Chicago. (2018).
- <sup>94</sup> National Center for Transgender Equality. (2017). 2015 U.S. Transgender Survey: Massachusetts State Report. Retrieved from <http://www.transequality.org/sites/default/files/docs/usts/USTSMASStateReport%281017%29.pdf>
- <sup>95</sup> Quintana, N. S., et al. (2010).
- <sup>96</sup> Choi, S. K. et al. (2015).
- <sup>97</sup> Durso, L. E., et al. (2012).
- <sup>98</sup> Policy Alert. (2018, January 24). Massachusetts Coalition for the Homeless. Retrieved from [http://salsa4.salsalabs.com/o/51618/p/dia/action4/common/public/?action\\_KEY=23855](http://salsa4.salsalabs.com/o/51618/p/dia/action4/common/public/?action_KEY=23855)
- <sup>99</sup> Durso, L. E. et al. (2012).
- <sup>100</sup> *Ibid.*
- <sup>101</sup> *Ibid.*
- <sup>102</sup> Lambda Legal with National Alliance to End Homelessness and National Center for Lesbian Rights. (2009). National Recommended Best Practices for Serving LGBT Homeless Youth. Retrieved from [https://www.lambdalegal.org/sites/default/files/publications/downloads/bkl\\_national-recommended-best-practices-for-lgbt-homeless-youth\\_0.pdf](https://www.lambdalegal.org/sites/default/files/publications/downloads/bkl_national-recommended-best-practices-for-lgbt-homeless-youth_0.pdf)
- <sup>103</sup> Hussey, H. (2015). Expanding ID Card Access for LGBT Homeless Youth. Center for American Progress. <https://www.americanprogress.org/issues/lgbt/reports/2015/10/01/122044/expanding-id-card-access-for-lgbt-homeless-youth/>
- <sup>104</sup> *Ibid.*
- <sup>105</sup> Massachusetts Commission on LGBTQ Youth. (16 November 2017). Commission Testifies on ID Access for the Homeless. <https://www.mass.gov/news/commission-testifies-on-id-access-for-the-homeless>



- <sup>106</sup> Vallas, R., & Dietrich, S. (2014). One Strike and You're Out: How We Can Eliminate Barriers to Economic Security and Mobility for People with Juvenile Records. *Center for American Progress*.
- <sup>107</sup> *Ibid.*
- <sup>108</sup> Mallory, C., et al. (2014). Ensuring Access to Mentoring Programs for LGBTQ Youth. *The Williams Institute*. Retrieved from <http://www.nwnetwork.org/wp-content/uploads/2014/04/TWI-Access-toMentoring-Programs.pdf>
- <sup>109</sup> Wilson, B. D. M., et al. (2017). "Disproportionality and Disparities among Sexual Minority Youth in Custody," *Journal of Youth & Adolescence*, 46(7): 1547–1561.
- <sup>110</sup> Lyndon, J., Carington, K., Low, H., Miller, R., & Yazdy, M. (2015). Coming out of Concrete Closets: A Report on Black & Pink's National LGBTQ Prisoner Survey. Black and Pink. Retrieved from <http://www.blackandpink.org/wp-content/uploads/Coming-Out-of-Concrete-Closets.-Black-and-Pink.-October-21-2015.pdf>
- <sup>111</sup> *Ibid.*
- <sup>112</sup> Meyer, I.H., Flores, A.R., Stemple, L., Romero, A.P., et al. (2017). Incarceration Rates and Traits of Sexual Minorities in the United States: National Inmate Survey, 2011–2012. *Am J Public Health*, 107: 234-240.
- <sup>113</sup> Wilson, B. D. M., et al. (2017).
- <sup>114</sup> Irvine, A. (2014). Dispelling Myths: Understanding the Incarceration of Lesbian, Gay, Bisexual and Gender Nonconforming Youth. Unpublished. Oakland, CA: National Council on Crime and Delinquency.
- <sup>115</sup> Lambda Legal. (2016). Protected and Served? Jails and Prisons.
- <sup>116</sup> Stemming the Rising Tide: Racial & Ethnic Disparities in Youth Incarceration & Strategies for Change. (2016). The W. Haywood Burns Institute. Retrieved from [http://www.burnsinstitute.org/wp-content/uploads/2016/05/Stemming-the-Rising-Tide\\_FINAL.pdf](http://www.burnsinstitute.org/wp-content/uploads/2016/05/Stemming-the-Rising-Tide_FINAL.pdf)
- <sup>117</sup> Wilson, B. D. M., et al. (2017).
- <sup>118</sup> Brockman, B., Cahill S., Henry, V., & Wang, T (2018). Emerging Best Practices for the Management and Treatment of Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex Youth in Juvenile Justice Settings. The Fenway Institute and The Center for Prisoner Health and Human Rights. Retrieved from: [https://fenwayhealth.org/wp-content/uploads/TFIP-21\\_BestPracticesForLGBTYouthInJuvenileJustice\\_Brief\\_web.pdf](https://fenwayhealth.org/wp-content/uploads/TFIP-21_BestPracticesForLGBTYouthInJuvenileJustice_Brief_web.pdf)
- <sup>119</sup> Steinberg, L. (2015). *Age of Opportunity: Lessons from the New Science of Adolescence*. New York: An Eamon Dolan Book.
- <sup>120</sup> DeNavas-Walt, C., & Proctor, B. D. (2015). Income and Poverty in the United States: 2014. Retrieved from <https://www.census.gov/content/dam/Census/library/publications/2015/demo/p60-252.pdf>
- <sup>121</sup> National LGBTQ Taskforce. (2014). Poverty and Economic Injustice in the LGBTQ Community. Retrieved from [http://www.thetaskforce.org/static\\_html/downloads/reports/fact\\_sheets/poverty\\_factsheet\\_10\\_8\\_14.pdf](http://www.thetaskforce.org/static_html/downloads/reports/fact_sheets/poverty_factsheet_10_8_14.pdf)
- <sup>122</sup> *Ibid.*
- <sup>123</sup> Cusick, G. R., Courtney, M. E., Havlicek, J. & Hess, N. (2010). Crime during the Transition to Adulthood: How Youth Fare as They Leave Out-of-Home Care. Research report submitted to the U.S. Department of Justice. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/229666.pdf>
- <sup>124</sup> Pilnik L., et al. (2017).
- <sup>125</sup> Department of Justice, Office of Juvenile Justice and Delinquency Prevention. (2017). Law Enforcement and Juvenile Crime: Estimated Number of Juvenile Arrests, 2016. Retrieved from <https://www.ojjdp.gov/ojstatbb/crime/qa05101.asp>
- <sup>126</sup> Ryan, C., et al. (2009).
- <sup>127</sup> GLSEN. (2015). "School Climates in Massachusetts." 2015 National School Climate Survey. <https://www.glsen.org/sites/default/files/Massachusetts%20State%20Snapshot%20-%20NSCS.pdf>
- <sup>128</sup> GLSEN (2015).
- <sup>129</sup> *Ibid.*
- <sup>130</sup> *Ibid.*
- <sup>131</sup> Muraco, J. A., & Russell, S. T. (2011). How School Bullying Impacts Lesbian, Gay, Bisexual, and Transgender (LGBT) Young Adults. Tucson, AZ: The University of Arizona. Retrieved from [https://mcclellandinstitute.arizona.edu/sites/mcclellandinstitute.arizona.edu/files/ResearchLink\\_Vol.%204%20No.%201\\_Bullying.pdf](https://mcclellandinstitute.arizona.edu/sites/mcclellandinstitute.arizona.edu/files/ResearchLink_Vol.%204%20No.%201_Bullying.pdf)
- <sup>132</sup> GLSEN (2015).
- <sup>133</sup> Goodenow, C. (2016).
- <sup>134</sup> Himmelstein, K. E. W., & Brückner, H. (2011). Criminal-Justice and School Sanctions Against Non-heterosexual Youth: A National Longitudinal Study. *Pediatrics*, 127(1): 49-57.
- <sup>135</sup> Lambda Legal. (2016, January 7). Protected and Served? School Security, Policing and Discipline. Retrieved from <http://www.lambdalegal.org/protected-and-served/schools>



<sup>136</sup> *Ibid.*

<sup>137</sup> GLSEN. (2017). The 2017 National School Climate Survey. Retrieved from <https://www.glsen.org/sites/default/files/GLSEN-2017-National-School-Climate-Survey-NSCS-Full-Report.pdf>

<sup>138</sup> GLSEN. (2016). Educational Exclusion: Drop Out, Push Out, and School-to-Prison Pipeline among LGBTQ Youth. Retrieved from [https://www.glsen.org/sites/default/files/Educational%20Exclusion\\_Report\\_6-28-16\\_v4\\_WEB\\_READY\\_PDF.pdf](https://www.glsen.org/sites/default/files/Educational%20Exclusion_Report_6-28-16_v4_WEB_READY_PDF.pdf)

<sup>139</sup> GLSEN. (2017).

<sup>140</sup> Sum, A., et al. (2009). The Consequences of Dropping Out of High School: Joblessness and Jailing for High School Dropouts and the High Cost for Taxpayers. Boston, Massachusetts: Center for Labor Market Studies, Northeastern University. Retrieved from [http://www.northeastern.edu/clms/wp-content/uploads/The\\_Consequences\\_of\\_Dropping\\_Out\\_of\\_High\\_School.pdf](http://www.northeastern.edu/clms/wp-content/uploads/The_Consequences_of_Dropping_Out_of_High_School.pdf)

<sup>141</sup> Goodenow, C. (2016).

<sup>142</sup> Kann, L., et al. (2016, August 12). Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9–12—United States and Selected Sites, 2015. *Surveillance Summaries*, 65(9): 1-202. Retrieved from <https://www.cdc.gov/mmwr/volumes/65/ss/ss6509a1.htm>

<sup>143</sup> GLSEN. (2017).

<sup>144</sup> Kann, L., et al. (2016).

<sup>145</sup> Painter, G. (2004). The Sensibilities of Our Forefathers: The History of Sodomy Laws in the United States – Massachusetts. Retrieved from <http://www.glapn.org/sodomylaws/sensibilities/massachusetts.htm>

<sup>146</sup> Salerno, J. M., Murphy, M. C., & Bottoms, B. L. (2014). Give the Kid a Break—but Only If He's Straight: Retributive Motives Drive Biases Against Gay Youth in Ambiguous Punishment Contexts. *Psychology, Public Policy, and Law*. 20(4): 398–410.

<sup>147</sup> Citizens for Juvenile Justice. (2017). Decriminalizing Consensual Adolescent Sexual Activity. Retrieved from <https://static1.squarespace.com/static/58ea378e414fb5fae5ba06c7/t/5907e36a9de4bbccbb46732b/1493689195189/FACTSHEET-RomeoJuliet2017.pdf>

<sup>148</sup> Massachusetts Coalition for Juvenile Justice Reform. (2017). Testimony to the Joint Committee on the Judiciary in support of “An Act Relative to Consensual Adolescent Sexual Activity” (H.3065) [unpublished].

<sup>149</sup> MASS. GEN. LAWS ch. 265, § 22B(f) (2016), as interpreted by: *HIV Criminalization in the United States: A Sourcebook on State and Federal HIV Criminal Law and Practice – Massachusetts*. (2017). New York, NY: The Center for HIV Law and Policy.

<sup>150</sup> Himmelstein, K. E. W. *et al.* (2011).

<sup>151</sup> Irvine, A. (2011). LGBT Kids in the Prison Pipeline. The Public Intellectual. Retrieved from <http://thepublicintellectual.org/2011/05/02/lgbt-kids-in-the-school-to-prison-pipeline/>

<sup>152</sup> Crenshaw, K. W., Oceans, P., & Nanda, J. (2015). Black Girls Matter: Pushed Out, Overpoliced and Underprotected. New York: African American Policy Forum and the Center for Intersectionality and Social Policy Studies at Columbia Law School.

<sup>153</sup> The National Council on Crime & Delinquency with BreakOUT! (2014). We Deserve Better: A Report on Policing in New Orleans By and For Queer and Trans Youth of Color. Retrieved from <https://www.nccdglobal.org/newsroom/news-of-interest/we-deserve-better-report-policing-new-orleans-and-queer-and-trans-youth>

<sup>154</sup> Waters, E. (2016). Lesbian, Gay, Bisexual, Transgender, Queer, and HIV-Affected Hate Violence in 2016. New York, NY: National Coalition of Anti-Violence Programs (NCAVP). Retrieved from [http://avp.org/wp-content/uploads/2017/06/NCAVP\\_2016HateViolence\\_REPORT.pdf](http://avp.org/wp-content/uploads/2017/06/NCAVP_2016HateViolence_REPORT.pdf)

<sup>155</sup> *Ibid.*

<sup>156</sup> Wilson, B. D. M., et al. (2017).

<sup>157</sup> National Center for Transgender Equity. (2012). LGBT People and the Prison Rape Elimination Act. Retrieved from [https://transequality.org/sites/default/files/docs/resources/PREA\\_July2012.pdf](https://transequality.org/sites/default/files/docs/resources/PREA_July2012.pdf)

<sup>158</sup> U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. (2015). Sight and Sound Separation, 2014. Retrieved from [http://www.ojjdp.gov/ojstatbb/structure\\_process/qa04306.asp?qaDate=2014](http://www.ojjdp.gov/ojstatbb/structure_process/qa04306.asp?qaDate=2014)

<sup>159</sup> Department of Justice, Office of Juvenile Justice and Delinquency Prevention. (2017). Law Enforcement and Juvenile Crime: Estimated Number of Juvenile Arrests, 2016.

<sup>160</sup> Beck, A.J. (2015). Use of Restrictive Housing in U.S. Prisons and Jails, 2011-12. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved from <https://www.bjs.gov/content/pub/pdf/urhuspj1112.pdf>

<sup>161</sup> Lyndon, J., et al. (2015).

- <sup>162</sup> Act 4 Juvenile Justice. (2014). Fact Sheet: Jail Removal and Sight & South Core Protections. Retrieved from <https://www.act4jj.org/sites/default/files/ckfinder/files/ACT4JJ%20Core%20Protection%20Jail%20Removal%20and%20Sight%20Sound%20Aug%202014%20FINAL.pdf>
- <sup>163</sup> U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. (2016). PREA Data Collection Activities, 2016. Retrieved from <https://www.bjs.gov/content/pub/pdf/pdca16.pdf>
- <sup>164</sup> Jenness, V., Maxson, C. L., Matsuda, K. N., & Sumner, J. M. (2007). *Violence in California Correctional Facilities: An Empirical Examination of Sexual Assault*. Irvine, California: Center for Evidence-Based Corrections at UCI. Retrieved from [http://ucicorrections.seweb.uci.edu/files/2013/06/PREA\\_Presentation\\_PREA\\_Report\\_UCI\\_Jenness\\_et\\_al.pdf](http://ucicorrections.seweb.uci.edu/files/2013/06/PREA_Presentation_PREA_Report_UCI_Jenness_et_al.pdf)
- <sup>165</sup> Saar, M. S., Epstein, R., Rosenthal, L., & Vafa, Y. (2015). *The Sexual Abuse to Prison Pipeline: The Girls' Story*. Human Rights Project for Girls, Georgetown Law Center on Poverty and Inequality, and Ms. Foundation for Women. Retrieved from [https://rights4girls.org/wp-content/uploads/r4g/2015/02/2015\\_COP\\_sexual-abuse\\_layout\\_web-1.pdf](https://rights4girls.org/wp-content/uploads/r4g/2015/02/2015_COP_sexual-abuse_layout_web-1.pdf)
- <sup>166</sup> Wilson, B. D. M., et al. (2017).
- <sup>167</sup> Hanssens, C., & Bennett-Carlson, R. (2010). *Juvenile Injustice: The Unfulfilled Rights of Youth in State Custody to Comprehensive Sexual Health Care*. The Center for HIV Law and Policy.
- <sup>168</sup> Majd, K., Marksamer, J., & Reyes, C. (2009). *Hidden Injustice: Lesbian, Gay, Bisexual and Transgender Youth in Juvenile Courts*. Legal Services for Children, National Juvenile Defender Center, and National Center for Lesbian Rights.
- <sup>169</sup> Wilber, S. (2015). *Lesbian, Gay, Bisexual and Transgender Youth in the Juvenile Justice System: A Guide to Juvenile Detention Reform*. The Annie E. Casey Foundation.
- <sup>170</sup> General Court of the Commonwealth of Massachusetts. "An Act Relative to Criminal Justice Reform." Retrieved from <https://malegislature.gov/Bills/190/S2371>
- <sup>171</sup> Himmelstein, K. E. W., & Brückner, H. (2011). Criminal-Justice and School Sanctions Against Non-heterosexual Youth: A National Longitudinal Study. *Pediatrics*, 127(1): 49-57.
- <sup>172</sup> Massachusetts Department of Public Health, Bureau of Infectious Diseases and Laboratory Sciences, Office of HIV/AIDS. (2017). *Massachusetts Integrated HIV/AIDS Prevention and Care Plan. HIV/AIDS Services in the Commonwealth: 2017-2021*. Retrieved from <http://www.mass.gov/eohhs/docs/dph/aids/mass-hiv-aids-plan.pdf>
- <sup>173</sup> *Ibid.*
- <sup>174</sup> Centers for Disease Control and Prevention. (2017). *HIV Among Gay and Bisexual Men*. September 2017. Retrieved from <https://www.cdc.gov/hiv/group/msm/bmsm.html>
- <sup>175</sup> Massachusetts Department of Public Health, Bureau of Infectious Diseases and Laboratory Sciences, Office of HIV/AIDS. (2017).
- <sup>176</sup> *Ibid.*
- <sup>177</sup> HIV Among Youth. (2018, April 20). Retrieved from <https://www.cdc.gov/hiv/group/age/youth/index.html>
- <sup>178</sup> *Ibid.*
- <sup>179</sup> *Ibid.*
- <sup>180</sup> *Ibid.*
- <sup>181</sup> *Ibid.*
- <sup>182</sup> Centers for Disease Control. (2016). *Sexually Transmitted Disease Surveillance 2015*. Atlanta: U.S. Department of Health and Human Services. Retrieved from <https://www.cdc.gov/std/stats15/STD-Surveillance-2015-print.pdf>
- <sup>183</sup> *Ibid.*
- <sup>184</sup> Lindley, L.L., & Walsemann, K.M. (2015). Sexual Orientation and Risk of Pregnancy Among New York City High-School Students. *American Journal of Public Health*, 105(7): 1379-1386.
- <sup>185</sup> Kann, L., et al. (2016).
- <sup>186</sup> Massachusetts Department of Public Health. (2016). *Analysis of the 2015 Massachusetts Youth Health Survey Data*. Unpublished.
- <sup>187</sup> Brown, T., & Herman, J. (2015). *Intimate Partner Violence and Sexual Abuse Among LGBT People*. The Williams Institute.
- <sup>188</sup> Ross, L. (2018, February 15). 2017 Massachusetts Youth and Young Adult Count. (Oral presentation of preliminary data.)
- <sup>189</sup> James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Ana, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.
- <sup>190</sup> Annor, F. B., Clayton, H. B., Gilbert, L. K., Ivey-Stephenson, A. Z., Irving, S. M., David-Ferdon, C., & Kann, L. K. (2018). Sexual Orientation Discordance and Nonfatal Suicidal Behaviors in U.S. High School Students. *American Journal of Preventive Medicine*, 54(4): 530-538.

- <sup>191</sup> Puckett, J. A., Horne, S. G., Surace, F., et al. (2017). Predictors of Sexual Minority Youth's Reported Suicide Attempts and Mental Health. *Journal of Homosexuality*, 64(6): 697-715.
- <sup>192</sup> *Ibid.*
- <sup>193</sup> Haas, A., Rodgers, P., Herman, J. (2014). Suicide Attempts among Transgender and Gender Non-conforming Adults: Findings of the National Transgender Discrimination Study. *American Foundation for Suicide Prevention and The Williams Institute*. Retrieved from <https://williamsinstitute.law.ucla.edu/wp-content/uploads/AFSP-Williams-Suicide-Report-Final.pdf>
- <sup>194</sup> *Ibid.*
- <sup>195</sup> *Ibid.*
- Zeluf, G., Dhejne, C., Orre, C., et al. (2018). Targeted Victimization and Suicidality Among Trans People: A Web-Based Survey. *LGBT Health*, 5(3):180-190. doi:10.1089/lgbt.2017.0011.
- Testa, R. J., Michaels, M. S., Bliss, W., Rogers, M. L., Balsam, K. F., & Joiner, T. (2017). Suicidal ideation in transgender people: Gender minority stress and interpersonal theory factors. *Journal of Abnormal Psychology*, 126(1): 125-136. <http://dx.doi.org/10.1037/abn0000234>
- <sup>196</sup> Liu, R. T., Mustanski, B. (2012). Suicidal Ideation and Self-Harm in Lesbian, Gay, Bisexual, and Transgender Youth. *American Journal of Preventive Medicine*, 42(3): 221-228.
- <sup>197</sup> Lytle, M. C., et al. (2018). Association of Religiosity with Sexual Minority Suicide Ideation and Attempt. *American Journal of Preventive Medicine*, 54(5): 644-651.
- <sup>198</sup> O'Brien, K. H., Putney, J. M., Hebert, N. W., Falk, A. M., & Aguinaldo, L. D. (2016). Sexual and Gender Minority Youth Suicide: Understanding Subgroup Differences to Inform Interventions. *LGBT Health*, 3(4), 248-251. doi:10.1089/lgbt.2016.0031
- <sup>199</sup> Schragger, S. M., Kecojevic, A., Silva, K., Bloom, J. J., Iverson, E., & Lankenau, S. E. (2014). Correlates and Consequences of Opioid Misuse among High-Risk Young Adults. *Journal of Addiction*, 2014, 1-8. doi:10.1155/2014/156954
- <sup>200</sup> Kecojevic, A., Silva, K., Sell, R. L., & Lankenau, S. E. (2014). Prescription Drug Misuse and Sexual Risk Behaviors Among Young Men Who have Sex with Men (YMSM) in Philadelphia. *AIDS and Behavior*, 19(5), 847-856. doi:10.1007/s10461-014-0898-5
- <sup>201</sup> Day, J. K., Fish, J. N., Perez-Brumer, A., Hatzenbuehler, M. L., & Russell, S. T. (2017). Transgender Youth Substance Use Disparities: Results From a Population-Based Sample. *Journal of Adolescent Health*, 61(6), 729-735. doi:10.1016/j.jadohealth.2017.06.024
- <sup>202</sup> National Center for Transgender Equality. (2017). 2015 U.S. Transgender Survey: Massachusetts State Report. Retrieved from <http://www.transequality.org/sites/default/files/docs/usts/USTSMASStateReport%281017%29.pdf>
- <sup>203</sup> *Ibid.*
- <sup>204</sup> Luk, J.W., et al. (2018).
- <sup>205</sup> Massachusetts Commission on LGBTQ Youth. (2018, April 2). LGBTQ Youth to Benefit from PATCH Act: Commission Voices Support for Healthcare Privacy Fix. <https://www.mass.gov/news/lgbtq-youth-to-benefit-from-patch-act-commission-voices-support-for-healthcare-privacy-fix>
- <sup>206</sup> General Court of the Commonwealth of Massachusetts. "An Act to Protect Access to Confidential Healthcare." Retrieved from: <https://malegislature.gov/Bills/190/S2296>
- <sup>207</sup> McCray, E., & Mermin, J. (2017, September 27). Dear Colleague: September 27, 2017. Center for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/hiv/library/dcl/dcl/092717.html>
- <sup>208</sup> Center for Disease Control. (2015). Selected National HIV Prevention and Care Outcomes (2014, 2015). Retrieved from <https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-prevention-and-care-outcomes.pdf>
- <sup>209</sup> Hamel, L., Firth, J., Hoff, T., Kates, J., Levine, S., & Dawson, L. (2014). HIV/AIDS In The Lives Of Gay And Bisexual Men In The United States. The Kaiser Family Foundation. Retrieved from <https://www.kff.org/hiv/aids/report/hiv-aids-in-the-lives-of-gay-and-bisexual-men-in-the-united-states/>
- <sup>210</sup> *Ibid.*
- <sup>211</sup> *Ibid.*
- <sup>212</sup> Wilson, B. D.M., et al. (2014).
- <sup>213</sup> 603 CMR 26.00: M.G.L. c. 76, § 5. (Amended June 25, 2012). Retrieved from <http://www.doe.mass.edu/lawsregs/603cmr26.html>
- <sup>214</sup> Massachusetts Department of Elementary and Secondary Education. *Principles for Ensuring Safe and Supportive Learning Environments for Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) Students*. March 24, 2015. Retrieved from <http://www.doe.mass.edu/sfs/lgbtq/LearningEnvironments.pdf>

- <sup>215</sup> Rankin, S., Weber, G., Blumenfeld, W., & Frazer, S. (2010). 2010 state of higher education for lesbian, gay, bisexual, and transgender people. Campus Pride. Retrieved from <http://www.campuspride.org/Campus%20Pride%202010%20LGBT%20Report%20Summary.pdf>
- <sup>216</sup> Rankin, S. (2003). Campus climate for gay, lesbian, bisexual, and transgender people: A national perspective. National Gay and Lesbian Task Force. Retrieved from <http://www.thetaskforce.org/downloads/reports/reports/CampusClimate.pdf>
- <sup>217</sup> Salem State University. (n.d.). *Campus Pride*. Retrieved from <https://www.campusprideindex.org/campuses/details/588?campus=salem-state-university>
- <sup>218</sup> University of Massachusetts Dartmouth. (n.d.). *Campus Pride*. Retrieved from <https://www.campusprideindex.org/campuses/details/105?campus=university-of-massachusetts-dartmouth>
- <sup>219</sup> Bridgewater State University. (n.d.). *Campus Pride*. Retrieved from <https://www.campusprideindex.org/campuses/details/66?campus=bridgewater-state-university>
- <sup>220</sup> University of Massachusetts Amherst. (n.d.). *Campus Pride*. Retrieved from <https://www.campusprideindex.org/campuses/details/84?campus=university-of-massachusetts,-amherst>
- <sup>221</sup> FAQs. (n.d.). *Campus Pride*. Retrieved from <https://www.campusprideindex.org/faqs/index>
- <sup>222</sup> Lust, K. (2011). College Student Health Survey Report 2007–2011: Health and Health-Related Behaviors Minnesota Postsecondary Lesbian, Gay, and Bisexual Students. Boynton Health Service, University of Minnesota. Retrieved from [http://www.bhs.umn.edu/surveys/survey-results/2007-2011\\_LGB\\_CSHSReport.pdf](http://www.bhs.umn.edu/surveys/survey-results/2007-2011_LGB_CSHSReport.pdf)
- <sup>223</sup> *Ibid.*
- <sup>224</sup> Goodenow, C. (2016).
- <sup>225</sup> Irvine, A., & Canfeld, A. (2016). The Overrepresentation of Lesbian, Gay, Bisexual, Questioning, Gender Nonconforming and Transgender Youth Within the Child Welfare to Juvenile Justice Crossover Population. *Journal of Gender, Social Policy, and the Law*, 24(2).
- <sup>226</sup> Wilson, B. D. M., et al. (2014).
- <sup>227</sup> Ray, N. (2006). Lesbian, Gay, Bisexual, and Transgender Youth: An Epidemic of Homelessness. New York: National Gay and Lesbian Task Force Policy Institute and National Coalition for the Homeless. Retrieved from [http://www.thetaskforce.org/static\\_html/downloads/HomelessYouth.pdf](http://www.thetaskforce.org/static_html/downloads/HomelessYouth.pdf)
- <sup>228</sup> Mallon, G. P. (1998). *We Don't Exactly Get the Welcome Wagon: The Experiences of Gay and Lesbian Adolescents in Child Welfare Systems*. New York: Columbia University Press.
- <sup>229</sup> National Alliance to End Youth Homelessness. (n.d.). LGBTQ Homeless Youth Fact Sheet. Retrieved from <http://www.safeschoolscoalition.org/LGBTQhomelessFactSheetbyNAEH.pdf>
- <sup>230</sup> Massachusetts Department of Children & Families. (2015). LGBTQ A Guide for Working with Youth and Families. Retrieved from <http://www.mass.gov/eohhs/docs/dcf/lgbtq-guide.pdf>
- <sup>231</sup> About Us. (2018). *Blind LGBT Pride International*. Retrieved from <http://blindlgbtpride.org/about-us/>
- <sup>232</sup> Upcoming events. (2018). *Blind LGBT Pride International*. Retrieved from <http://blindlgbtpride.org/events/categories/upcoming/>
- <sup>233</sup> Schaad, A. L. (2016). An Interview with Three Deaf Lesbians: Intersectionality and Saliency of Identity Variables. Dissertation, Wright State University School of Professional Psychology. Retrieved from [https://etd.ohiolink.edu/etd.send\\_file?accession=wsupsyh1435740841&disposition=inline](https://etd.ohiolink.edu/etd.send_file?accession=wsupsyh1435740841&disposition=inline)
- <sup>234</sup> Goodenow, C. (2016).
- <sup>235</sup> Fredriksen-Goldsen, K. I., Kim, H., and Barkan, S. E. (2012). Disability Among Lesbian, Gay, and Bisexual Adults: Disparities in Prevalence and Risk. *American Journal of Public Health*, 102(1): e16–21. <http://doi.org/10.2105/AJPH.2011.300379>
- <sup>236</sup> Goodenow, C. (2016).
- <sup>237</sup> Haas, A. et al. (2011).
- <sup>238</sup> Haas, A., et al. (2014).
- <sup>239</sup> Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health. (2011). *Youth Risk Behavior Surveillance System*. Retrieved from <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>
- <sup>240</sup> Valentine, S. E., Shipherd, J. C. (2018). A systematic review of social stress and mental health among transgender and gender non-conforming people in the United States. *Clinical Psychology Review*. <https://doi.org/10.1016/j.cpr.2018.03.003>
- Chapin Hall at the University of Chicago. (2018).
- <sup>241</sup> Massachusetts Department of Public Health. (2019). Care That Fits You. Retrieved from: <https://carethatfitsyou.org/>
- <sup>242</sup> Hamel, L., et al. (2014).



- <sup>243</sup> Chayes, M. (2014). *NYC Promotes Acceptance of Controversial HIV Drug*. Newsday. Retrieved from <http://www.newsday.com/news/new-york/nyc-promoting-acceptance-of-controversial-hiv-drug-1.9447395>
- Caccamo, A., Friedman, A., and Witbart, L. (2016). *Using Market Research to Reach Young Adult Dating-App Users for Sexual Health Promotion*. 2016 National Conference on Health Communication, Marketing, and Media. Retrieved from <https://nphic.confex.com/cdc/nphic16/webprogram/Paper37178.html>
- Holloway, I., Rice, E., Gibbs, J., Winetrobe, H., Dunlap, S., and Rhoades, H. (2014). Acceptability of Smartphone Application-Based HIV Prevention among Young Men Who Have Sex with Men. *AIDS and Behavior* 18(2): 285-296. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3946790/>
- Su, J., Holt, J., Payne, R., Gates, K., and Ryder, N. (2015). Effectiveness of Using Grindr to Increase Syphilis Testing among Men Who Have Sex with Men in Darwin, Australia. *Australian and New Zealand Journal of Public Health* 39(3):293- 294. <http://onlinelibrary.wiley.com/doi/10.1111/1753-6405.12342/full>
- Massachusetts Getting to Zero Coalition. (2017). *Massachusetts Comprehensive Plan to Eliminate HIV Discrimination, AIDS Related Deaths, and New HIV Infections: A Report of the Massachusetts Getting to Zero Coalition*. Retrieved from [http://www.gettingtozeroma.org/wp-content/uploads/2017/01/Getting-To-Zero-MA-Comprehensive-HIV-Plan\\_2016\\_v1.pdf](http://www.gettingtozeroma.org/wp-content/uploads/2017/01/Getting-To-Zero-MA-Comprehensive-HIV-Plan_2016_v1.pdf)
- <sup>244</sup> Wong, T. & Valdivia, C. (2014). In Their Own Words: A Nationwide Survey of Undocumented Millennials. Washington and New York: United We Dream Network and Unbound Philanthropy. Retrieved from <http://unitedwedream.org/wp-content/uploads/2014/05/Undocumented-Millennials-Survey-Summary.pdf>
- <sup>245</sup> Hopkinson, R. A., Keatley, E., Glaeser, E., Erickson-Schroth, L., Fattal, O., Nicholson Sullivan, M. (2016). Persecution Experiences and Mental Health of LGBT Asylum Seekers. *Journal of Homosexuality*, 64(12): 1650-1666. DOI: 10.1080/00918369.2016.1253392
- <sup>246</sup> Jaimes Pérez, Z., Marrero Hi, D., & Padilla, C. (2016). No More Closets: Experiences of Discrimination among the LGBTQ Immigrant Community. United We Dream. Retrieved from <http://unitedwedream.org/wp-content/uploads/2016/01/Report-No-More-Closets-1.pdf>
- <sup>247</sup> Goodenow, C. (2017). *Analysis of 2009 and 2013 Combined YRBS Data on behalf of the Massachusetts Commission on LGBTQ Youth*. Unpublished.
- <sup>248</sup> Gruberg, S., Rooney, C., McGovern, A., Mirza, S., and Durso, L. (2018). *Serving LGBTQ Immigrants and Building Welcoming Communities*. Retrieved from <https://www.americanprogress.org/issues/lgbt/reports/2018/01/24/445308/serving-lgbtq-immigrants-building-welcoming-communities/>
- <sup>249</sup> Gates, G. J. (2014). *Food Insecurity and SNAP (Food Stamps) Participation in LGBT Communities*. Williams Institute. Retrieved from <http://williamsinstitute.law.ucla.edu/research/health-and-hiv-aids/lgbt-people-are-disproportionately-food-insecure/>
- <sup>250</sup> *Ibid.*
- <sup>251</sup> Badgett, L. M.V., Durso, L. E., & Schneebaum, A. (2013). *New Patterns of Poverty in the Lesbian, Gay, and Bisexual Community*. Williams Institute. Retrieved from <http://williamsinstitute.law.ucla.edu/wp-content/uploads/LGB-Poverty-Update-Jun-2013.pdf>
- <sup>252</sup> Center for American Progress and the Movement Advancement Project. (2014). Paying an Unfair Price: the Financial Penalty for Being LGBT in America. Retrieved from <http://www.lgbtmap.org/file/paying-an-unfair-price-full-report.pdf>
- <sup>253</sup> Cray, A., Miller, K., and Durso, L. E. (2013). Seeking Shelter: The Experiences and Unmet Needs of LGBT Homeless Youth. Center for American Progress. Retrieved from <https://www.americanprogress.org/wp-content/uploads/2013/09/LGBTHomelessYouth.pdf>
- Hussey, H. (2015). *Beyond 4 Walls and a Roof: Addressing Homelessness among Transgender Youth*. Center for American Progress. Retrieved from <https://cdn.americanprogress.org/wp-content/uploads/2015/02/TransgenderHomeless-report2.pdf>
- <sup>254</sup> Irving, A. & Gilbert, C. (2015). LGBT and Gender-Nonconforming Youth in Juvenile Justice: Building an Equitable System with Data, Training, and Policy. Center for Juvenile Justice. Retrieved from <http://www.juvjustice.org/webinars-and-trainings/resources>
- <sup>255</sup> Goodenow, C. (2016).
- <sup>256</sup> Irvine, A. (2015). *Time to Expand the Lens on Girls in the Juvenile Justice System*. National Council on Crime and Delinquency. Retrieved from <http://www.nccdglobal.org/blog/time-to-expand-the-lens-on-girls-in-the-juvenile-justice-system>
- <sup>257</sup> Himmelstein, K. E. W., et al. (2011).
- <sup>258</sup> *Ibid.*
- <sup>259</sup> Majd, K., et al. (2009).
- <sup>260</sup> Irvine, A. (2010). We've Had Three of Them. *Columbia Journal of Gender and Law*, 19(3): 675-701. Retrieved from <http://www.nccdglobal.org/sites/default/files/content/weve-had-three-of-them.pdf>

- <sup>261</sup> Gilbert, C. & Hussey, H. (2015). Young, Queer, and Locked Up: LGBT Youth in the Adult Criminal Justice System. Campaign for Youth Justice. Retrieved from <http://campaignforyouthjustice.org/news/blog/item/young-queer-and-locked-up-lgbt-youth-in-the-adult-criminal-justice-system>
- <sup>262</sup> Hanssens, C., Moodie-Mills, A., Ritchie, A., Spade, D., & Vaid, U. (2014). *A Roadmap for Change: Federal Policy Recommendations for Addressing the Criminalization of LGBT People and People Living with HIV*. New York: Center for Gender and Sexuality Law at Columbia Law School. Retrieved from [https://web.law.columbia.edu/sites/default/files/microsites/gender-sexuality/files/roadmap\\_for\\_change\\_full\\_report.pdf](https://web.law.columbia.edu/sites/default/files/microsites/gender-sexuality/files/roadmap_for_change_full_report.pdf)
- <sup>263</sup> *Ibid.*
- <sup>264</sup> Beck, A. J., Berzofsky, M., Caspar, R., & Krebs, C. (2013). *Sexual Victimization in Prisons and Jails Reported by Inmates, 2011-12*. U.S. Department of Justice, Bureau of Justice Statistics. Retrieved from <http://www.bjs.gov/content/pub/pdf/svpjri1112.pdf>
- <sup>265</sup> Lyndon, J., et al. (2015).
- <sup>266</sup> Massachusetts Commission on LGBTQ Youth. (2018, March 28). LGBTQ Youth Commission Commends Criminal Justice Reform Effort. Retrieved from <https://www.mass.gov/news/lgbtq-youth-commission-commends-criminal-justice-reform-effort>
- <sup>267</sup> Missing citation
- <sup>268</sup> James, S.E., et al. (2016).
- <sup>269</sup> Massachusetts Commission on Unaccompanied Homeless Youth. (2015). Massachusetts Youth Count 2017. Retrieved from [http://www.mahomeless.org/images/2017\\_Youth\\_Count\\_Report\\_-\\_Final.pdf](http://www.mahomeless.org/images/2017_Youth_Count_Report_-_Final.pdf)
- <sup>270</sup> Owens, M. (2016). Enhancing Access to Legal Services for Youth Experiencing Homelessness. United States Interagency Council on Homelessness. Retrieved from <https://www.usich.gov/news/enhancing-access-to-legal-services-for-youth-experiencing-homelessness>
- <sup>271</sup> Massachusetts Commission on LGBTQ Youth. (2017). Commission Testifies on ID Access for the Homeless. Retrieved from <https://www.mass.gov/news/commission-testifies-on-id-access-for-the-homeless>
- <sup>272</sup> Mirza, S. A. (2016). State ID Card Policies for LGBTQ Youths Experiencing Homelessness. Center for American Progress. Retrieved from <https://www.americanprogress.org/issues/lgbt/reports/2016/09/28/144928/state-id-card-policies-for-lgbtq-youths-experiencing-homelessness/>
- <sup>273</sup> Ebbert, S. (2018, March 11). Change in Gender Norms Brings a Pronoun Revolution. *Boston Globe*. Retrieved from <https://www.bostonglobe.com/metro/2018/03/10/change-gender-norms-brings-pronoun-revolution/IKhxVBptQUwaDJ1lcZszUN/story.html>
- <sup>274</sup> Massachusetts Commission on LGBTQ Youth. (2017). Commission Testifies on ID Access for the Homeless. Retrieved from <https://www.mass.gov/news/commission-testifies-on-id-access-for-the-homeless>
- <sup>275</sup> Hackl, A. (2014). Helping Homeless Youth Stay Connected: LGBT Tech Connect 4 Life Program and Research. Retrieved from [http://lgbttechpartnership.org/wp-content/uploads/2014/08/LGBT-Tech\\_LGBT-Homeless-Youth-Connect-4-Life-Program-and-Research-2014.pdf](http://lgbttechpartnership.org/wp-content/uploads/2014/08/LGBT-Tech_LGBT-Homeless-Youth-Connect-4-Life-Program-and-Research-2014.pdf)
- <sup>276</sup> American Library Association. (2012). *Extending Our Reach: Reducing Homelessness Through Library Engagement*. Retrieved from <http://www.ala.org/aboutala/offices/extending-our-reach-reducing-homelessness-through-library-engagement-7>
- <sup>277</sup> American Library Association. (n.d.) Rainbow Project Book List. Retrieved from <http://www.ala.org/awardsgrants/rainbow-project-book-list>
- <sup>278</sup> Massachusetts Commission on Unaccompanied Homeless Youth. (2015). Massachusetts Youth Count 2017. Retrieved from [http://www.mahomeless.org/images/2017\\_Youth\\_Count\\_Report\\_-\\_Final.pdf](http://www.mahomeless.org/images/2017_Youth_Count_Report_-_Final.pdf)
- <sup>279</sup> *Ibid.*
- <sup>280</sup> Goodenow, C. (2016).
- <sup>281</sup> Choi, S. K., et al. (2015).
- <sup>282</sup> Movement Advancement Project. (2013). A Broken Bargain for LGBT Workers of Color.
- <sup>283</sup> Conron, K., et al. (2015).
- <sup>284</sup> *Ibid.*
- <sup>285</sup> Human Rights Campaign. (n.d.). LGBTQ Professional Recruitment Events. Retrieved from <https://www.hrc.org/resources/lgbt-professional-recruitment-events>
- <sup>286</sup> New York Department of Labor. (2013). State Labor Department Announces At-Risk LGBTQ Youth Employment Initiative. Retrieved from <http://labor.ny.gov/pressreleases/2013/june-4-2013.shtm>