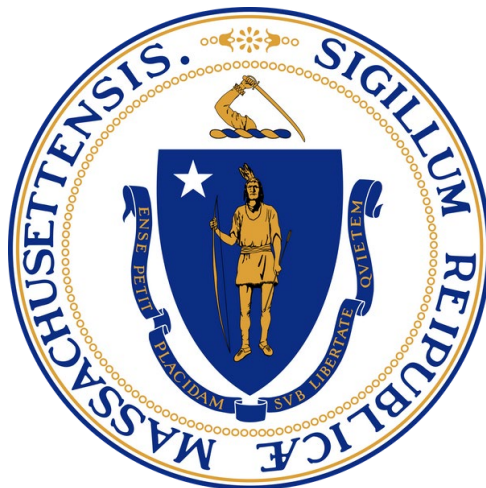




THE COMMONWEALTH OF MASSACHUSETTS COMMISSION ON LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER & QUESTIONING YOUTH

REPORT & RECOMMENDATIONS FOR FISCAL YEAR 2023

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

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Letter from Commission Leadership

Across the nation over this past year, over 300 local and state-sponsored anti-LGBTQ policies have been drafted and passed with the intention of discrimination, dehumanization, terrorization, and to push the erasure of millions of queer, gender expansive, and transgender youth, as well as their caregivers and teachers. As we release this report in June of 2022, the MA Commission on LGBTQ Youth condemns the fervent and disgraceful attacks from other state legislatures that seek to strip away autonomy from LGBTQ people and their parents. The COVID-19 pandemic has exacerbated the deep fault lines of all LGBTQ+ youth who struggle with negotiating socio-political ecosystems where the hierarchies of sexual orientation, gender identity, and race may experience safety and advantage - while simultaneously leaving others to feel the compounded pressure of homophobia, transphobia, and xenophobia, as well as the terror of mass shootings that crushes the over 50.7 million students in public schools in the United States.

The Commission is deeply concerned over the current state of affairs as they pertain to all LGBTQ youth, but especially for underserved transgender, gender expansive, nonbinary, and QTBIPOC youth. In its recent report, The Trevor Project revealed that 93% of transgender and nonbinary youth across the nation are deeply concerned about being denied access to gender-affirming medical care due to state or local laws.¹ But these numbers are only the tip of the iceberg for the data that the Commission will be reflecting on in the coming year.

Data is essential to our work as a state agency charged with protecting and serving LGBTQ youth in the Commonwealth. Data drives legislation. It drives media coverage, and it drives funding. Data captures attention – and it drives change. Of this data, some numbers stand out: 375, 57, and 1. In 2021, 375 transgender and nonbinary people were *reportedly* murdered across the world, marking it the deadliest year in recent recorded history; 57 of these beautiful souls were murdered in the United States; 1 of these recorded souls, Jahaira DeAlto, was taken from our own community here in Massachusetts.² Thus far in 2022, the Human Rights Campaign has reported on 14 violent killings of transgender and nonbinary people.³ It is essential to understand that these numbers are inaccurate – gender identity and sexual orientation are very often misrepresented and underreported from the media and police. So too, it is critical to acknowledge that many of these victims come from communities of color.

We must also note that these numbers do not include the thousands of unidentified LGBTQ+ youth who are missing or absent. They do not include violence faced by LGBTQ individuals, especially youth, who have not felt safe to allow others in to see their identities for fear of rejection, discrimination, and abuse. LGBTQ youth in Massachusetts continue to face high rates of school-based bullying, violence, and suicide attempts. Data from the 2019 Massachusetts Youth Risk Behavior Survey found that, compared to their non-LGBTQ peers, LGBTQ youth are twice as likely to experience bullying, three and a half times as likely to skip school because they feel unsafe, and four and a half times as likely to attempt suicide. Moreover, LGBTQ youth – particularly QTBIPOC youth – find themselves nearly four times more likely to be incarcerated within the juvenile justice system.

Finally, the Commission feels that it is important to highlight that while suicide is the second leading cause of death among youth 18-24, in 2020, firearms became the leading cause of death in children. As of June 1, 2022, 653 children have died as a result of gun violence in the United States.⁴ While it is fortunate that Massachusetts has not seen a mass shooting since 2016, it is essential to understand that these numbers do not just reflect mass shootings, but rather all incidents of gun violence. In Massachusetts, guns are the fourth leading cause of death for children, with an average of 18 deaths per year – 75% of which are incidents of homicides. However, it is clear that Massachusetts leads the nation with the second lowest gun violence death rate per 100,000, and must continue to deconstruct the ideologies that have led to this critical point in our history.⁵

As the state with the only Commission on LGBTQ Youth in the country, it is incumbent upon us to become the lighthouse for LGBTQ youth and to uplift underserved populations across the Commonwealth. At every level, and within every institution, the Commission calls for the Commonwealth to say, “Not in Massachusetts!”

But, in order to do so, the Commonwealth must continuously address its own negligence towards ensuring comprehensive care for LGBTQ youth. Massachusetts General Law Chapter 76 section 5 explicitly states “No person shall be excluded from or discriminated against in admission to a public school of any town, or in obtaining the advantages, privileges and courses of study of such public school on account of race, color, sex, gender identity, religion, national origin or sexual orientation.” Yet, even within this state, we must acknowledge that there is an onslaught of people opposing intersectional and inclusive education; education that speaks to the deep and complex history of this country, and provides much needed representation for LGBTQ and QTBIPOC youth in the Commonwealth. By ignoring these attacks, we unintentionally send a poignant message to our youth that – while those in power know of their suffering – there is little care and attention to the necessary work to protect the health, safety, and well-being of youth in this state.

Now for 30 years, the Commission has had the honor of working with many, many advocates, legislators, parents, teachers, and administrators who care deeply for youth, and commends their important work thus far to protecting LGBTQ youth. With their help, the Commonwealth has become a leader in model legislation in regards to our laws and policies which have proven to improve outcomes for LGBTQ youth, including our expansive anti-discrimination protections for sexual orientation and gender identity; comprehensive anti-bullying laws; and nonbinary gender markers in schools, agencies, and state identification. Recent legislation filed to call for Massachusetts to become a sanctuary state for transgender and gender expansive youth is essential to empowering and providing safety for these deeply underserved youth and families. The Commission implores the legislature to continue this critical work, and continue to support its work in creating brave and nurturing spaces and communities where all youth thrive.

Additionally, to free everyone, we must free the most marginalized person in the room. Those with multiple intersecting identities have often been disregarded due to the systemic and insidious structures of white supremacy within this country, and the state of Massachusetts. We, as the Commission and

people of this country, have to speak truth to power and disavow the heteronormative and racist ideologies that have been cemented into law, and continue to seek new footholds across the country. The MA Commission on LGBTQ Youth will remain relentless and committed to utilizing our voice and power as unabated champions for all LGBTQ youth, their families, and educators across the Commonwealth. Through partnerships, advocacy, love, and pride, our work will expand in the coming fiscal year to protect and uplift each youth at the core of their every intersection.

Within this FY2023 report, we provide recommendations now to 19 state entities, with the addition of the Office of the Child Advocate, and specific legislative recommendations to the State of Massachusetts. Next year, we will add more. As the Commission celebrates 30 years of advocating on the behalf of LGBTQ youth, we also look to renew our focus to hold ourselves, our colleagues, legislators, and agencies accountable to proactive, consistent, and inclusive approaches to service provision to create long-lasting change. As we look to publish new recommendations and special reports on the realities of LGBTQ and QTBIPOC youth in the Commonwealth, we call to action all those in position to make significant changes to address the harms and disparities faced by too many in this state.

We must commit to become united.

Sincerely,



Craig Martin
Chair, Massachusetts Commission on LGBTQ
Youth
He/Him/His



Shaplaie Brooks
Executive Director, Massachusetts Commission
on LGBTQ Youth
She/Her/Hers

ENDNOTES

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EXECUTIVE SUMMARY

The Massachusetts Commission on Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) Youth is an independent state agency first founded in 1992 as a governor's commission. The Commission was remade as an independent commission by the Legislature in 2006, with its role being 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 2023 fiscal year.

This document begins with special reports on the COVID-19 pandemic, the Safe Schools Program for LGBTQ Students' annual report, and a special report on inclusive education policy in Massachusetts public schools. Following those reports are the Commission's core recommendations to the Governor and Legislature, which it is statutorily obligated to present annually. These recommendations follow the five policy areas into which the Commission has divided its work for the past several years: inclusion in schools and with families, homelessness, the juvenile and criminal justice systems, health, and sexual victimization. Finally, this report issues detailed recommendations to the now 19 individual government entities with whom we currently hold such a relationship.

Special Report on COVID-19 and LGBTQ Youth

The Commission's research found that LGBTQ youth have been hit particularly hard by losing access to safe spaces at school and in the community; being forced to return to homes with families that do not know about or support their identities; having difficulties accessing care, particularly that which is LGBTQ-affirming; and facing severe socioeconomic fallout from losing jobs and housing, with national studies showing that LGBTQ people were especially likely to be impacted in this way by the pandemic. Data from the Massachusetts Department of Public Health, presented in the special report on COVID-19 below, shows that LGBTQ youth and adults have faced stark disparities in testing access, healthcare delays, mental health, employment impacts, and more.

In this special report, the Commission issues both short- and long-term recommendations to the state on how to both address the challenges caused by the pandemic and related shutdown in the lives of LGBTQ youth and also how to improve underlying conditions to prevent such disastrous results from arising again, even if and when the state faces future pandemics.

Safe Schools Program for LGBTQ Students Annual Report and Special Report

The Safe Schools Program for Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) Students is a joint initiative between the Massachusetts Department of Elementary and Secondary Education (ESE) and the Massachusetts Commission on LGBTQ Youth. Founded in 1993 in response to concerns about LGBTQ

youth suicides and other risk factors, the program now offers a range of services designed to help schools implement state laws impacting LGBTQ students, including the state's anti-bullying law, gender identity law, and student anti-discrimination law.

Through the Safe Schools Program, the Massachusetts GSA Student Leadership Council creates and informs policy, promotes inclusive learning environments for all students, supports the development of leadership skills, and fosters statewide collaboration among LGBTQ students and allies. Members of the GSA Student Leadership Council develop and implement projects designed to make changes in local schools, districts, and regions. The GSA Student Leadership Council is a student-led, adult-supported program that consists of a state council and five region-based councils (Northeast, Southeast, Greater Boston, Central, and Western).

Through the GSA Student Leadership Council regional meetings, the Safe Schools Program reached 65 schools across Massachusetts; 725 students and 154 GSA Advisors attended regional meetings in the 2021-2022 school year. This is a 97% increase in student attendance and a 57% increase in advisor attendance compared to FY22.

Additionally, this year the Safe Schools Program is releasing a Special Report on LGBTQ+ Inclusive Education Policy. Ten years after the passage of *An Act Relative to Gender Identity* and the Department of Elementary and Secondary Education's (DESE) publication of "Guidance for Massachusetts Public Schools Creating a Safe and Supportive School Environment: Nondiscrimination on the Basis of Gender Identity," this report by Cas Ford Martin, MPPA, evaluates Massachusetts PK-12 public schools on their nondiscrimination policies for transgender and nonbinary students through a sweeping textual analysis of more than 1,700 student/caregiver handbooks.

The purpose of this project is to determine how/whether school administrators are implementing and communicating state non-discrimination policies and DESE guidance on supporting LGBTQ+ students in their handbooks. In addition to analyzing school handbooks for their LGBTQ+ inclusive policies and practices, this report provides suggested LGBTQ+ inclusive language for school officials to use in their own handbooks, and practical recommendations for policymakers and professionals who want to better support their LGBTQ+ students. See the below special reports for more information about Massachusetts school outreach.

Increasing Inclusion Research and Recommendations

Recommendations to the Governor and Legislature on increasing inclusion:

1. Provide basic LGBTQ competency training to all state employees and contractors.
2. Support the interagency collaboration to address family rejection of LGBTQ youth.
3. Strengthen protections against bullying of LGBTQ youth and enact policies to strengthen inclusion in schools.

4. Adopt policies that recognize gender identity diversity in state workplaces.
5. Implement LGBTQ-inclusive curriculum in public schools.

The Commission has been deeply involved since its inception on increasing inclusion within schools. The 2019 Massachusetts Youth Risk Behavior Survey (MYRBS) results show that LGBTQ students are still more than twice as likely to experience bullying and cyber-bullying than non-LGBTQ students, and are approximately three times as likely to be threatened or injured with a weapon at school. The 2019 MYRBS also shows that LGBTQ students are 2.9 times more likely to skip school due to feeling unsafe and 3.3 times more likely to have attempted suicide in the previous year. Additionally, many of these disparities are even higher for racial and ethnic minorities, showing that much work is needed to ensure the safety of schools for LGBTQ students of color.

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

Since 1992, the Commission has co-produced the Safe Schools Program for LGBTQ Students (SSP) with the Massachusetts Department of Elementary and Secondary Education (DESE), with a primary focus on providing school districts and educators with professional development training. In FY 2018 and FY 2019 alone, SSP conducted approximately 300 training sessions for educators or school district personnel in 127 distinct districts, with an annual average of over 100 technical assistance sessions ranging from guidance over the phone to in-person advanced workshops. Due to the COVID-19 pandemic and attendant disruption that schools experienced, SSP received fewer training requests than the previous school year.

In the 2021-22 school year, we provided 142 trainings to schools, districts, and educational organizations across MA, up from 86 in 2020-21, and over 200 technical assistance requests. Training sessions were facilitated by our cadre of experienced facilitators including Jeff Perrotti, Elijah Oyenuga, Landon Callahan, René Rives, James Shultis, Minh Nguyen, and Kimm Topping.

Ending Homelessness Research and Recommendations

Recommendations to the Governor and Legislature on ending homelessness:

1. Improve access to state IDs for youth experiencing homelessness and gender expansive youth.

2. Increase services for youth at risk for or experiencing homelessness.
3. Create a bill of rights for people experiencing homelessness.
4. Increase LGBTQ participation as youth ambassadors and respondents to the Youth Count.
5. Promote best and promising practices for serving LGBTQ youth with providers of services for youth at risk for or experiencing homelessness.
6. Implement policies to ensure greater transparency of the foster care review process.
7. Implement policies to prevent families and individuals from experiencing homelessness.

Since the Commission restructured to focus its work on areas particularly affecting QTBIPOC youth, it has been working in coalition with other organizations to address the major epidemic of youth homelessness. Corroborating the 2019 MYRBS data point that LGBTQ students are 2.9 times more likely to experience homelessness, the 2019 Massachusetts Youth Count found that 24.7% of homeless youth and young adults surveyed identified as LGBTQ. Furthermore, at least 47% of those respondents identified as Black, Latinx, Native American, Asian, or Pacific Islander. Due to the COVID-19 pandemic, the 2020 Youth Count was suspended, but data from the 2021 Youth Count should be available for analysis by the summer of 2022. The Commission looks forward to reflecting this new data in its FY 2024 Annual Report.

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

The Commission's recommendations echo some of the goals laid out in these plans and expands upon them, with a special section outlining best practices for providers to best support LGBTQ youth experiencing homelessness.

Advancing Justice Research and Recommendations

Recommendations to the Governor and Legislature on advancing justice:

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

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

LGBTQ youth are twice as likely to enter the juvenile system as their non-LGBTQ peers.¹ LGBTQ youth of color face even starker disparities and comprise a staggering estimated 85% of LGBTQ youth in the justice system.² Transgender individuals are nearly twice as likely to have been incarcerated as other LGBQ people, with transgender people of color reporting a rate of past incarceration four times higher than other LGBQ people.³ The Commission also knows, from its own data analysis as presented in the data report below, that LGBTQ youth (particularly transgender youth and youth of color) are especially likely to face risk factors such as truancy out of fear of attending school, being involved in bullying and fights, and experiencing homelessness, all of which are drivers of justice systems involvement.

The overrepresentation of LGBTQ youth of color in the juvenile and criminal systems also reflects the racial disparities faced by all people, regardless of LGBTQ identity, involved in these systems. One national study found that as compared to white youth, Black youth are four times more likely to be incarcerated, Native American youth nearly three times as likely, and Latinx youth 1.5 times as likely.⁴ It is therefore deeply troubling, but not surprising, that an estimated 85% of LGBTQ youth in the justice system are youth of color.⁵ 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.⁶

To combat these disparities, the Commission has worked closely with many state agencies and entities in Massachusetts to establish more equitable state policies within the juvenile justice system. The Commission has also worked in coalition with community organizations such as Citizens for Juvenile Justice to advance legislation to further reform the juvenile justice system and improve the lives and conditions of LGBTQ individuals involved in the juvenile and adult criminal justice system. While the Department of Youth Services (DYS) has made much progress over the past several years on being a safer and more affirming place for LGBTQ youth, the adult criminal justice system has not made such strides. Furthermore, both the juvenile and adult systems can only do so much to prevent youth from actually *entering* these systems. Decreasing the incarceration of LGBTQ youth and youth of color, in particular, will also require law reform that is focused

on equity and anti-racism, and on dismantling the structural factors that lead to the excessive incarceration of these populations. Finally, if the Commonwealth is to take these issues seriously, it is critical that we have more data on LGBTQ populations in the justice systems.

Improving Health Research and Recommendations

Recommendations to the Governor and Legislature on improving health:

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

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

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

Sexual Victimization Research and Recommendations

Recommendations to the Governor and Legislature on sexual victimization:

1. Require schools to teach inclusive sexual health education that includes consent and develop consent education programs to prevent and reduce instances of sexual assault.

LGBTQ people experience disproportionately high rates of sexual violence when compared to non-LGBTQ people.⁷ Current research demonstrates that sexual violence affects people of all genders, sexual orientations, races, abilities, ages, and more; however, it uniquely impacts LGBTQ youth and the LGBTQ community. Discrimination, marginalization, racism, sexism, and hate-motivated violence all put LGBTQ persons at a higher risk of sexual assault. Society also often hypersexualizes LGBTQ people and stigmatizes queer relationships, which contributes to ineffective responses to sexual violence in the community and decreased reporting.⁸ Internalized homophobia and transphobia in the community have been linked to intimate partner violence between LGBTQ couples.⁹ Finally, LGBTQ youth and young people experience disproportionately high rates of sexual violence in higher education and carceral institutions.

Agency Recommendations

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

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⁹ Laura Badenes-Riberra, Julio Sanchez-Meca, & Claudio Longobardi, "The Relationship Between Internalized Homophobia and Intimate Partner Violence in Same-Sex Relationships: A Meta-Analysis," *Trauma, Violence, & Abuse* 20, no. 3 (2019).

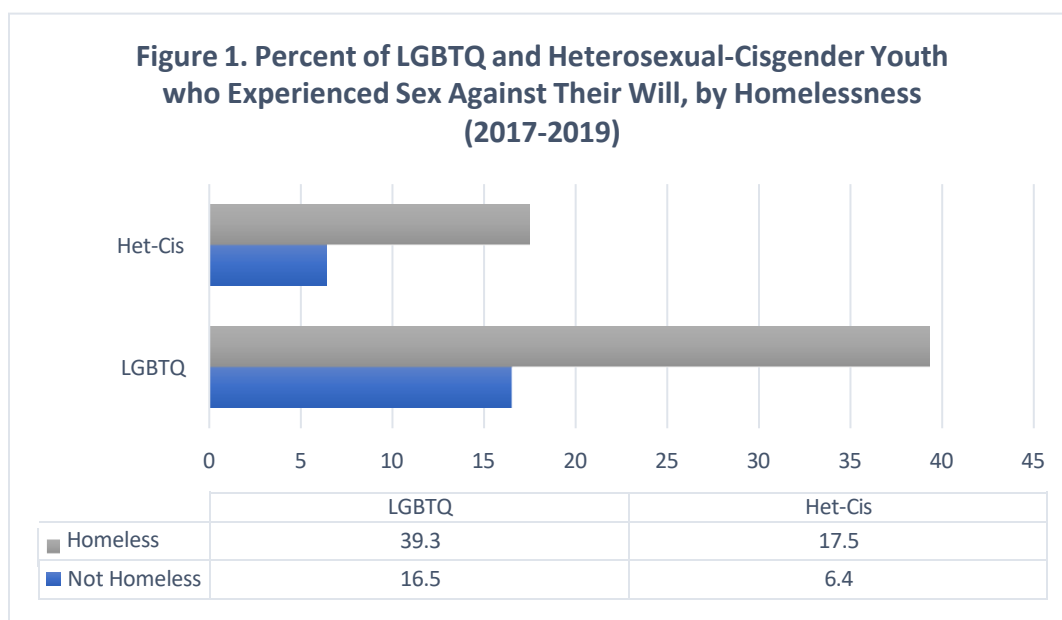
FY2023 Analysis of the Massachusetts Youth Risk Behavior Survey

A. Adverse Experiences among LGBTQ Youth in Massachusetts

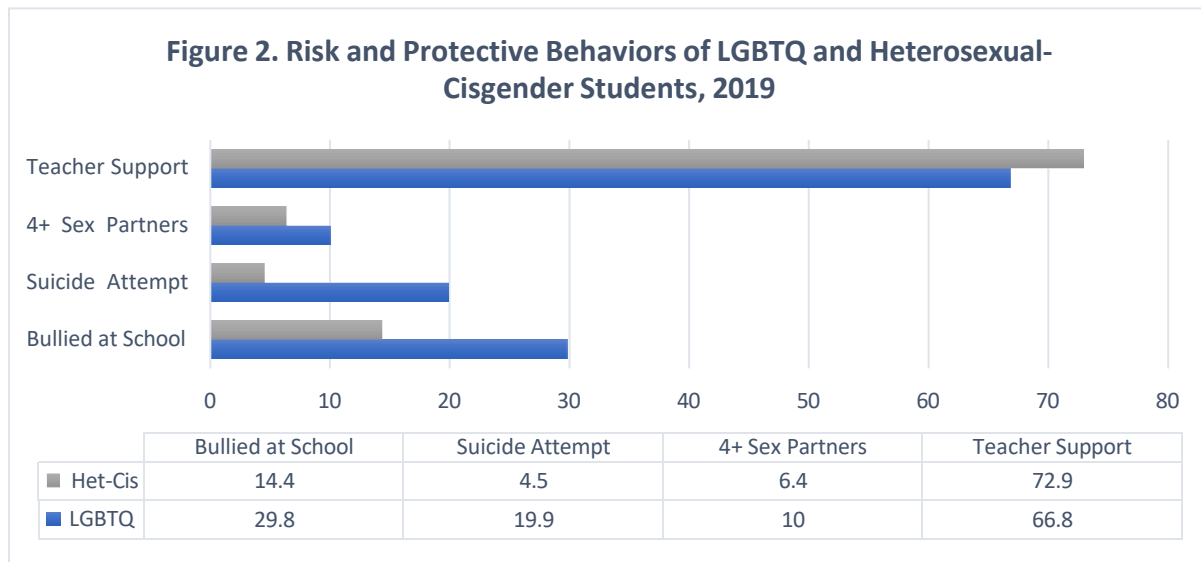
The Massachusetts Youth Risk Behavior Survey (MYRBS) is a biennial, representative study of youth statewide. The results presented here rely upon 2019 data whenever possible (the most recent survey data available), but sometimes use data pooled across the 2017 and 2019 surveys, particularly where intersectionality of LGBTQ identity and other identities such as race are examined.

According to the 2019 MYRBS, 17.1% of youth identified as LGBTQ. Females were twice as likely to identify with males: 22.2% compared with 10.9%. Out of those who identified as LGBTQ, 67.3% identified as female and 32.7% identified as male. Almost half (47.2%) of LGBTQ youth identified as white, 26.2% as multiethnic, 11% as Black, 8.9% as Hispanic/Latinx, and 5.7% as Asian.

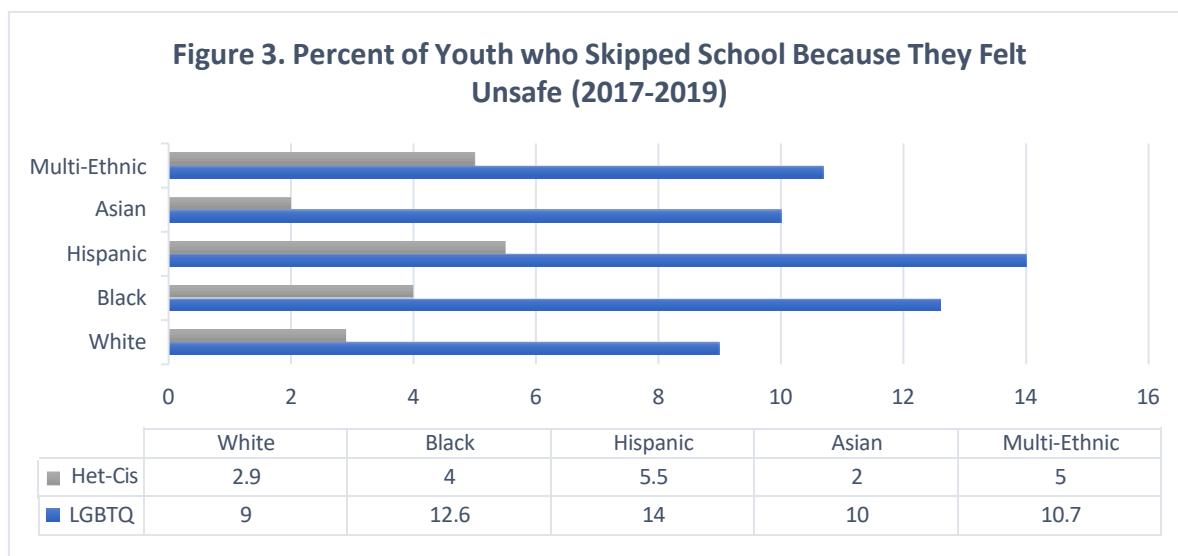
Youth who identified as LGBTQ were almost twice as likely to run away or be kicked out or abandoned (5.5%), compared with heterosexual, cisgender (het-cis) youth (3%). Being homeless increases youths' vulnerability to experiencing sex against their will, but the effects are even stronger for LGBTQ youth (see Figure 1). A significant proportion of LGBTQ youth who are homeless (39.3%) have experienced it, compared to 16.3% of het-cis homeless youth. This increased risk among LGBTQ youth may be due to their being homeless on their own, as a result of running away or being kicked out or abandoned by their families.



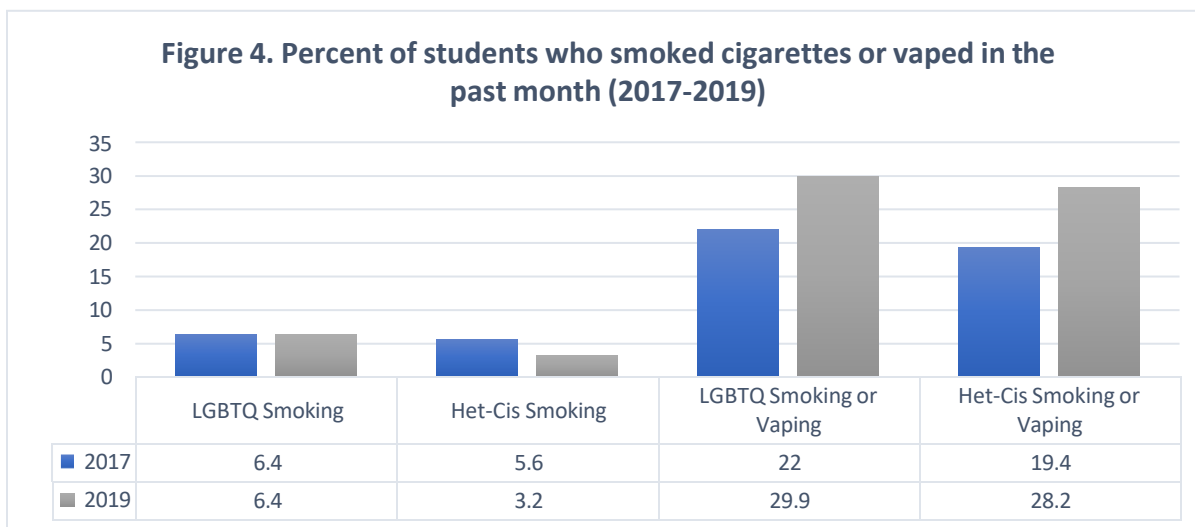
Compared with het-cis youth, LGBTQ youth are twice as likely to be bullied at school (29.8% versus 14.4%) and are four times more likely to attempt suicide (19.9% versus 4.5%), as shown in Figure 2. LGBTQ youth are also more likely to have four or more sexual partners, compared with het-cis youth (10.0% versus 6.4%). Het-cis youth are more likely to have an adult at school that they can talk with (72.9%) compared with LGBTQ youth (66.8%).



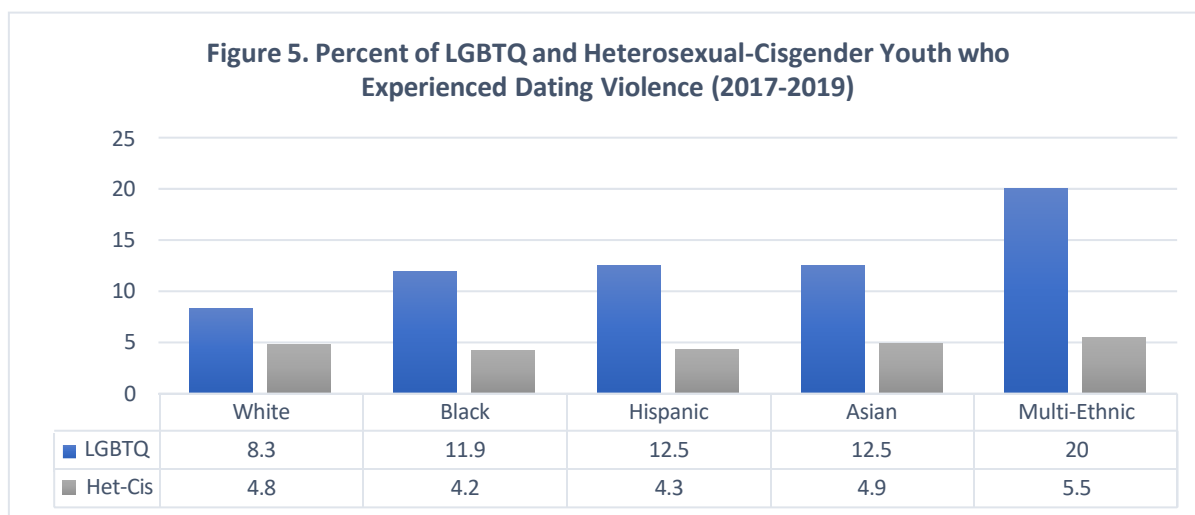
LGBTQ youth are significantly more likely to skip school than het-cis youth, as shown in Figure 3. However, there is considerable variation among LGBTQ youth by race/ethnicity, with White youth having the lowest percentage (9%) and Hispanic/Latinx youth having the highest (14%) percentage, followed by Black youth (12.6%).



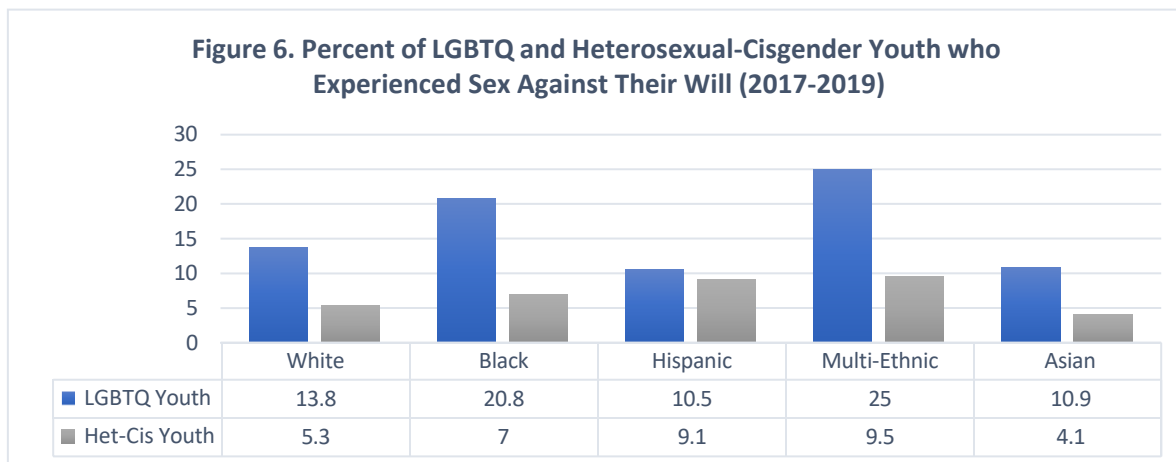
The percentage of LGBTQ students who smoked cigarettes remained unchanged between 2017 and 2019, at 6.4%, while the percentage of het-cis youth who smoked decreased from 5.6% to 3.2% (see Figure 4). Tobacco consumption overall has increased though, due to uptake of vaping among both LGBTQ and het-cis youth. The percentage of LGBTQ youth who smoked or vaped increased from 22.0% to 29.9% between 2017 and 2019; all of that increase is due to vaping, given that the prevalence of smoking remained unchanged. This is an important public health risk among youth in general, and tobacco control efforts need to focus on this new form of tobacco consumption.



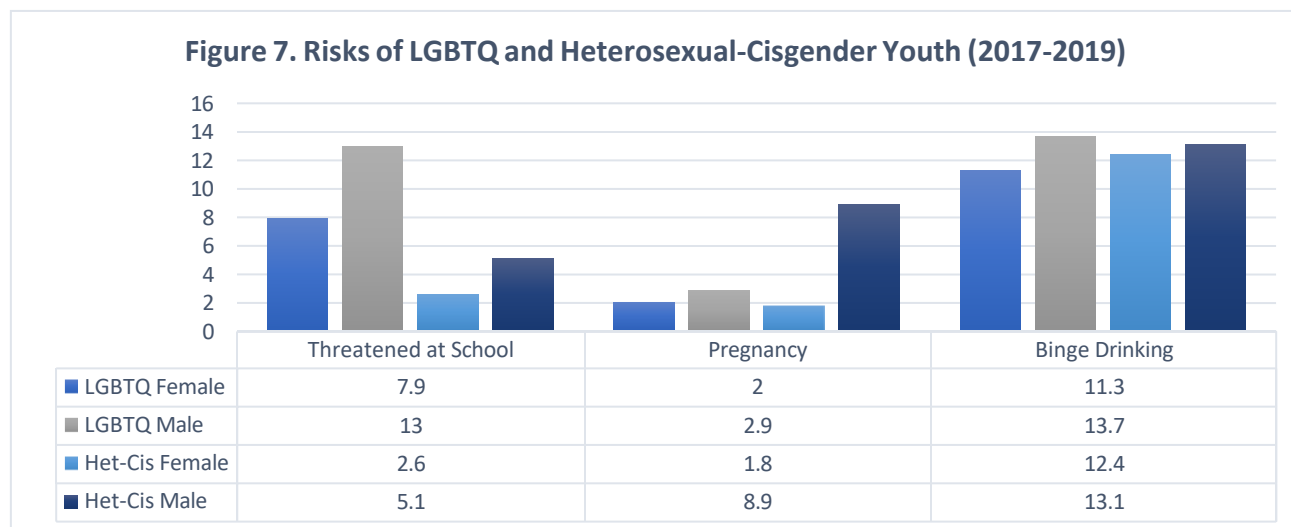
LGBTQ youth are more likely to experience dating violence overall, which the Centers on Disease Control and Prevention defines as “being physically hurt on purpose (counting such things as being it, slammed into something, or injured with an object or a weapon) by someone they were dating or going out with.”¹ Among LGBTQ youth, multiethnic youth are the mostly likely by far, with 20% reporting it (see Figure 5). Asian, Black, and Hispanic/Latinx LGBTQ youth are about equally likely to report experiencing it, at around 12%, and White LGBTQ youth are least likely to report it (8.3%).



LGBTQ youth are two to three times more likely to have experienced sex against their will, and the prevalence of that experience also varies tremendously by race/ethnicity (see Figure 6). Multiethnic LGBTQ youth are by far the most likely to experience it: 25% reported this, and Black youth are the next most likely, at 20.8%. Hispanic/Latinx and Asian LGBTQ youth are the least likely to have experienced it, at 10.5% and 10.9% respectively. These results point to the importance of examining differential experiences by intersectional identities within the larger group of LGBTQ youth.



LGBTQ males are most likely to be threatened at school (7.9%), followed by LGBTQ females (7.9%), het-cis males (5.1%), and het-cis females (2.6%), as shown on Figure 7. The prevalence of pregnancy is lowest among het-cis (1.5%) and LGBTQ females (2%), and slightly higher for LGBTQ males (2.9%). The much higher percentage among het-cis males (8.9%) is puzzling, however, given the much lower rates among the other groups, raising questions about the validity of that estimate. Turning to binge drinking, LGBTQ females were least likely to binge drink (11.3%), compared with 12.4% of het-cis females, 13.1% of het-cis males, and 13.7% of LGBTQ males. The small differences between these percentages were not statistically significant.



B. HIV and AIDS Education in Massachusetts

The percentage of LGBTQ and het-cis youth who report receiving AIDS education in school declined significantly between 1997-2017,² with particularly sharp declines from 2013-2017 (see Figure 8). The CDC has also reported declines on the national level.³

In 2017, 72.7% of LGBTQ youth and 76.5% of het-cis youth reported receiving such education. LGBTQ youth are less likely to report receiving AIDS education in school than het-cis youth, but the gap between those two groups has declined from an 11.2% difference in 1997 to a 3.8% difference in 2017. However, that narrowing of the AIDS education gap has resulted largely from the decreases in the percentage of het-cis youth who report receiving it, so this decreasing disparity is not good news.

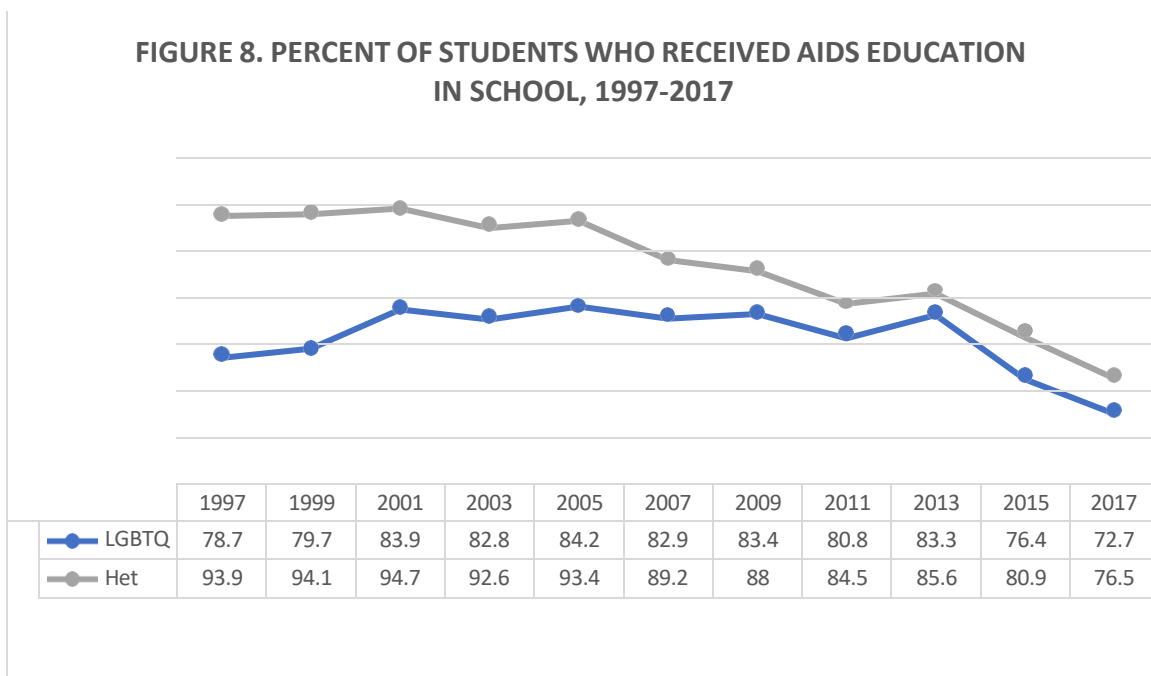
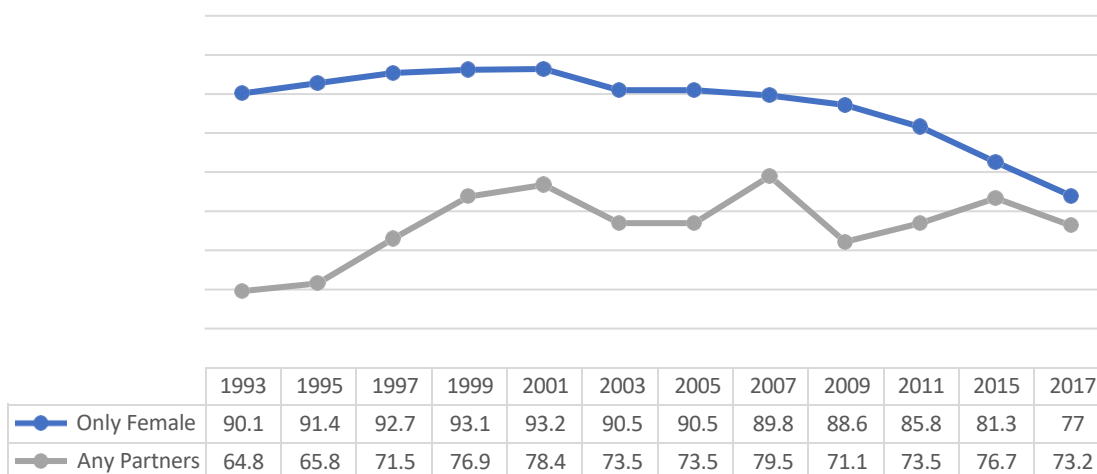


Figure 9 shows two key patterns. One is that the gap in receipt of AIDS education has narrowed between male youth who have sex only with female partners and those who have sex with any partners (males and females). This largely mirrors the closing gap that is shown in Figure 8 above. The second is that while there were substantial gains in 1993 to 2001 among male youth with any partners, between 2001 and 2015 the percentage bobbed around, and decreased between 2015 and 2017. Currently, only 73.2% of male youth who have sexual partners of any gender report receiving AIDS education in school. Nationally, the CDC found that condom use among sexually active youth also decreased in the past decade.⁴

FIGURE 9. PERCENT OF SEXUALLY ACTIVE MALES WHO RECEIVED AIDS EDUCATION IN SCHOOL, 1993-2017



These declines in AIDS education are particularly troubling given that in 2018, 21% of all new HIV diagnoses in the U.S. were among people aged 13-24.⁵ Across the U.S., significantly fewer sexually active students report using condoms in 2019 (9.4%) compared with 2009 (12.4%), and significantly fewer youth used condoms at last sexual intercourse (54.3% in 2019 compared with 61.1% in 2009).⁶ Sexual health education is known to be associated with increases in both student knowledge and protective factors,⁷ which can help prevent the spread of HIV but also other sexual transmitted infections.

B. Social Support as a Protective Factor for LGBTQ Youth

Social support can be important protective factor in individuals' lives,⁸ particularly for mental health. The inverse is also true, especially for LGBTQ youth: social isolation is associated with poorer well-being, including substance use, sexual risk, self-harm, and suicide attempts.⁹ The COVID-19 pandemic has been challenging for all youth, but especially LGBTQ youth who may not have supportive adults at home, and instead need to find support through other venues, such as online contexts.¹⁰ Parental support has been found to be associated with increased social belonging and diminished suicidality,¹¹ and social support from teachers has been found to increase the odds of LGBTQ youth attending college,¹² suggesting that there are some benefits of support both at home and at school. Each form of support may offer protection against varying forms of adverse experiences among LGBTQ youth.

This section examines social support as a potential protective factor among LGBTQ youth, using data from the MYRBS. Overall, LGBTQ students had less social support compared with heterosexual, cisgender students (see Table 1). Over 10% of them did not have an adult at home *nor* at an adult at school to talk about things that were important to them (13.0% compared with 9.9% of het-cis youth). LGBTQ youth were also less likely to have support from an adult at home only (16.6% compared with 18.6% of

het-cis youth), less likely to have support from an adult at school only (8.1% compared with 14.6%), and less likely to have support from both an adult at home *and* a school professional (53.9% compared with 65.4%). Therefore, LGBTQ youth have fewer adult social support resources upon which to draw when they need to talk with someone about important things in their lives.

Table 1. Percent of Massachusetts Who Could Speak to an Adult at Home or at School, by LGBTQ Identity, 2017-2019*

LGBTQ Identity	Neither	Home Only	School Only	Both
LGBTQ	13.0%	16.6%	8.1%	53.9%
Het-Cis	9.9%	18.6%	14.6%	65.4%

*Statistical association at the .001 level

However, this is only half of the social support story. Although LGBTQ youth are less likely to receive adult support, it's still important to see what difference the support that they do receive may make. Social support can be a buffer, protecting individuals from negative mental health consequences, particularly in times of stress.¹³ Table 2 shows that adult support is a protective factor among het-cis youth, in that it is associated with reduced risk across all of the risk factors examined at a statistically significant level. For LGBTQ youth, there were no statistically significant differences by social support on the substance use measures: binge drinking, vaping, or using drugs or alcohol before sex.

Yet there are some important positive results. Social support from adults is associated with lower risk among LGBTQ youth for other adverse experiences, namely: skipping school, being bullied at school, being bullied electronically, considering suicide, and attempting suicide. LGBTQ youth who had support from an adult at home only were least likely to skip school (6.3%) or to be bullied at school (17.5%), compared to the other categories of social support. For being bullied electronically, LGBTQ youth who had an adult to talk with both at school and at home were least likely to be bullied (18.6%), although those youth who had adult support at home only were close behind (20.3%). LGBTQ youth who had adult support at home and at school were least likely to consider suicide (28.0%) or attempt suicide (10.8%).

Looking more in depth into the LGBTQ youth results for suicidality, the association between social support and the risk factors is striking. Put in order of prevalence, youth with support both from adults at home and at school have the lowest prevalence of suicidality, followed by youth with support at home only. The percentage of LGBTQ youth who considered suicide is similar for those who had neither home nor school support (48.3%) or school support only (49%). LGBTQ youth who had support at school only were most likely to consider (24.2%) or attempt suicide (10.3%). These findings suggest that while support from an adult at school can matter, home-based support is particularly important for suicide prevention.

Table 2. Percent of Massachusetts Reporting Risk Factors, by Social Support and LGBTQ Identity, 2017-2019*

Risk Factor	Neither	Home Only	School Only	Both
Skip school				
LGBTQ***	11.2%	6.3%	24.0%	10.8%
Het-Cis*	5.4%	4.1%	6.3%	3.1%
Bullied at school				
LGBTQ**	36.4%	17.5%	38.1%	25.3%
Het-Cis***	18.5%	14.3%	20.7%	12.1%
Bullied electronically				
LGBTQ**	28.4%	20.3%	34.0%	18.6%
Het-Cis**	13.9%	9.7%	17.0%	11.6%
Binge drink				
LGBTQ	19.8%	8.9%	10.5%	11.1%
Het-Cis**	12.5%	11.1%	20.6%	13.0%
Vaping				
LGBTQ	28.2%	16.9%	26.8%	23.3%
Het-Cis**	22.8%	21.2%	30.6%	21.5%
Used alcohol or drugs before sex				
LGBTQ	28.6%	20.0%	17.4%	20.2%
Het-Cis**	24.7%	20.9%	31.4%	16.9%
Considered suicide				
LGBTQ***	48.3%	32.3%	49.0%	28.0%
Het-Cis***	17.3%	9.4%	24.2%	8.5%
Attempted suicide				
LGBTQ***	28.7%	17.0%	20.2%	10.8%
Het-Cis***	7.7%	2.7%	10.3%	3.4%

ENDNOTES

Acknowledgments: Val Leiter, lead data analyst; editing and proofreading by Massachusetts Commission on LGBTQ Youth staff

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² Data are not provided for 2019 because the Massachusetts YRBS did not ask about AIDS education in schools.

³ Centers for Disease Control and Prevention. (2012). *Youth Risk Behavior Surveillance—United States, 2011*. Retrieved on June 9, 2022 from <https://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>.

⁴ Centers for Disease Control and Prevention. 2022. *HIV Information and Youth*. Retrieved on June 9, 2022 from https://www.cdc.gov/healthyyouth/youth_hiv/hiv-information-and-youth.htm.

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SPECIAL REPORT ON COVID-19 AND LGBTQ YOUTH

A. Introduction

Presently, there is little data capturing the impact of COVID on LGBTQ youth and adults, particularly after mid-2021. However, available studies show that the pandemic presents a unique and adverse socio-economic impact on LGBTQ youth. The pandemic has exacerbated economic and housing instability, unsafe and unsupportive home environments, inadequate access to support systems, and mental health challenges faced by LGBTQ youth. These health and socio-economic disparities exist at the national level and state level in Massachusetts.

Over the past year, there have been widespread vaccination and booster campaigns that invited hope to many around the nation and within the state of Massachusetts. However, the arrival of the Delta and Omicron variants brought outbreaks and the return of public health measures, such as indoor mask mandates. While these measures have eased, the pandemic continues to bring hardship to young people and youth, particularly those from marginalized communities.

B. Recommendations on Public Health Measures That Massachusetts Should Enact

Given the current national and local landscape, the Commission urges the Commonwealth of Massachusetts to take action and provide equitable and inclusive responses that center on the experiences of LGBTQ youth, youth of color, and other marginalized populations. This Commission specifically supports the policy recommendations forwarded by the Task Force on Coronavirus and Equity, created by the Massachusetts Public Health Association:³¹

1. Ensure Housing Security and Safety.

This Commission supports housing protections, such as measures to prevent eviction and foreclosure for one year following the end of the state of emergency. Additionally, continued access to testing, safe quarantine, vaccinations, and long-term housing solutions are needed for people experiencing homelessness.

2. Secure Worker Rights and Safety.

Even with rising vaccination rates, workers must be protected during Massachusetts's economic reopening and beyond. The COVID-19 pandemic caused an unprecedented health and safety crisis for workers and continues to have lasting social, physical, mental, and economic impacts on workers and their families. Throughout the pandemic, the State largely failed to provide basic safety protections for workers

and instead, chose to save businesses and absolve employers from responsibility.³² The Commission requests emergency paid sick time and other protections to support workers.

3. Demand Police Accountability.

This Commission continues to demand police accountability, despite advances in legislation. On December 31, 2020, Governor Baker signed an omnibus bill into law, which importantly asserts control over police in schools, requires public disclosure of police misconduct records, prevents sexual assault in police custody, and more. However, as stated by the Massachusetts ACLU, the bill is a compromise. This Commission supports efforts to protect Black, LGBTQ, and other marginalized communities from police brutality, such as ending qualified immunity.³³

4. Implement Data Collection and Action Planning for Equity.

The current data on COVID-19 makes it clear that the pandemic has disproportionately impacted Black and Latinx communities. In response, on June 8, 2020, the Act Addressing Covid-19 Data Collection and Disparities in Treatment was signed into law. While the Act represents some progress, this Commission supports improved data collection and efforts to address the inequities illuminated by such data.

5. Improve Health & Safety for Immigrants.

This Commission supports safe access to testing and treatment for immigrants in Massachusetts. It additionally supports legislative efforts to improve the health and safety of immigrants, such as an Act Relative to Work and Family Mobility, which enables qualified undocumented immigrants to procure driver's licenses in Massachusetts. At the time of this report's release in June of 2022, the Commission is pleased to see that the legislature has overridden the Governor's veto of this bill, with the law set to pass.

6. Decarcerate Prisons and Jails.

Prisons and jails have been disproportionately hit by COVID-19. This Commission calls on the Commonwealth of Massachusetts to develop a plan for decarceration of prisons and jails to protect the health and well-being of incarcerated persons.

7. Amend the Crisis Standards of Care.

This Commission joins advocates and medical providers in requesting revision of Massachusetts's "crisis standards of care." These standards of care are guidelines involving the allocation of medical equipment when demand for critical care resources outpaces supply. While the standards were revised in April 2020, they remain inadequate. They were designed based on assumptions about the quality of life that discriminate against people of color and people with disabilities.

C. Impact of COVID-19 on LGBTQ Youth Experiences

Current studies suggest that COVID-19 has adversely impacted housing, immigration, economic conditions, health, and incarceration of LGBTQ youth. Below is a summary of data describing the impact of COVID-19 on LGBTQ youth across the nation and in the Commonwealth of Massachusetts.

1. Mental Health

Before the pandemic, LGBTQ youth –particularly gender expansive and transgender youth— were at higher risk for depression, anxiety, suicide, and substance abuse.¹ COVID containment measures, such as stay-at-home orders and remote learning, exasperated mental health disparities. One study found that since the start of the pandemic, 50% of LGBTQ youth reported increased anxiety and depression. Similarly, the Trevor Project found that in 2021, 70% of LGBTQ youth stated that their mental health was poor during the pandemic.² About half of all LGBTQ youth and 60% of transgender and non-binary youth stated that COVID-19 negatively impacted their ability to express their sexual orientation or gender identity. Contributing factors included isolation from support systems, lack of family support, disruptions in physical and mental health services, and socioeconomic stressors.³

Since the fall of 2021, schools and services have reopened for in-person learning, and many of the COVID containment measures have come to an end in Massachusetts. These changes may have mitigated some of the stressors caused by the pandemic. However, more research needs to be done on the long-term impacts of the pandemic on the mental health of LGBTQ youth.

2. Physical Health

The pandemic has exacerbated issues of healthcare access for LGBTQ youth. Before the pandemic, LGBTQ youth often experienced inadequate care and stigma within health institutions.⁴ Many providers fail to provide identity-affirming care or are not properly trained to meet the needs of LGBTQ youth. While COVID-19 vaccinations and testing are free, LGBTQ youth may be deterred from seeking the help they need for COVID and non-COVID-related health concerns. Some may not have access to health insurance or proper coverage in the event of complications with COVID or pre-existing conditions.⁵

LGBTQ youth are already at increased risk for negative health and life outcomes. Studies show that LGBTQ youth are two to four times more likely to have issues with substance abuse when compared to non-LGBTQ peers.⁶ In a study from 2019, the CDC found that LGB youth are more likely to have used illicit drugs than their heterosexual peers.⁷ A study from the Journal of School Health found that transgender students were 2.5 times more likely to use cocaine and methamphetamines and twice as likely to report misuse of prescription pain medication than non-transgender students.⁸ LGBTQ people, in general, are more likely to suffer from chronic conditions, substance abuse disorders, breast cancer, certain sexually transmitted diseases, and certain cancers.⁹ Many of these underlying conditions are associated with a high

risk for severe COVID-19, which could further lead to hospitalization, intensive care, ventilation, or even death.¹⁰ While the COVID vaccination mitigates some of the health-related risks, COVID has likely worsened pre-existing health disparities, identity-based discrimination, and inequitable access to care.

3. Economic Security

LGBTQ youth are generally at a greater risk of poverty and economic instability than their heterosexual and cisgender peers. The Williams Institute found that in Massachusetts, the poverty rate for LGBTQ people was 12.8%, while only 9.4% for non-LGBTQ people.¹¹ Physical health is inextricably linked to social context and socioeconomic status. For instance, a large share of LGBTQ youth of color in Massachusetts currently lives with economic, housing, and food insecurity, which places them at a greater risk of COVID.¹² 32% reported that they were unemployed; 15.5% reported that they were unstably housed; and 30.9% reported that they were food insecure. Data from the Boston Indicators demonstrates strong correlations between socioeconomic status and the prevalence of COVID. A study from August 2020 found that Massachusetts cities with more crowded homes, larger communities of color, and more frontline workers had higher rates of COVID.

Unfortunately, there is limited data on the economic impact of the pandemic on LGBTQ youth, particularly after 2020. However, studies from mid-2021 show that the pandemic has exasperated economic inequality for LGBTQ adults. According to the Household Pulse Survey from August 2021, LGBTQ adults reported living in households with higher rates of food and economic insecurity than non-LGBTQ adults.¹³ Another study from the Institute for Women's Policy Research from June 2021 found that young women of color and LGBTQ women faced significant career setbacks, were more worried about their finances than other groups of women, and received more financial assistance from other people in the past year compared to other groups of women.¹⁴

Even as businesses have reopened and employers have started re-hiring, the economic impact of COVID will likely have long-lasting implications for LGBTQ youth. For instance, regarding high school and college graduates, entering the workforce during a recession has both short-term and long-term impacts on economic well-being. Not only has it been difficult to find a position over the past two years, but research suggests that it puts young people at future risk for poverty, low self-esteem, stress, and adverse outcomes.¹⁵ Additionally, federal COVID-related unemployment benefits ended on September 4, 2021.¹⁶ These funds helped stabilize many households, and their removal likely exacerbated economic inequities.

Overall, LGBTQ youth, particularly LGBTQ youth of color and with low socioeconomic status, are not only experiencing higher rates of economic instability, but that economic instability places them and their communities at higher risk of contracting COVID.

4. Access to Housing

Homophobia, transphobia, racism, poverty, structural violence, and other factors place LGBTQ youth at risk of economic and housing instability and exposure to COVID-19. In general, LGBTQ youth experience

higher rates of homelessness and poverty than their non-LGBTQ peers.¹⁷ While only 7% of US youth identify as LGBTQ, up to 40% of youth experiencing homelessness identify as LGBTQ.¹⁸ Thus, LGBTQ youth are overrepresented among the unhoused and face unique challenges in homelessness during the COVID pandemic.

At the onset of the pandemic, evictions, closure of shelters and university housing, and the inability of youth to “couch surf” due to stay-at-home orders pushed more youth into homelessness. Eviction and housing displacement are associated with an increased risk of COVID-19 infection and mortality.¹⁹ Housing instability leads to virus transmission opportunities and difficulty in complying with public health measures necessary to reduce virus spread. For instance, the CDC at the state and federal levels has championed, and in some instances has mandated, public health measures such as physical distancing, staying at home, routine hand washing/sanitizing, and mask-wearing to prevent the spread of COVID-19. However, adherence to these measures can be difficult and even impossible for youth experiencing homelessness and/or housing instability.

Homeless shelters that reopened or remained open during the pandemic experienced several challenges. Shelters across Massachusetts reported overcrowding.²⁰ They also reported staffing shortages, lack of staffing resources, and financial burdens – such as leasing hotels to allow for social distancing— that have worsened conditions for those experiencing homelessness.

Additionally, housing instability may lead to lower access to testing and decreases the likelihood of timely medical attention, which threatens community spread. Individuals who are most vulnerable to housing displacement, namely people of color and lower-income persons, are more likely to suffer from comorbidities that increase the risk of severe COVID-19 symptoms, such as diabetes, obesity, high blood pressure, pulmonary disease, and respiratory disease.²¹

In September 2020, the CDC issued a federal order to pause evictions and prevent the spread of COVID.²² The moratorium served as a short-term solution to help keep people housed during the beginning of the pandemic. However, because of a United States Supreme Court decision, the moratorium ended on August 26, 2021.²³ At the state level, Massachusetts initially implemented “one of the stronger state eviction moratoriums in the United States;” however, it lapsed in October 2020.²⁴ A study by Homes for All Massachusetts found that between October 2020 and October 2021, eviction filings disproportionately impacted people of color and single mothers. Out of all the formal eviction filings in Massachusetts, 43% occurred in predominately Black, Latinx, Asian American/Pacific Islander, or Indigenous neighborhoods. The study also found that the longer a municipality had a local eviction moratorium in place, the lower its eviction rate. This study notably did not account for the experiences of transgender and non-binary people but acknowledged that “the pervasive housing discrimination faced by transgender folks suggests that these groups likely experienced higher rates of housing precarity.”

Since the onset of the pandemic many populations, including youth and young adults, have faced increased housing instability. To create a safety net, there has been a large increase in funds to bolster the support system for youth experiencing homelessness and housing instability. According to the

Massachusetts Commission on Unaccompanied Youth, these resources enabled the creation of additional emergency shelter and housing resources specifically for young adults 18-24 in every region of Massachusetts, including designated spaces for LGBTQ and non-binary young adults.²⁵ Additionally, the Commission on Unaccompanied Homeless Youth reported serving 2,470 youth in FY2020, as compared to 1,778 in FY2019, with the increase due to increased outreach and increased prevention funds for youth to retain their housing. While various stakeholders, including this Commission, have provided funds for youth, there are continuing structural issues that continue to push and keep LGBTQ youth into poverty. The Commission on Unaccompanied Homeless Youth has not yet released its data for FY2021 but emphasized expanding survey efforts to capture LGBTQ youth experiencing homelessness and housing instability. This data will importantly provide a better picture of the impact of COVID on LGBTQ access to housing around the state.

In sum, LGBTQ youth continue to experience homelessness and housing instability during the pandemic and may not have access to proper protections to prevent displacement and the spread of COVID.

5. Home Life

At the onset of the pandemic, stay-at-home orders forced many housed LGBTQ youth to shelter-in-place with family members. Even as the stay-at-home orders and other restrictions have lifted, some LGBTQ youth are still sent home from school due to COVID, live with their parents consistently, or moved back with their parents during the pandemic. For LGBTQ youth who experience rejection from their family or who are not yet out to their family, “social distancing and virtual learning can mean increased time in unsupportive and even violent home environments.”²⁶

In the 2021 study by the Trevor Project, more than 80% of LGBTQ youth found that COVID-19 made their living situation more stressful.²⁷ According to the CEO of the Trevor Project, Amit Paley, “many LGBTQ youth ‘have been trapped’ in a house with families who are not supportive of their identity, and in some cases, are emotionally or physically abusive.”²⁸

To mitigate these critical responses, LGBTQ youth may hide or downplay their identities while in the home; however, this form of code-switching may increase anxiety, depression, internalized homophobia and transphobia, and other stress experiences.²⁹ In general, youth who experience family rejection of their LGBTQ identity are six times more likely to experience depression and eight times more likely to attempt suicide than LGBTQ youth who experience low levels of family rejection.³⁰ The COVID-19 pandemic has ultimately heightened rejection and victimization of LGBTQ by requiring many youth to spend prolonged time in the home.

Additionally, some LGBTQ may be housed with family members who do not take COVID seriously. According to the Trevor Project, over one in three LGBTQ youth, as opposed to one in five heterosexual/cisgender youth, distrusted their family in providing health information on COVID-19.³¹ Therefore, housing may feel unsupportive and unsafe when family members are not taking proper precautions to preventing the virus spread.

6. Incarceration

The COVID pandemic “is far from over, particularly inside prisons and jails.”³² According to the Prison Policy Initiative, as of February 2022, the death rate of COVID-19 in prisons is more than twice that of the general U.S. populations. An estimated 476,000 incarcerated persons have been infected within state and federal prisons. Carceral institutions have proved to be ripe for virus spread as nearly three-fourths of all prisons experienced outbreaks of the Omicron variant. On top of that, carceral institutions have been slow to provide boosters to incarcerated persons, and many correctional officers have been hesitant to get vaccinated and/or boosted.

Public health officials, such as the American Public Health Association, support decarceration as a public health measure. While states like Massachusetts reduced their prison populations early in the pandemic, studies show that many state and local authorities across the nation are permitting their prison and jail populations to return to pre-pandemic levels. Drops in prison and jail populations in many states have been attributed to court delays and lower admissions, rather than decarceration efforts.

It is likely that youth of color and LGBTQ youth disproportionately experience the negative impacts of COVID in carceral institutions, considering their overrepresentation. One study reported that 42% of boys and 35% of girls in juvenile facilities are Black.³³ Another study reported that 20% of all youth in juvenile justice facilities are LGB. Of all LGBTQ and gender non-conforming persons in juvenile justice facilities, 85% are youth of color.³⁴ These studies are pre-pandemic, thus more data is needed to under the impact of COVID on these rates.

Before the pandemic, LGBTQ and youth of color experienced little oversight, inappropriate placement, abuse by other youth, inadequate health care, lack of support services, challenges with family visitation, and inappropriate community supervision.³⁵ It is likely that these disparate impacts have continued or have been exacerbated during COVID.

The pandemic has brought some additional challenges. For instance, some states shut down in-person visitations and transitioned to video visitation. However, inadequate internet access presents a significant barrier to both youth and their families. Ending visitations and inadequate virtual visitations harm youth’s connections with their families and support systems outside of the institutional walls.

Many institutions have also reduced or disrupted programming. In juvenile institutions, programming seeks to rehabilitate juveniles, and without this programming, these institutions begin to look more like adult institutions, which are primarily built around punishment. Generally, youth can learn, sleep, recreate, and interact with other incarcerated youth. However, youth suspected of infection often need to isolate pending diagnosis or test results. Medical confinement mirrors solitary confinement, which is a cruel, inhumane, and degrading form of treatment and violates international human rights standards.³⁶ The pandemic led to understaffing in carceral facilities. Inadequate staffing threatens youth’s safety – facilities are often sites of sexual abuse and during the pandemic, youth may be incapable of preventing it or less likely to report it.³⁷

In Massachusetts, in April 2020, the Massachusetts Juvenile Court issued a standing order recommending the release of youth awaiting trial or in probation violation hearings for nonviolent and less serious offenses. Within a month of the standing order, MA youth detention was reduced by more than 20%.³⁸ While reducing the number of young people incarcerated is important, Massachusetts has one of the worst racial disparities for youth incarceration in the country. Additionally, LGBTQ youth, particularly girls and LGBTQ youth of color, are overrepresented in the juvenile justice system.³⁹ Carceral institutions have proved to be hot spots for virus spread and have negatively impacted incarcerated persons in a myriad of ways, as already described above.

Unlike many other states, Massachusetts importantly included incarcerated persons and staff in Phase 1 of the vaccination rollout, considering the inherent risks of living in close quarters.⁴⁰ However, there is no data on the distribution of boosters in the carceral system. LGBTQ youth in Massachusetts prisons, despite potential vaccinations, continue to be at risk of “breakthrough” cases and inadequate services because of the pandemic.

7. Impact on Communities of Color

The pandemic has disparately impacted communities of color across Massachusetts. A survey from 2021 found that people of color experienced less economic stability and greater rates of delayed medical care. Salvadoran, Dominican, Columbian, and Cape Verdean residents, in particular, were about twice as likely as the statewide average to express worry about obtaining food and groceries during the pandemic. Another study that focused on Chelsea, Massachusetts – where two-thirds of the population identifies as Hispanic – saw racism as a risk factor for the spread of COVID.⁴¹ In Chelsea, congestion and multigenerational housing is commonplace, often forced by poverty. Many members of the community also could not work from home. Therefore, social distancing has been nearly impossible, causing the residents of Chelsea to “confront head-on all the risks for infectious spread” that many others have had the privilege to avoid.

A study from Massachusetts General Hospital in 2021 reported that socioeconomic factors – not biology – had the largest influence on COVID infections.⁴² For instance, 17.2% of Hispanic patients and 11.9% of Black patients tested positive, compared to 5.6% of white patients. Communities with a median income of less than \$70,000 were three times more likely to test positive than communities with a medium of income greater than \$100,000. Medicaid patients tested positive at a rate of 14.2%, compared to 4.7% of patients with commercial insurance. Finally, people living in communities with an unemployment rate of over 5% were approximately twice as likely to contract COVID as those from communities with an unemployment rate of 3.5% or less. According to the lead author of this study, “Societal disadvantages that were baked in before the pandemic led the pandemic to take a tremendously different toll on specific groups of patients... our results show how profoundly systemic, structural aspects of society are revealed by assessing the spread of disease.” Therefore, the pandemic has highlighted and intensified racial inequities.

8. Immigration

Throughout the pandemic, there have been severe delays in the processing of immigrant visa applications. The backlog is nearly six times the normal backlog, encompassing about half a million qualified applications at the National Visa Center.⁴³ Programs such as the Special Immigrant Juvenile Status, which provides a pathway to legal residency for young undocumented people who have experienced abuse or abandonment, similarly are delayed.⁴⁴ The program has provided tens of thousands of young people with a green card, but recipients are being forced to wait up to five years to receive it.

These processing delays uniquely impact LGBTQ and QTBIPOC youth. These youth cannot legally work or receive financial aid to go to school. While waiting for their visas or green cards, they are at risk of homelessness, exploitation, and deportation, and often cannot meet their basic health needs. Youth may turn to sex work as a means of survival. Ultimately, these challenges are compounded by experiences of homophobia, transphobia, and racism.

E. Conclusion

This report summarizes the current data on the impact of the COVID-19 pandemic on LGBTQ nationally and within the Commonwealth of Massachusetts. Some of this impact is unique to LGBTQ youth, while other aspects are unique to all youth or the LGBTQ community in general. LGBTQ youth of color are particularly negatively impacted by the COVID pandemic, as the pandemic has proved to exacerbate racial and social inequities at both the national and state level.

Despite the growing number of vaccinated persons and the elimination of public health measures, it is important to remember that the pandemic is not over. LGBTQ youth continue to experience hardships, and they are likely to feel the negative effects of the pandemic long after the United States reaches herd immunity to the virus. The recommendations presented in this report are important measures to remedy the inequities faced by LGBTQ youth over the past year and provide structural safeguards that last beyond the pandemic.

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SAFE SCHOOLS PROGRAM FOR LGBTQ STUDENTS ANNUAL REPORT

A. Introduction

The Safe Schools Program for Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) Students is a joint initiative between the Massachusetts Department of Elementary and Secondary Education (ESE) and the Massachusetts Commission on LGBTQ Youth. Founded in 1993 in response to concerns about LGBTQ youth suicides and other risk factors, the program now offers a range of services designed to help schools implement state laws impacting LGBTQ students, including the state's anti-bullying law, gender identity law, and student anti-discrimination law.

The goals of the Safe Schools Program for LGBTQ Students are to:

- Increase the capacity of DESE and its units to better support LGBTQ students and inform policies impacting LGBTQ students;
- Increase knowledge, develop empathy and build skills of school personnel, student leaders, Gender and Sexuality Alliances (GSAs), and community members;
- Support the social and emotional well-being of LGBTQ students;
- Create and sustain safe and supportive school environments for LGBTQ students;
- Support parents, guardians, families, and community members;
- Provide leadership development and networking opportunities for students; and
- Reduce health disparities for LGBTQ students

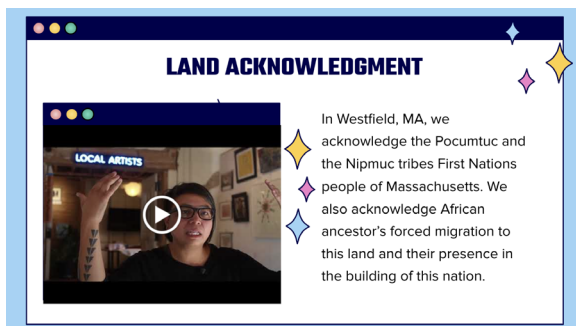
Our range of services includes:

1. Hosting and organizing the Massachusetts Gender and Sexuality Alliance (GSA) Student Leadership Council;
2. Providing training, professional development, and technical assistance to school administrators, staff, and families;
3. Influencing state and local policy affecting LGBTQ students;
4. Building the capacity of ESE to support LGBTQ students; and
5. Leading LGBTQ-inclusive curriculum development.

To learn more about our program, visit <https://www.doe.mass.edu/sfs/lgbtq/>.

B. GSA Student Leadership Council

The Massachusetts GSA Student Leadership Council creates and informs policy, promotes inclusive learning environments for all students, supports the development of leadership skills, and fosters statewide collaboration among LGBTQ students and allies. Members of the GSA Student Leadership Council develop and implement projects designed to make changes in local schools, districts, and regions. The GSA Student Leadership Council is a student-led, adult-supported program that consists of a state council and five region-based councils (Northeast, Southeast, Greater Boston, Central, and Western). In August 2021, the Council met for its 11th Annual Summit virtually. Our 2022 Summit will take place in-person at UMass Amherst from August 12 - 15.



Community Agreements

Respect
 Ouch, Oops, Sorry
 What is Said Here Stays Here. What is Learned Here Leaves Here.
 Right to Pass
 Assume best intent
 My Pet Rock (Maintain confidentiality when telling stories)
 Don't Yuck my Yum
 Hush your hun (try not to use pet names)
 Power of Egress (PM a regional volunteer)
 One Mic One Diva
 Take Space Make Space
 Digital Etiquette (Mute when eating)
 Brave space not safe space
 Examine your fragility (it's not personal)
 Mind the gap
 Lived first speak first (lived experiences)
 Eating anytime is okay!!!
 Okay to take care of yourself (be in bed, hydrating)
 School Rules Apply
 Open Document (anyone can add anything & rules can be revisited)

Regional & Statewide Meetings

During the 2021-22 school year, the state and regional council meetings took place bi-monthly from 9 AM to 1 PM. The Fall meetings were held in a hybrid format with synchronous virtual and in-person attendance options, while Spring meetings were fully in person. Regional meeting topics spanned intersectionality, health, self, and community care, curriculum, coalition & community building, and arts activism. All of our regional meetings are facilitated by GSA Student Leadership Council students, with breakout groups for GSA advisors led by Jeff Perrotti. Each topic centers racial equity throughout its content and linked resources, and uplifts intersectionality in all discussions. We begin our meetings with a land acknowledgment (paired with resources supporting Indigenous communities), followed by community agreements co-created by students.

Then, each meeting features one or two core activities focused on the topic. Often, these activities are collaborative, brainstorming opportunities to create models for advocacy within students' own communities (see examples below).

<u>Months</u>	<u>Content Focus</u>
August	GSA Student Leadership Summit
September & October	Intersectionality (understanding identity and oppression)
November & December	Health, Self, & Community Care
January & February	Intersectional LGBTQ Curriculum
March & April	Community Organizing
May & June	Arts Activism

These meetings support both community engagement and advocacy work. Our facilitators strive to create a welcoming environment that provides space for students to connect and work together towards creating safe and inclusive schools for all. Hear directly from current State Council student leaders below:

“The GSA Leadership Council makes me feel heard, important, and like my life is valued.” --
Zayda (she/they), Central Region, 19

“Regional GSA meetings were one of the first places I felt truly safe and comfortable, surrounded by queer family. Now that I’m a leader on the Council, I’ve been able to be part of creating that space for others. It truly jumpstarted my passion and skills to be a queer and trans youth activist.” -- Alia (they/them), Southeast Region, 16

“Being a part of Council means constantly learning, growing, and taking action in your community. Council prepares you with the skills and resources to share with others and make an impact.” -- Piotr (they/he), Western Region, 16

“For me, being on the Council means being in an environment where you can learn and develop alongside those with similar experiences, and then pass that experience on to others. I doubt I would be the person I am now without the influence of the Council.” -- Avery (she/they), Greater Boston Region, 17

“The Council was an opportunity to grow my experiences and meet like-minded people. The Council prepared me for the next few years of my life in High School.” -- Lo (they/he), Western, 15

“The Council was an opportunity to fully come to terms with my sexuality and gender expression. It showed me that regardless of differences in day-to-day lifestyles, lending a helping hand is always something everyone agrees on.” -- Nexx (they/them), Western Region, 20

Sample Work from Regional Meetings

The Central Region created a Jamboard about Health and Community Care:

What does health include?



What is Community Care? How does it differ from Self Care? Examples?

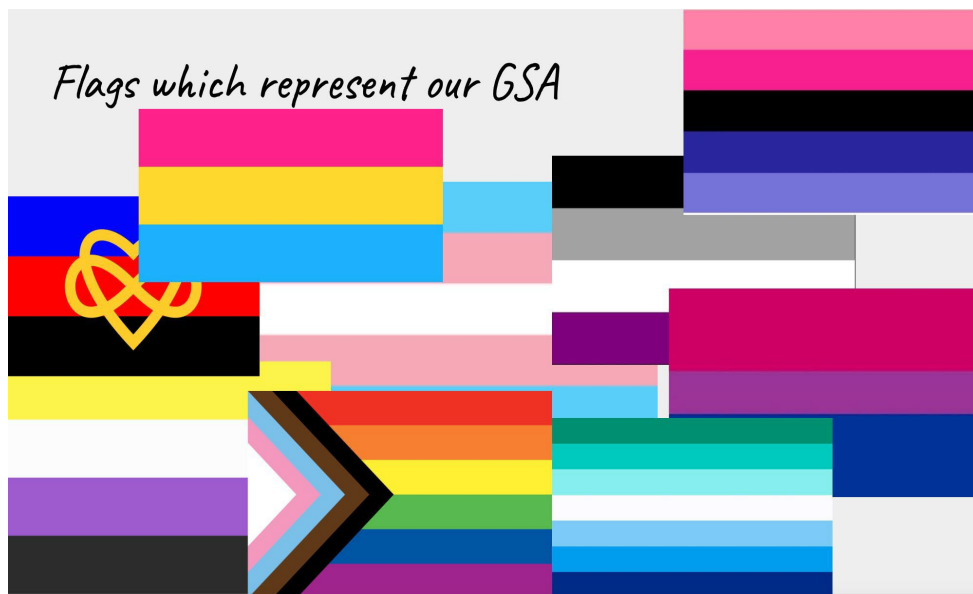


Students in the Southeast Region created this Community Care Presentation:

Gender Support Plan

A document that will be implemented in our school soon which students have the ability to edit themselves and share their name, pronouns, and other information relating to their gender. It will go to the school staff confidentially and help minimize misgendering, deadnaming, and make sure teachers know how to interact with students' parents. This helps improve student safety and comfort in school and make it so they don't have to constantly email all their teachers.

Flags which represent our GSA



Our Reach

Through the GSA Student Leadership Council regional meetings, we reached 65 schools across Massachusetts. 725 students and 154 GSA Advisors attended regional meetings in the 2021-2022 school year. This is a 97% increase in student attendance and a 57% increase in advisor attendance compared to FY22. See below for more information about attendance and schools reached.

Total Attendance at Regional Meetings 2021-2022

	Regional Students Reached	GSA Advisors Reached	Total Attendance
Southeast	190	42	232
Greater Boston	69	16	85
Northeast	214	40	254
Central	143	26	169
Western	109	30	139

65 Total Schools Reached 2021-2022

Agawam High School	Edward P. Talbot Middle School	Ipswich High School	Nashoba Valley Technical High School	Scituate High School	The Victor School
Apponequet Regional High School	Everett High School	Jeremiah E. Burke High School	Norton Middle School	Shawsheen Valley Technical School	Tri-County Regional Vocational Technical High School
Assabet Valley Regional Technical School	Falmouth High School	John F. Kennedy Middle School	Odyssey Day School	Shepherd Hill Regional High School	Walden School at the Learning Center for the Deaf
Auburn High School	Franklin County Technical School	King Philip Middle School	Old Rochester Regional High School	South Shore Technical High School	Watertown Middle School
Blackstone Valley Regional Vocational Technical High School	Frontier Regional High School	King Philip Regional High School	Oliver Ames High School	Southeastern Regional Vocational School	Westborough High School
Bourne High School	Gardner High School	Marie Philip School at The Learning Center for the Deaf	Oxford High School	Southwick Regional High School	Westfield High School

Boston Day and Evening Academy	Gibbons Middle School	Masconomet Regional High School	Pentucket Regional High School	Springfield International Charter School	Westfield Technical Academy
Bridgewater-Raynham Regional High School	Greater Lawrence Technical School	Millis High School	Quabbin Regional Middle School	Susan B. Anthony Middle School	Westwood High School
Burncoat High School	Greater Lowell Technical High School	Minnechaug Regional High School	Reading Memorial High School	TECCA Connections Academy Commonwealth Virtual School	Whittier Regional Technical High School
Canton High School	Hanover High School	Mount Greylock Regional High School	Sarah Gibbons Middle School	The Bromfield School	Woburn Memorial High School
East Longmeadow High School	Holliston High School	Nashoba Regional High School	Saugus High School	The Gifford School	

C. Partnerships and Events

Throughout the year, we partnered with community organizations, institutions, and LGBTQ activists for programming, events, and outreach. We extend a special thank you to these groups that we collaborated closely with this year: BAGLY/AGLY Network, Boston Public Schools, Boston GLASS, Casa Esperanza, Connexion, Fenway Health, The Fenway Institute, Getting to Zero Activist Academy, GLSEN, Greater Boston PFLAG, History UnErased, Harvard Graduate School of Education, MA Transgender Political Coalition, OUT MetroWest, Queer Youth Assemble, and Transgender Emergency Fund.

Below are a few highlights of partnership events and initiatives.

Harvard Graduate School of Education

Members of the Research Policy Team for the GSA Student Leadership Council participated as student researchers in a course taught at Harvard Graduate School of Education by Gretchen Brion-Meisels focused on Community Participatory Action Research (CPAR). Alongside graduate students, they designed a research study that collected feedback from MA students about their experiences with bathrooms at school. This research provided meaningful data that has the potential to influence future policy focused on all-gender restrooms.

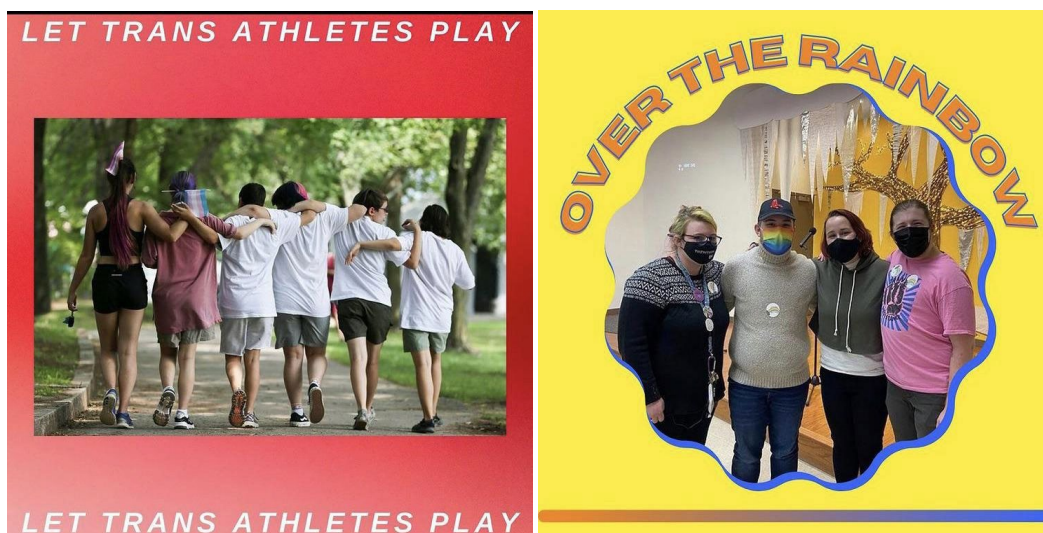
Youth Empowerment Series

The Safe Schools Program for LGBTQ Students continued its second year of the *Youth Empowerment Series* to bring in speakers, build partnerships with youth-serving organizations, and highlight the voices and experiences of queer young people. These events are open to all youth 25 and under in the state and the GSA Student Leadership Council.



Queer Youth Assemble

Several former and current GSA Student Leadership Council students formed and volunteered for Queer Youth Assemble, which is a youth-led organization working to bring joy and autonomy to all queer youth under 25 in the United States and territories. We partnered with Queer Youth Assemble on all of their MA-based events including Let Trans Athletes Play, Over the Rainbow, and Queer Youth on Ice. Esmée Silverman, the co-founder of QYA and former Southeast Council member, spoke about the importance of advocating for transgender athletes at our annual Summit in 2021 and led Field Day.



D. TRAINING, PROFESSIONAL DEVELOPMENT & TECHNICAL ASSISTANCE

In the 2021-22 school year, we provided 142 trainings to schools, districts, and educational organizations across MA, up from 86 in 2020-21. Training sessions were facilitated by our cadre of experienced facilitators including Jeff Perrotti, Elijah Oyenuga, Landon Callahan, René Rives, James Shultis, Minh Nguyen, and Kimm Topping.

List of Schools, Districts & Educational Organizations Reached (Fall 2021 - Spring 2022)

Angier Elementary School	Dennis-Yarmouth Regional School District	Hull Public Schools
Arlington Public Schools	Dover Sherborn Middle School	Ipswich Middle School
Ascentria	East Longmeadow School District	Ipswich High School
Assabet Valley Collaborative	Education Cooperative	John Glenn Middle School
Assumption University	Eliot Elementary	Johnson Middle School
Attleboro Public Schools	Broadmeadow Elementary	Bird Middle School
Bates Elementary	Elizabeth Pole Elementary School	Joyce Kilmer Upper School
Bay Path Regional Technical High School	Elliott Elementary School	JRI Therapeutic Day Schools
Baycove Academy	EOHHS	King Philip Middle and High Schools
Benjamin Franklin Classical Charter School	Everett High School	Laliberte Elementary School
Bernardston Elementary School	Federation for Children with Special Needs	Merrill Elementary School
Blackstone-Millville District	Framingham Public Schools	Mitchell Elementary School
Bourne School District	Frontier Regional School	Lawrence High School
Bridgewater-Raynham High School	Gateway Regional Middle School	Lexington Community
Broadmeadow Elementary School	Greater Boston PFLAG	Libertas Academy
Brockton Public Schools	George Keverian School	MA Commission for the Blind
Bromfield School	Gibbons Elementary School	Malcolm White Elementary School
Brooke Charter School	Gifford School	Marblehead Public Schools
Brookline Public Schools	Granby Jr. Sr. High School	Massachusetts Association of School Superintendents
Brophy Elementary school	Granby Public Schools	McCarty Elementary School
Burke Memorial Elementary School	Hampshire Regional Middle and High Schools	Medway High School
Cape Cod School District	Harvard Graduate School of Education	Melican Middle School
Chickering Elementary	Hawthorne Brook Middle School	MIAA
Coakley Middle School	Nissitissit Middle School	Millis Middle School
Cohasset High School	Hildreth Elementary School	Millis High School
CREST Collaborative	Hull High School	Mindess Elementary School
Dartmouth High School	Memorial Middle School	Miscoe Hill Middle School
Dartmouth Middle School	Jacobs Elementary School	Monson Public Schools
Dedham High School		NAN project
Dedham Middle School		Nashoba Regional District
		Newman Elementary School
		Newton Public Schools
		Nichols Middle School
		Project Connect

Qualters Middle School	Charlton Middle School	Upper Cape Cod Tech
Ralph C Mahar Regional School	Dudley Middle School	Walpole High School
Randolph High School	Heritage School	Welch Elementary School
Revere Public Schools	Mason Road Elementary School	West Intermediate
Riverside Community Care	Smith Vocational and	Weston Elementary Schools
Rockland HS	Agricultural High School	Winchester High School
Runkle School	Southeast Regional GSA's	Winchester Middle School
Salem Public Schools	Steward Elementary School	Winn Brook
Shawsheen Valley Technical High School	Stoughton Public	Worcester Public Schools
Shepard Hill Regional High School	The Education Cooperative	Youth at Risk Conference
	Tri County RVTHS	
	Tri School Union	

Jeff Perrotti, Senior Consultant, Kimm Topping, Safe Schools Program Manager, and Landon Callahan, Training Consultant, also provided technical assistance to educators, administrators, families, and agencies. Technical assistance consisted of communicating state regulations and guidance; family engagement; data collection and analysis; name and gender marker changes; creating local policy; assisting schools in developing gender support plans; LGBTQ-inclusive curriculum; comprehensive health and sex education; and fostering student leadership.

Several statewide and regional trainings took place, including a statewide workshop for elementary school administrators, and workshops co-sponsored by the Massachusetts Interscholastic Athletic Association (MIAA), the Massachusetts School Administrators Association (MSAA), the Massachusetts Department of Early Education and Care (EEC), and the Cape Cod School Counselors. Training requests increased by 65% in the 2021-22 school year with the return to in-person learning. Due to the increased demand, the Department of Elementary and Secondary Education provided additional funding for training.

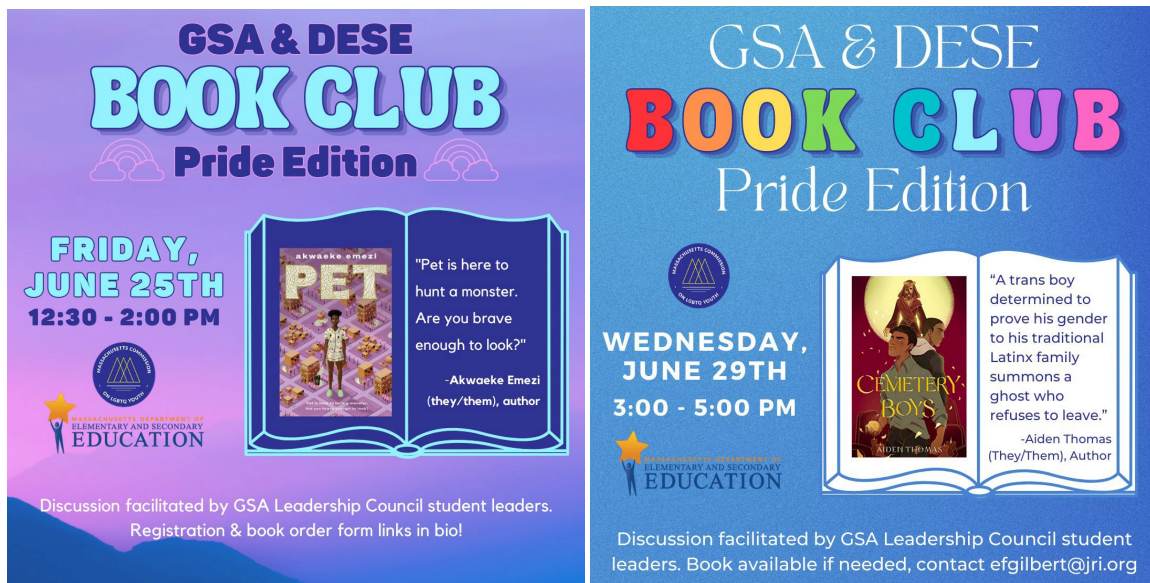
In FY 2023, we anticipate adding two full-time Lead Trainers in Eastern and Western MA, standardizing our training curriculum with an emphasis on racial justice, building relationships with DESE for district-wide initiatives, and organizing a curriculum conference for educators and students.

E. POLICY INITIATIVES AND COLLABORATIONS

Our services are ultimately designed to help schools implement state laws impacting LGBTQ students, including the state's anti-bullying law, gender identity law, and student anti-discrimination law. Through our relationship with DESE and statewide coalitions, we also inform and influence future policies. As a pioneering program in the country sponsored by an education department, we serve as a model for other states to institutionalize LGBTQ support at statewide levels. As an example, Jeff Perrotti provided direct support to the Michigan Department of Education in the development of policy and programs in their state.

1. Collaboration with the Department of Elementary & Secondary Education

Our strong relationships with DESE allowed us to build new programming this year and provide feedback on policies impacting LGBTQ Students. Commissioner Riley issued a letter to district and school leaders about our services in February of 2022. Rachelle Engler Bennett, Associate Commissioner, worked closely with us to provide all-gender bathrooms at the DESE office during Council meetings; organize the first Book Club collaboration; highlight our initiatives in the Commissioner's weekly newsletter; and plan for a safe Summit in August of 2021. The Culture and Climate Committee at DESE collaborated with us to plan our third Pride Book Club, as well as the annual DESE Pride Celebration on June 15, 2022.



Safe Schools Program for LGBTQ Students staff continued our participation in Safe and Supportive Schools Commission meetings. The State Student Advisory Council, which our Council is modeled after, incorporated LGBTQ inclusion into their work and has invited us to speak with their members regularly. In FY 2023, we look forward to a collaboration with the Getting to Y Pilot alongside the State Student Advisory Council and a few other MA organizations to pursue youth-led community data collection and education.

2. Statewide Coalitions

We participated in and led statewide coalitions advocating for policy change. The MA All-Inclusive Curriculum Task Force began in the summer of 2020 led by Kimm Topping (Safe Schools Program Manager) and Tim McCarthy (Harvard Graduate School of Education). The Task Force came together to build on the success of including sexual orientation and gender identity in the Massachusetts Student Rights Law by emphasizing the importance of LGBTQ inclusive curriculum. Since its inception, the Task Force has grown to include students, educators, administrators, and activists from more than 20 different organizations.

Representative Natalie Higgins and Representative Jack Lewis introduced An Act Relative to LGBTQ Inclusive Curriculum at the House level ([H.618](#)), and Senator Julian Cyr introduced the bill at the Senate level ([S.310](#)). This legislation would ensure that all students receive "sufficient instruction on the histories, roles, and contributions of lesbian, gay, bisexual, transgender, and queer people in the history of this country and this Commonwealth." Students, parents, educators, and activists testified in favor of the bill at its hearing by the Joint Committee on Education in September 2021. An Act Relative to LGBTQ Inclusive Curriculum is now included in a new omnibus bill set forth by the Joint Committee on Education: [H.4539/S.2748](#), An Act Relative to Educator Diversity.

The MA Commission on LGBTQ Youth, among many legislative priorities that it addresses each year, advocated for the Healthy Youth Act this year through testimony at the public hearing and supporting a virtual lobby training. At our GSA Student Leadership Council regional meetings, we discussed health advocacy and provided the Healthy Youth Act as one example of policy work at the state level impacting LGBTQ students.

As we look ahead to next year with LGBTQ youth safety and well-being as priorities, we will be engaging even more in work around all-gender bathrooms, athletics, family engagement, LGBTQ inclusive and anti-racist curriculum, and data collection and analysis.

E. CURRICULUM

The Regulations for the Massachusetts Student Rights Law (MGL Ch. 76, Sec. 5) state that *"all public school systems shall, through their curricula, encourage respect for the human and civil rights of all individuals regardless of race, color, sex, gender identity, religion, national origin or sexual orientation."*

Through our trainings and the GSA Student Leadership Council, we introduced students and educators to the [Model Curriculum Units and other curriculum resources](#). We focused our January and February GSA Student Leadership Council meetings on inclusive curriculum, where students developed their own LGBTQ inclusive curriculum that they'd like to see at their schools. We also discussed ways that students and educators can advocate for these Model Curriculum Units in their schools and districts.

At the 11th Annual Summit last year, the GSA Student Leadership Council developed testimony in favor of Massachusetts Bill H.618/S.310, An Act Relative to LGBTQ+ Inclusive Curriculum. Students, volunteers, and advisors from the GSA Student Leadership Council hosted a series of virtual advocacy workshops and presented moving testimony to the Joint Committee on Education at a public hearing in September 2021.

F. ADMINISTRATIVE LEADERSHIP

This year, our program has placed an additional emphasis on building relationships with district-wide administrative leadership teams in collaboration with Diversity, Equity, Inclusion (DEI) staff, including Cambridge Public Schools, Chelsea Public Schools, Danvers Public Schools, King Philip Regional School

District, Somerville Public Schools, Wilmington Public Schools, and Woburn Public Schools. These partnerships have led to administrative leadership trainings focused on school policies, followed by specialized training for staff at individual school buildings, including mental health professionals, health/physical education teachers, and school nurses. We will continue to grow these relationships in partnership with statewide organizations like the MA Association of School Superintendents. Jeff Perrotti received the 2022 Distinguished Service Award from M.A.S.S. on May 26, 2022. This honor not only recognized Jeff's impactful work across the state, but also affirmed M.A.S.S.' commitment to uplifting LGBTQ students, educators, and policy.



2. Picture of the Week:

On May 26, the Massachusetts Association of School Superintendents held their annual president's spring meeting in Marlborough and recognized Jeff Perrotti (second from left), founding director of the Safe School Program for LGBTQ Students, with the 2022 Distinguished Service Award. Pictured with him are Deputy Commissioner Regina Robinson (left), who was the keynote presenter; Landon Callahan, a Massachusetts public schools graduate and a trainer and consultant for the Safe Schools Program; and Senior Associate Commissioner Komal Bhasin, who spoke to MASS about curriculum standards. The Department would like to thank MASS for inviting DESE staff to be part of the conference and congratulates everyone honored at this year's event!

Photo from the Commissioner's Weekly, a weekly newsletter sent out by Commissioner Jeffrey C. Riley and the Massachusetts Department of Elementary and Secondary Education

This year marked the 10th anniversary of the amendment to our state's student anti-discrimination law which added gender identity as a protected category. Cas Ford Martin, Policy Fellow, analyzed school handbooks across the state to understand whether this law was reflected in handbooks, which are important resources for communicating the values and obligations of a school to students and families. The following report, "SPECIAL REPORT ON LGBTQ+ INCLUSIVE EDUCATION POLICY: Evaluating Nondiscrimination on the Basis of Gender Identity in Massachusetts PK-12 Public Schools," outlines this research and its findings.

G. IN THE NEWS

Building Futures for Queer and Trans Youth (SELinEDU, April 23, 2022)

'We can't be erased, so stop trying': Transgender Day of Visibility event offers love, reassurance (Boston Globe, March 31, 2022)

'We see you, we hear you, we love you': Advocates gather at State House to express support for LGBTQ youth (Boston.com, March 31, 2022)

'My heart radiates for queer youth.' Mass. students walk out of class to protest anti-queer legislation in Florida and Texas. (Boston Globe, March 11, 2022)

Resources, Important Facts For Kids And Parents: Understanding Nonbinary Identities (WBUR, April 9, 2021)

'A very scary thing to tell someone': The debate over gender pronouns in schools, explained (Globe Magazine, September 28, 2021)

Day of sports and camaraderie in Cambridge park protests exclusion of transgender athletes (Boston Globe, August 1, 2021)

H. APPENDIX

1. FULL ATTENDANCE RECORDS FOR GSA STUDENT LEADERSHIP COUNCIL 2021-2022

Attendance at Meetings: September & October 2021

	Regional Students	GSA Advisors	State Council Members
September Statewide Meeting (9/15)	-	-	20
Southeast Regional (9/29)	26	12	7
Greater Boston Regional (10/13)	-	-	-
Northeast Regional (10/6)	26	10	11
Central Regional (10/20)	45	9	6
Western Regional (10/27)	28	12	5

Schools reached: 40

Southeast: 14

Canton High School, Edward P. Talbot Middle School, Falmouth High School, Hanover High School, King Philip Regional High School, Marie Philip School at The Learning Center for the Deaf, Millis High School, Norton Middle School, Old Rochester Regional High School, Oliver Ames High School, Southeastern Regional Vocational School, The Victor School, Watertown Middle School, Westwood High School

Greater Boston: Meeting Canceled**Northeast: 9**

Greater Lawrence Technical School, Masconomet Regional High School, Nashoba Valley Technical High School, Pentucket Regional High School, Reading Memorial High School, Saugus High School, Shawsheen Valley Technical School, TECCA Connections Academy Commonwealth Virtual School, Whittier Regional Technical High School

Central: 10

Assabet Valley Regional Technical School, The Bromfield School, Gardner High School, Holliston High School, Nashoba Regional High School, Oxford High School, Quabbin Regional Middle School, Sarah Gibbons Middle School, Shepherd Hill Regional High School, Westborough High School

Western: 7

Agawam High School, East Longmeadow High School, Minnechaug Regional High School, Mount Greylock Regional High School, Southwick Regional High School, Springfield International Charter School, Westfield High School

Attendance at Meetings: November & December 2021

	Regional Students	GSA Advisors	State Council Members
November Statewide Meeting (11/17)	-	-	19
Southeast Regional (12/1)	33	13	4
Greater Boston Regional (12/10)	9	5	2
Northeast Regional (12/8)	40	7	8
Central Regional (12/15)	45	10	5
Western Regional (12/17)	14	5	5

Schools reached: 43

Southeast: 13

Apponequet Regional High School, Bourne High School, Bridgewater-Raynham Regional High School, Canton High School, Falmouth High School, The Gifford School, King Philip High School, King Philip Middle School, Marie Philip School at The Learning Center for the Deaf, Old Rochester Regional High School, Tri-County Regional Vocational Technical High School, Watertown Middle School, Westwood High School

Northeast: 7

Greater Lawrence Technical School, Ipswich High School, Nashoba Valley Technical High School, Pentucket Regional High School, Saugus High School, Shawsheen Valley Technical School, Whittier Regional Technical High School

Greater Boston: 5

Boston Day and Evening Academy, Everett High School, Jeremiah E. Burke High School, Susan B. Anthony Middle School, TECCA Connections Academy Commonwealth Virtual School

Central: 12

Assabet Valley Regional Technical School, Auburn High School, Blackstone Valley Regional Vocational Technical High School, The Bromfield School, Burncoat High School, Gibbons Middle School, Holliston High School, Nashoba Regional High School, Shepherd Hill Regional High School, South Shore Technical High School, Tri-County Regional Vocational Technical School, Westborough High School

Western: 6

East Longmeadow High School, Frontier Regional High School, Mount Greylock Regional High School, Southwick Regional High School, Springfield International Charter School, Westfield High School

Attendance at Meetings: January & February 2022

	Regional Students	GSA Advisors	State Council Members
January Statewide Meeting (1/19)	-	-	17
Southeast Regional (2/2)	36	7	9
Greater Boston Regional (2/16)	29	7	2
Northeast Regional (2/9)	21	7	8
Central Regional (2/18)	15	3	5
Western Regional (2/11)	18	7	5

Schools reached: 43

Southeast: 13

Burncoat High School, Canton High School, Falmouth High School, The Gifford School, King Philip Regional High School, Marie Philip School at the Learning Center for the Deaf, Millis High School, Norfolk County Agricultural High School, Old Rochester Regional High School, South Shore Vocational Technical School, Sturgis Charter Public School, The Victor School, Westwood High School

Northeast: 8

Greater Lawrence Technical School, Greater Lowell Technical High School, Masconomet High School, Nashoba Valley Technical High School, Pentucket Regional High School, Reading Memorial High School, TECCA Connections Academy Commonwealth Virtual School, Whittier Regional Vocational Technical High School

Greater Boston: 8

Boston Day and Evening Academy, John F. Kennedy Middle School, Odyssey Day School, Saugus High School, Scituate High School, TECCA Connections Academy Commonwealth Virtual School, Watertown Middle School, Woburn Memorial High School,

Central: 6

Auburn High School, Burncoat High School, Nashoba Regional High School, Nashoba Valley Technical High School, Sarah Gibbons Middle School, Shepherd Hill Regional High School

Western: 8

Agawam High School, Easthampton High School, Frontier Regional High School, Mount Greylock Regional High School, Southwick High School, Springfield International Charter School, Westfield High School, Westfield Technical Academy

Attendance at Meetings: March & April 2022

	Regional Students	GSA Advisors	State Council Members
March Statewide Meeting (3/16)	-	-	19
Southeast Regional (4/1)	36	5	8
Greater Boston Regional (4/13)	7	1	2
Northeast Regional (4/6)	38	8	9
Central Regional (4/8)	19	4	3
Western Regional (5/19)	15	4	3

Schools reached: 26**Southeast: 8**

Canton High School, Falmouth High School, The Gifford School, King Philip High School, Mashpee High School, Millis High School, Old Rochester Regional High School, The Victor School

Northeast: 8

Greater Lawrence Technical School, Greater Lowell Technical High School, Ipswich High School, Nashoba Valley Technical High School, Pentucket Regional High School, Reading Memorial High School, Shawsheen Valley Technical High School, Whittier Regional Vocational Technical High School

Greater Boston: 3

Boston Day and Evening Academy, TECCA Connections Academy Commonwealth Virtual School, Everett High School

Central: 4

Assabet Valley Regional Technical School, Blackstone Valley Regional Vocational Technical High School, Burncoat High School, Nashoba Regional High School

Western: 3

Easthampton High School, Franklin County Technical School, Westfield High School

Attendance at Meetings: May & June 2022

	Regional Students	GSA Advisors	State Council Members
May Statewide Meeting (5/18)	-	-	23
Southeast Regional (6/7)	27	5	4
Greater Boston Regional (6/15)	15	3	3
Northeast Regional (6/6)	44	8	9
Central Regional (6/17)	-	-	-
Western Regional (6/9)	14	2	2

Schools reached: To be determined July 2022

Southeast: 8

Canton High School, The Gifford School, Marie Philip School at the Learning Center for the Deaf, Mashpee High School, Millis High School, Old Rochester Regional High School, Sturgis Charter Public School, Walden School at the Learning Center for the Deaf

Northeast: 6

Greater Lawrence Technical School, Greater Lowell Technical High School, Nashoba Valley Technical High School, Pentucket Regional High School, Reading Memorial High School, Whittier Regional Vocational Technical High School

Greater Boston: 3

Boston Day and Evening Academy, TECCA Connections Academy Commonwealth Virtual School, Everett High School

Central: Canceled

Western: 2

Southwick Regional High School, Westfield High School

Special Report on LGBTQ+ Inclusive Education Policy: Evaluating Nondiscrimination on the Basis of Gender Identity in Massachusetts PK-12 Public Schools

A. Introduction

The Massachusetts Student Anti-Discrimination Law, Chapter 76, Section 5, was amended in 1993 to include sexual orientation as a protected category in an effort to combat violent bullying of LGBTQ+ youth. In 2012, advocates successfully amended Chapter 76, Section 5 to prohibit discrimination on the basis of gender identity and protect transgender students.¹ DESE and the Safe Schools Program for LGBTQ Students (SSP) issue important guidance for school professionals on the implementation of anti-discrimination policies impacting LGBTQ+ students. Ten years after the passage of the revised anti-discrimination law and DESE's "Guidance for Massachusetts Public Schools Creating a Safe and Supportive School Environment," this report will evaluate public schools throughout the Commonwealth on their implementation of published policy and best practices through a textual analysis of more than 1,700 student/caregiver handbooks.

Handbooks illuminate how individual schools interpret and communicate district-wide policies to students and caregivers. These documents can contain valuable information that cannot be parsed from school committee policy manuals regarding school resources for LGBTQ+ students, and how topics of gender and sexuality may be publicly communicated to students and families. This report will identify school handbooks containing specific guidance and comprehensive policy protections for transgender and nonbinary youth. Terms for analysis were drawn from the five major recommendations outlined in DESE's guidance on gender identity:²

1. All anti-bullying and non-discrimination statutes written by schools and districts should include "gender identity" to include transgender and nonbinary youth.
2. The student should be able to self-report their preferred name and gender marker on all school documents in alignment with any privacy needs that might exist at school or at home. The school should have clear procedures for record changes when a student does change their name or gender marker.
3. Gender-neutral bathrooms, locker rooms, and other school facilities should be accessible, unlocked, and available for use at all times.
4. The school should maintain strict confidentiality for LGBTQ+ students. It is up to the student how/whether/when they want to "come out" to their peers, teachers, or parents. A student's gender identity is also protected medical information that must be kept confidential by school staff.

5. Gendered practices should be avoided at all times. Most institutions operate on a binary gender system that separates students into groups of “boys” and “girls.” This excludes the countless transgender and nonbinary students who are forced to make a public choice in front of their classmates based on this rigid system.

The R Studio package *quanteda* was used to search all sampled documents for the presence or absence of terms indicating the key policies and practices described above. Quanteda allows researchers to automatically search for concepts across sets of keywords. Relevant terms used for this project and guiding descriptions for interpretation are summarized below (Table 1):

Variable	Keywords	Description
<i>lgbtq</i>	"lesbian", "gay", "bisexual", "transgender", "queer", "lgbt", "lgbtq"	lgbtq = 1 indicates presence of policy protections for LGBTQ+ youth
<i>genderid</i>	"gender identity"	genderid = 1 indicates accurate and up-to-date anti-discrimination law
<i>binary</i>	"his/her", "his or her", "hisher", "s/he", "she"	binary = 1 indicates binary language that may be exclusive of transgender/nonbinary students
<i>neutral</i>	"gender-neutral", "gender neutral", "genderneutral", "single stall", "singlestall", "private facilities", "unisex"	neutral = 1 indicates presence of gender-neutral facilities, such as restrooms and changing areas
<i>gender</i>	"gender support", "gender transition", "gender inclusive", "genderinclusive", "transgender", "nonbinary", "genderexpansive", "gender nonconforming", "gendernonconforming", "nonbinary"	gender = 1 indicates acknowledgement of transgender students. High return values indicate presence of gender support plans; may explicitly reference DESE guidance.

Each school’s LGBTQ+ inclusion score is calculated using the following formula: ($score = lgbtq + genderid + neutral + gender - binary$). The presence of specific language about LGBTQ+ students, transgender/nonbinary youth, gender identity, and appropriate gender-neutral facilities caused scores to increase, while schools could lose a point for employing binary gendered language (see *binary* in Table 1 above). Resulting scores range from -1 to 4. Each score corresponds with a traditional letter grade: -1 or 0 = F, 1 = D, 2 = C, 3 = B, and 4 = A.

Each school handbook received an LGBTQ+ inclusion grade ranging from A (most inclusive) to F (least inclusive) based on the presence or absence of specific protections for LGBTQ+ students. This report will summarize LGBTQ+ inclusion patterns in public schools throughout the Commonwealth, offer standardized handbook language for use by school officials, and provide recommendations for implementing agencies to support LGBTQ+ students. The following section presents statewide statistics and suggestions for future study. Although the school data presented here is not disaggregated by district

or demographic, it offers useful insights about how Massachusetts school administrators on the whole are applying student non-discrimination policy and published DESE guidance ten years after their most recent revisions.

B. LGBTQ+ Inclusion in School Handbooks

There are 1,119 unique .pdf handbooks available for public download and represented in this study. While most handbooks represent individual schools, larger municipalities tend to either distribute a district-wide handbook and/or several handbooks separated by grade level (early childhood education, elementary school, middle school, and high school). 1,704 out of all 1,851 (92%) Massachusetts schools' handbooks are analyzed in this study (Figure 1). The other 147 handbooks were unavailable due to issues with broken links, defunct websites, or problems with .pdf scanning.

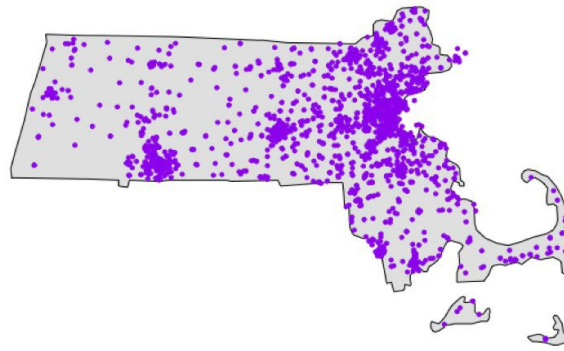


Figure 1: 1,704 Massachusetts public school handbooks

86% (1,458) of 1,704 schools sampled have handbooks containing the phrase “gender identity,” indicating that the majority of Massachusetts districts observe up-to-date anti-discrimination laws. 246 schools (14%) have handbooks without the term “gender identity,” indicating a lack of protections for transgender and nonbinary students under anti-discrimination and anti-bullying policies. 152 schools discuss “gender” but not “gender identity,” while 94 schools (6%) make no mention of gender at all. (Figure 2)

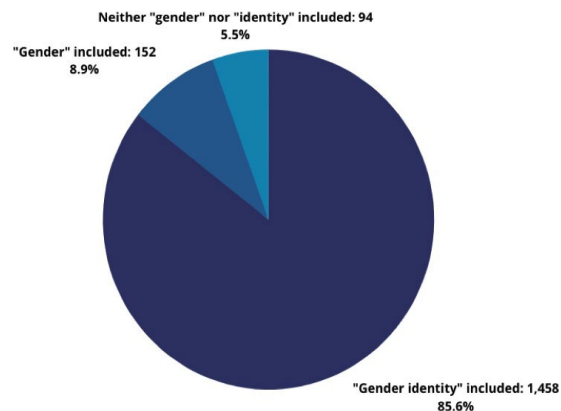


Figure 2: Pie chart of gender identity inclusion in Massachusetts school handbooks

29% (502) of 1,704 schools sampled have handbooks containing language around LGBTQ+ identity, while 71% make no mention of lesbian, gay, bisexual, transgender, queer, or questioning students. Similarly, only 25% (435) of schools sampled directly discuss protections for transgender and nonbinary students, while 75% do not discuss transgender students at all. Only 2% (39) describe gender-neutral or “unisex” facilities such as private changing areas or restrooms.

Only 12% (210) of 1,704 schools sampled use gender-neutral language throughout their handbooks, indicating policies that are inclusive of transgender, nonbinary, and nonbinary students. 88% (1,494) use binary gendered language, indicating sex-segregated activities and/or exclusion of nonbinary students.

The average score of all sampled handbooks was a D. A total 64% (1,088) of 1,704 schools sampled received an F. Next, 12% (197) of schools returned a D grade, while 22% (386) received a C. Less than 2% (31) of schools earned a B, and less than 1% (2) received an A (Figure 3):

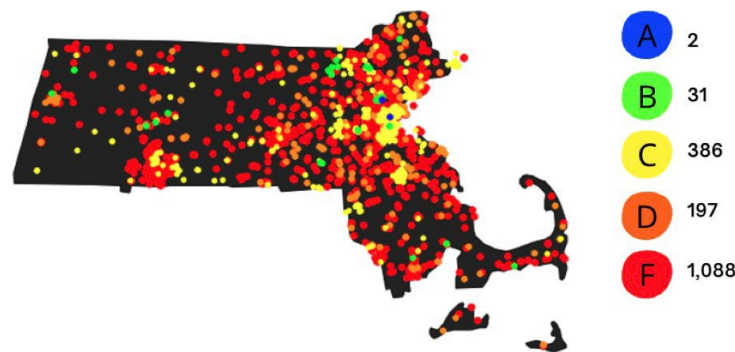


Figure 3: Map of Massachusetts LGBTQ+ inclusion scores.

The only two schools that earned an “A” are located in the Greater Boston area: Community Charter School of Cambridge (CCSC), and McCall Middle School in Winchester. While CCSC and McCall Middle School received the highest scores and have exemplary handbooks for LGBTQ+ inclusion, it is important to note that most B-scoring schools were penalized only for their use of binary language. Their use of gendered phrases like “his/her” are often residual from past school handbooks or derived from state-level policy; they do not necessarily indicate sex-segregated instruction or trans-exclusive practices. There are LGBTQ+ inclusive practices occurring at all grade levels, demographics, and school structures (public, charter, and vocational/technical programs) throughout the Commonwealth. The few LGBTQ+ inclusive schools represented in this study are evenly distributed among elementary, middle, and high school students, showing that students of all ages across the Commonwealth are benefitting from LGBTQ+ inclusive instruction.

However, despite ten years of inclusive state-level student anti-discrimination policies and robust agency resources for implementation, the majority of Massachusetts PK-12 public schools are not adequately communicating protections for their LGBTQ+ students. Most school handbooks only support LGBTQ+ students through baseline compliance with the student non-discrimination act: very few handbooks contain any of the comprehensive guidance published by DESE and SSP. Only one in four Massachusetts school handbooks contains explicit protections or resources for LGBTQ+ students.

Transgender and nonbinary youth are the most underrepresented and underserved in Massachusetts education policy and practice. In addition to facing disproportionate risk and violence, they are overwhelmingly denied safe access to basic school facilities, including restrooms and changing areas. Most schools also continue using binary gendered language in their handbooks (*e.g.*, “his or her” instead of “their”), further marginalizing nonbinary, transgender, and nonbinary students.

Moreover, a significant number of schools (5.5% total) discuss “gender” but make no mention of “identity” in their anti-discrimination policies. Many handbooks falling under this category use the term “gender” in lieu of “sex,” indicating the policymaker’s potential conflation of gender identity with assigned sex at birth. Other handbooks added the term “gender” after “sex” in their anti-discrimination policies’ protected classes but neglected to include “identity,” which may reflect resistance to acknowledging the fluidity of gender identity and expression. Both examples illuminate a persistent binary system that excludes transgender and nonbinary students.

It is important to note that the two highest-scoring schools are from well-resourced suburban districts with the funding and staffing power to produce comprehensive handbooks each year. Winchester Public Schools benefit from some of the highest property tax revenue in Massachusetts, while CCSC enjoys funding from numerous sending school districts in the Greater Boston area. Both schools also benefit from affiliate 501(c)(3) organizations to bolster their budgets. These initial research results indicate that lower-scoring handbooks may not necessarily reflect attitudes toward LGBTQ+ people: they could also indicate staffing and resource allocation issues, which are reflective of broader educational inequities throughout the Commonwealth and this country.

Schools in different parts of Massachusetts are operating under different material constraints that impact the implementation of district-level policies, particularly those designed to protect LGBTQ+ students. The initial results from this study indicate that high scores are concentrated in wealthy suburban districts with high property tax revenue; average-scoring schools are mostly located in cities with sweeping district-wide handbooks; and the poorest-scoring schools are located in low-income and/or rural communities with less staffing capacity. We predict that the further a school’s resources are stretched and strained, the less likely they are to publish handbooks with comprehensive LGBTQ+ inclusive policies.

Past reports by the Massachusetts Commission on LGBTQ Youth illuminate the significant disproportionate disparities in almost every factor impacting education, from economic and housing instability to mental health that QTBIPOC youth face.³ The implementation of student anti-discrimination policy is likely yet another area in which systemic educational inequities are exacerbated for LGBTQ+ students, especially those who are also marginalized on the basis of race and gender. It is critical for any follow-up on this study to address potential demographic disparities in LGBTQ+ inclusive education policy by incorporating DESE data on race, ethnicity, gender, disability, and socioeconomic status, disaggregated by school and by district. Future iterations of this research would also benefit from determining whether districts with designated DEI officers or LGBTQ+ staff members have more inclusive school handbooks.

Updating school handbook language will not automatically solve these inequities or change discriminatory conditions for LGBTQ+ people on their own. Instead, publishing comprehensive school handbooks in alignment with DESE’s best practices will provide students and their caregivers with key information about their rights. An official district document like a handbook is also a critical tool for students and families to hold school officials accountable if their rights are infringed upon. The following section provides model language and suggestions for LGBTQ+ inclusive student/caregiver handbooks. Language is derived from this study’s top-scoring LGBTQ+ inclusive school handbooks, McCall Middle School and CCSC.⁴

C. Model Handbook Language

1. Non-Discrimination Statements

All Massachusetts school handbooks should include a comprehensive section on “Non-Discrimination on the Basis of Gender Identity.” It is useful to begin with a summary of existing school and district-level policies that protect LGBTQ+ students, including a non-discrimination statement that includes *sex*, *sexual orientation*, and *gender identity*. Definitions of relevant terminology, including *gender identity*, *gender expression*, *transgender*, *social and medical transition*, and *nonbinary*, should also be included. Sample definitions are available in DESE’s guidance on gender identity, and published by the Commission in its annual report.⁵

It is important for policy protections to expand beyond required non-discrimination statutes. Handbook language should include specific language indicating that their school is committed to safe, supportive learning environments free from discrimination or harassment. Handbooks should also contain guidance for reporting discrimination and harassment.

2. Names and Pronouns

School handbooks should include specific guidance around names and pronouns for transgender and nonbinary students. CCSC’s handbook uses the following language:

“In Massachusetts, an individual may adopt a name that is different from the name that appears on their birth certificate, provided the change of name has no fraudulent intent. When a school receives a request for a name change, schools should accurately record the student’s chosen name on all school-based records. A court-ordered name or gender change is not required, and the student does not need to change their official student record. For students who remain in the same school following a gender transition, it is important to develop a plan for ensuring the use of the chosen name and pronouns is consistent with the student’s gender identity.”⁶

Handbooks may also include specific guidance around transitioning. McCall Middle School’s handbook offers the following policy:

“When a student transitions, the school may hold a meeting, upon request by the student or the [caregivers] of the student, with the student and the [caregivers] of the student if they are involved in the process, or in the case of a younger student with the student and the student's [caregivers], to develop a plan to provide a safe and supportive educational environment for the student and to address any concerns that may arise.”⁷

3. Privacy, Confidentiality, and Student Records

Under Student Records Regulations, 603 CMR 23.00, information about a student's gender identity is part of their student record.⁸ School handbooks should include specific guidance around privacy, confidentiality, and student records in compliance with this law. CCSC uses the following language:

“Student records are confidential and must be kept private and secure, except in limited circumstances, such as when authorized school personnel require the information to provide administrative, teaching, counseling, nursing, or other services to the student in the performance of their official duties. Authorized school personnel may include, but are not limited to, individuals such as the principal, school nurse, classroom teacher(s), social worker, and/or guidance counselor.

When a student new to a school is using a preferred name, the birth name is considered private information and may be disclosed only with authorization as provided under the Massachusetts Student Records Regulations. If the student has previously been known at school and/or in school records by their birth name, school personnel must use the student's chosen name. School personnel should not disclose information that may reveal a student's transgender status or gender-nonconforming presentation to others, including parents and other school personnel, unless legally required to do so, for safety reasons, or if the student and/or guardian has authorized such disclosure.

Transgender and gender-nonconforming students have the right to discuss and express their gender identity and expression openly and to decide when, with whom, and how much information to share. A student who is 14 years of age or older, or who has entered the ninth grade, may consent to disclosure of information from their student record. If a student is under 14 and is not yet in the ninth grade, only the student's parent has the authority to decide on disclosures and other student record matters.

To the extent that CCSC is not legally required to use a student's legal name and gender on school records or documents, every effort should be made to update student records with the student's chosen name and not circulate records with the student's birth name. Records with the student's birth name should be kept in a separate, confidential file.

A student and/or [caregiver] can request a change to the student's official record on the basis of gender identity by contacting a BPS Welcome Center or the Office of Equity. Upon changing records,

the district will provide an updated transcript and/or diploma reflecting the student's name and/or gender identity."⁹

This handbook section may conclude with specific instructions for updating a student's name or gender marker at school. It may also contain guidance about how information relevant to a student's transition is maintained. Many schools use the Gender Support Plan (GSP), a free tool published by Gender Spectrum, to ensure that the needs of their transgender and nonbinary students are adequately met and documented.¹⁰

4. Restrooms, Locker Rooms, and Changing Facilities

Under Massachusetts law, all students are entitled to access restrooms, locker rooms, and changing facilities consistent with their gender identity.¹¹ McCall Middle School's handbook provides the following guidance:

"A student... may access the restrooms, locker rooms and changing facilities that correspond to [their] gender identity. Upon a student's... request, any student... who is uncomfortable using a shared facility, regardless of the reason, shall be provided with a safe and non-stigmatizing alternative. Based upon availability and the appropriateness to address privacy concerns, accommodations that may be offered to a student... who desires increased privacy may include, but are not limited to: (a) use of a nearby private area (such as a gender neutral restroom, gender neutral changing room, nurse's restroom, or a nurse's office); (b) a separate changing schedule, or (c) use of private area within a public area (such as, an area separated by a curtain, or a bathroom or changing stall with a door). Schools will consult with a student and the [caregivers] of the student if they are involved in the process, or in the case of a younger student with the student's [caregivers], to ensure accessibility and address any concerns that may arise."¹²

CCSC's handbook further specifies that "the single-user facility... may not be given as the only option for transgender or gender-nonconforming students."¹³ In addition:

"Some students may feel uncomfortable with a transgender and/or gender-nonconforming student using the same sex-segregated restroom, locker room, or changing facility. This discomfort is not a reason to deny access to the transgender and/or gender-nonconforming student. School administrators, teachers, and counseling staff should work with students to address the discomfort, foster understanding, and create a school culture that respects and values all students. School leaders may contact the Office of Equity for additional support in this area."¹⁴

5. Athletics and Physical Education

The Massachusetts Interscholastic Athletic Association (MIAA) defers to the student and their school regarding their gender identification.¹⁵ McCall Middle School and Winchester Public Schools echo this guidance in their handbook:

“In those instances where there are gender-segregated classes or activities, as opposed to co-educational classes and activities, a student must be allowed to participate in a manner consistent with the student's gender identity.”¹⁶

6. Dress Codes

Schools should avoid gendered dress codes in both policy and practice. CCSC’s handbook outlines the following dress code policy for transgender and nonbinary students:

“Transgender and gender-nonconforming students have the right to dress in a manner consistent with their gender identity or expression. In general, schools should eliminate dress codes that restrict students’ clothing or appearance on the basis of gender. School staff must not enforce the dress code more strictly against transgender and gender-nonconforming students than other students.”¹⁷

7. Gender-based Activities, Rules, and Practices

Schools should review and evaluate any gender-based activities, rules, and practices currently being utilized, and replace such gender-based activities, rules, and practices with non-gendered alternatives. CCSC’s handbook states that the school “will continue to evaluate all gender-based policies, rules, and practices, and maintain only those with a clear and sound pedagogical purpose. Gender-based policies, rules, and practices can have the effect of marginalizing, stigmatizing, and excluding students, including gender-nonconforming students.”¹⁸

8. Education and Training

Education, training, and professional development are critical tools for school staff to better serve their LGBTQ+ students. McCall Middle School and Winchester Public Schools set forth the following policy in their handbook:

“The school district shall incorporate training about transgender and gender-nonconforming students into its anti-bullying and non-discrimination curriculum, student leadership training, and staff professional development in order to promote a safe and supportive environment for all students and staff.

Consistent with this policy and applicable laws and guidance, the Superintendent of Schools shall promulgate administrative procedures to address steps that school staff should take to create a culture where transgender and gender-nonconforming students and staff feel safe, supported and fully included. The administrative guidelines should, at a minimum, address the following areas: gender transition, names and pronouns, privacy, confidentiality and student records, gender markers on student records, restrooms, locker rooms and changing facilities, physical education

classes, intramural and interscholastic athletic activities, dress codes, and other gender-based activities, rules, policies and practices, and education and training.”¹⁹

9. Additional Considerations

School handbooks should be revised and redistributed annually. Administrators should develop policy language in collaboration with transgender and nonbinary students, caregivers, and staff to ensure that the entire handbook is gender-inclusive: not just policies related to gender identity. The following “Principles for Ensuring Safe and Supportive Learning Environments for LGBTQ Students” developed by DESE, and approved unanimously by the Board of Education in 2015, offer a strong foundation for school administrators seeking more inclusive policies and practices:²⁰

1. Schools must have policies, and update them as needed, protecting LGBTQ students from harassment, violence, and discrimination based on LGBTQ status, to ensure compliance with the law.
2. Schools must include content about violence and suicide prevention related to LGBTQ students in their required training for school personnel.
3. Schools are encouraged to offer school-based groups for LGBTQ and heterosexual students.
4. Schools are encouraged to provide support for family members of LGBTQ students.
5. School districts are encouraged to designate a staff member who is proficient in issues related to sexual orientation and gender identity.
6. Schools, through their curricula, shall encourage respect for the human and civil rights of all individuals, including LGBTQ individuals.
7. Schools are encouraged to provide age-appropriate information about LGBTQ issues in school libraries and in student and faculty resource centers.
8. Schools are encouraged to have a diverse workforce.
9. Schools are encouraged to review academic and non-academic policies and procedures, and available data, to identify issues or patterns that may create barriers to a safe and successful learning experience for LGBTQ students.

Schools and their handbooks may also provide targeted resources for LGBTQ+ students, including (but not limited to) local nonprofit chapters like PFLAG and the AGLY network; free mental health resources like Trans Lifeline; and community-building opportunities including Out Now, OUT MetroWest, and the Massachusetts GSA Leadership Council. Additional resources are available on the MA Commission on LGBTQ Youth’s website.

D. Conclusion

Massachusetts is the only state in which the Department of Education sponsors a program for LGBTQ+ students. Despite this one-of-a-kind agency resource, relatively inclusive public policy, and comprehensive guidance on LGBTQ+ inclusion published by DESE and SSP, most schools are still not implementing best practices for supporting their LGBTQ+ students – even ten years after DESE distributed its guidance on the revised student anti-discrimination law.

Only a quarter of Massachusetts public schools explicitly outline protections for LGBTQ+ students in their handbooks. Transgender students are the most underrepresented and underserved: they often lack access to appropriate basic facilities at school, such as public restrooms. Initial results also suggest that schools with inclusive policies are typically relegated to higher-income suburban districts, while lower-income and sparsely-staffed schools may publish less comprehensive handbooks. Existing inequities in education funding and staffing are amplified for LGBTQ+ students throughout the Commonwealth.

As Massachusetts' student non-discrimination act celebrates its tenth anniversary of transgender protections, state policymakers and implementing agencies like DESE have an ideal opportunity to revisit published guidance and existing policy for supporting LGBTQ+ students. The reaffirmation of guidelines for safe and supportive schools locally will also be well-received by Massachusetts educators, many of whom are troubled by anti-LGBTQ+ legislation flaring up across the country. The tenth anniversary of the student non-discrimination act, combined with education policy battles like Florida's "Don't Say Gay" bill and hundreds of other anti-LGBTQ efforts, create an ideal focusing event for the re-implementation of LGBTQ+ inclusive instruction.

Simply issuing a memorandum on LGBTQ+ inclusive instruction and providing model handbook language is by no means an antidote for discrimination, but it is certainly an effective step in the right direction. Ensuring that Massachusetts PK-12 public school handbooks contain up-to-date anti-discrimination policies and implementation guidance from DESE will provide students, their caregivers, and their educators alike with critical knowledge to advocate for LGBTQ+ inclusive schools and hold their education officials accountable. When students firmly understand their rights and responsibilities at school, they are better equipped to advocate for themselves and for each other. Including specific language about LGBTQ+ inclusion in public school handbooks will ensure that LGBTQ+ students have more equal grounds to fight for the safe, supportive schools that all youth deserve.

ENDNOTES

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<https://www.doe.mass.edu/sfs/lgbtq/genderidentity.html>.

² Massachusetts Department of Elementary and Secondary Education.

³ Massachusetts Commission on LGBTQ Youth, “Massachusetts Commission on LGBTQ Youth: Report and Recommendations for Fiscal Year 2022,” 2021, <https://www.mass.gov/annualrecommendations>.

⁴ Winchester Public Schools, “McCall Middle School Parent And Student Handbook 2021-2022,” 2021, https://docs.google.com/document/d/11OxPdKpvH5jKRgeTCf_SwYhGJQ4ovfrJWcrHXpyB5L8/edit; Community Charter School of Cambridge, “Student & Family Handbook 2021-2022,” 2021,

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⁶ Community Charter School of Cambridge, “Student & Family Handbook 2021-2022.”

⁷ Winchester Public Schools, “McCall Middle School Parent And Student Handbook 2021-2022.”

⁸ Massachusetts Department of Elementary and Secondary Education, “603 CMR 23.00: Student Records” (n.d.), <https://www.doe.mass.edu/lawsregs/603cmr23.html>.

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¹⁰ Gender Spectrum, “Using the Gender Support Plan,” n.d., <https://genderspectrum.org/articles/using-the-gsp>.

¹¹ The legislature of the State of Massachusetts, “Massachusetts General Laws,” c. 272, §§ 92A. §.

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¹⁵ MIAA, “MIAA Gender Identity Policy Clarification,” n.d., <https://ma-lgbtq.org/wp-content/uploads/2020/05/MIAA-Gender-Identity-Policy-Clarification.pdf>.

¹⁶ Winchester Public Schools, “McCall Middle School Parent And Student Handbook 2021-2022.”

¹⁷ Community Charter School of Cambridge, “Student & Family Handbook 2021-2022.”

¹⁸ Community Charter School of Cambridge.

¹⁹ Winchester Public Schools, “McCall Middle School Parent And Student Handbook 2021-2022.”

²⁰ 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,” n.d., <https://www.doe.mass.edu/sfs/lgbtq/Principles-SafeEnvironment.html>.

INCREASING INCLUSION

A. Introduction

LGBTQ youth need to be included in all aspects of society, starting with their own homes – where they frequently face familial rejection – and continuing onto community, government, and school settings. Much of the Commission’s work in this field has focused on schools, where its Safe Schools Program for LGBTQ Students provides services both for educators and for students themselves. The Commission has also made progress on including LGBTQ youth in government services, though mandatory, statewide training on LGBTQ inclusion for state employees and contractors would be a major step forward; that goal is reflected in the recommendations below and is one on which the Commission has made significant progress through the development of a curriculum with an EOHHS working group. Inclusion in the community is another goal that could be furthered through state action by requiring the same or similar training for community-based providers that receive state funds.

Family-based acceptance has been a more elusive goal for the Commission, given that there are fewer opportunities to interact with families (particularly those who do not support LGBTQ inclusion) than there are with educators and government personnel, who can be mandated or encouraged by their employers. Additionally, the traditional barrier between the family and the state – which has also been a historical issue in intervening against intimate partner violence and child abuse, for example – is another facet of increasing family acceptance of LGBTQ youth. However, this year, the Commission has made significant progress in assessing the needs of LGBTQ youth and their families to create more accepting homes.

B. Recommendations to the Governor on Increasing Inclusion

1. Provide inclusive and mandatory LGBTQ cultural humility 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 residents and how to work professionally and respectfully with LGBTQ colleagues in carrying out the multi-faceted work of state government. The Commission further notes the importance of LGBTQ competency among mental health providers, considering that LGBTQ youth still face disparate rates of self-harm, suicidal ideation, and suicide attempts.

The Commission has developed a statewide training curriculum in coordination with the Executive Office of Health and Human Services (EOHHS) and the agencies that comprise it, as well as with several other partners. The Commission recommends that this or a comparable training be made available to all state employees and contractors, both in-person and online via 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. As is true with the Commission's training curriculum, training should include concepts of intersectionality and issues particular to QTBIPOC communities. The Commission recognizes that the process of getting a training program online for all state employees will take time. Throughout FY22, the Commission has met with the 19 executive branch agencies to which it issues recommendations, held several such trainings, and scheduled many more for FY 2023.

2. Support the interagency collaboration to address family rejection of LGBTQ youth.

The level of acceptance or rejection that LGBTQ youth face at home has huge implications for their wellbeing, across the areas of health, homelessness, and juvenile justice in which the Commission works. 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 conducted listening sessions with youth and their families across the state to determine what was needed to assist families in their paths towards acceptance. The Commission looks forward to working with the Governor, Legislature, and relevant agencies to begin implementing these recommendations in FY 2023.

3. Strengthen protections against bullying of LGBTQ youth and enact policies to strengthen inclusion in schools.

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 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.

Given the intersection between anti-LGBTQ bias and racial and ethnic biases, and the disproportionate needs facing QTBIPOC youth, the Commission recommends that anti-racism components be included in this training. Beyond staff training, students also need more education to prepare them to prevent and respond to bullying, bias, and mistreatment; this goal could be advanced with bills such as An Act Relative to Mental Health Education (S. 292), which would add mental health as a required subject in K-12 schools (sent to study in March 2022), and An Act to Promote Social-Emotional Learning (H. 543 / S. 301), which could increase the use of social-emotional learning in classrooms (reported favorably to House Ways and Means in July 2021). The Commonwealth should also strengthen existing requirements that schools provide age-appropriate instruction on bullying prevention, to ensure that the state is monitoring for evidence-based instruction at every level.

The Commission further recommends that the state require public schools to adopt policies on student suicide prevention, intervention, and postvention, which should specifically address high-risk groups, including LGBTQ youth, as proposed in An Act Relative to Establishing a Model School Policy on Suicide Prevention (S. 1303).

Finally, the Commission recommends that the state amend its building code to make it easier for schools and other public facilities to install gender-neutral bathrooms, as proposed in An Act Establishing Gender Neutral Bathrooms (H. 3124 / S. 2026).

4. Adopt policies and comprehensive compliance requirements that recognize gender identity diversity in state workplaces and provide a framework for accountability.

The Commission issued policy guidance in 2017 entitled “Workplace Practices to Recognize Gender Identity Diversity.”¹ The Commission recommends that state agencies review this guidance and share it with employees, either encouraging them to voluntarily share their gender pronouns or, at a minimum, making all employees aware of why some of their colleagues and clients may share their gender pronouns.

5. Implement LGBTQ-inclusive curriculum in public schools.

California, Illinois, New Jersey, Oregon, and Colorado have recently enacted legislation to require public schools to incorporate LGBTQ history into their curriculum. The Illinois law, for example, requires that history classes in public schools include a study of the roles and contributions of LGBTQ people in the United States and the state. The Commission greatly appreciates the Department of Elementary and Secondary Education’s willingness to include inclusive curricular resources on the Department’s website, but further urges the state legislature to pass legislation to require public schools to incorporate LGBTQ history into their curriculum, as proposed in Bill H.618/S.310, An Act Relative to LGBTQ+ Inclusive Curriculum. Representative Natalie Higgins and Representative Jack Lewis introduced An Act Relative to LGBTQ Inclusive Curriculum at the House level ([H.618](#)), and Senator Julian Cyr introduced the bill at the Senate level ([S.310](#)).

Bill H.618/S.310 is one of many inclusive instruction bills swept up into the new omnibus bill H.4539/S.2748, published and passed on March 10, 2022, by the Joint Committee on Education. If included in the final omnibus Act, Bill H.618/S.310 will require all Massachusetts public school students to learn about the “roles, histories, and contributions of LGBTQ+ people in this country and this Commonwealth.”² Passage of Bill H.4539/S.2748 in its entirety would also enact accompanying bills for an anti-racist curriculum (An Act Relative to Anti-Racism, Equity, and Justice in Education H. 584 / S. 365), culturally competent instruction related to Native American history and communities (An Act relative to celebrating and teaching Native American culture and history H. 651 / S. 382), and many more. However, the current text of Bill H.4539/S.2748 intends to bolster “cultural diversity” among school faculty and staff.³ Future iterations of the legislation must specify the underrepresented populations that the Commonwealth intends to serve through the law, including LGBTQ+ people, individuals with disabilities, and BIPOC communities.

C. Research on Inclusion in Schools

1. School-based Inclusion and Bullying in Massachusetts

The Commission on LGBTQ Youth, along with the Department of Elementary and Secondary Education, co-sponsor the Safe Schools Program for LGBTQ Students. In addition to providing students across the state with leadership development opportunities, the program also offers extensive training and technical assistance to public schools, conducting approximately 140 training/professional development sessions and 160 technical assistance interventions per year. In 2020, as the COVID-19 pandemic closed schools statewide, the Safe Schools Program's trainings were brought primarily online for the first time. 98% of participants in the Safe Schools Program for LGBTQ Students trainings rated the training positively, and Massachusetts was one of nine states out of 38 surveyed that increased LGBTQ inclusion professional development for educators between 2008 and 2014.

The most recent MA Youth Risk Behavior Survey data (Tables 1-4) 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 well-being of LGBTQ youth. 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 Commission's 2020 annual report;⁴ this trend is also seen nationally.⁵ 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.⁶ Therefore, the disparate rate of bullying faced by LGBTQ youth is also tied to the community's higher suicide risk.

LGBTQ youth are also about 70% more likely to experience cyberbullying.⁷ 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.⁸ Research suggests that the relationship between experiencing cyberbullying and suicidal ideation is even stronger than that between traditional bullying and thoughts of suicide,⁹ 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 a 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. These factors all likely contribute to poorer academic achievement among LGBTQ students, with LGBTQ students less likely than their non-LGBTQ peers (66.2% versus 72.8%) to report earning mostly A's and B's in school.¹⁰¹⁰

Table 1. Percent of Massachusetts Students Who Reported Risk Behaviors and Experiences by LGBTQ Identity, 2019		
	LGBTQ (N = 375)	Non-LGBTQ (N = 1817)
Bullied at school in the past year ***	29.8	14.1
Skipped school in the past month because felt unsafe ***	15.4	4.5
Been in a physical fight at school in the past year ***	11.9	5.6
Threatened or injured with a weapon at school ***	11.8	3.3
Bullied electronically in the past year ***	23.8	11.5
Hurt self on purpose in the past year (e.g., by cutting, burning self) ***	37.3	12.4
Seriously considered suicide in the past year ***	39.0	12.9
Made a suicide attempt in the past year **	19.9	4.5
Can talk to parents about “things that are important to you”**	69.3	82.9
Any lifetime heroin use***	4.6	1.1
Had experienced sexual contact against their will***	18.8	7.3
Homeless***	7.0	2.0

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

Table 2. Percent of Massachusetts Students Who Reported Risk Behaviors and Experiences by LGBTQ Identity,* Massachusetts and National YRBSS Data, 2019		
	MA (N=375)	National (Weighted; N=1817)
Bullied at school in the past year	29.6	30.5
Skipped school in past month because felt unsafe	14.7	14.1
Been in a physical fight at school in the past year	10.4	8.6
Threatened or injured with a weapon at school	10.7	12.2
Bullied electronically in the past year	23.3	24.5
Seriously considered suicide in the past year	39.3	42.2
Made a suicide attempt in the past year	18.9	21.5
Any lifetime heroin use	4.0	4.5
Had experienced sexual contact against their will	18.6	17.6
Homeless	6.7	11.9

* The national YRBSS does not ask students about trans identity.

Table 3. Percent of Massachusetts Students Who Reported Risk Behaviors and Experiences by Gender and LGBTQ Identity, 2017-2019

	LGBTQ		Non-LGBTQ	
	Female (N=571)	Male (N=278)	Female (N=2147)	Male (N=2402)
Bullied at school in the past year***	25.0	25.1	15.5	11.3
Skipped school in past month because felt unsafe***	11.9	13.6	4.8	2.8
Been in a physical fight at school in the past year***	7.5	16.0	3.4	7.1
Threatened or injured with a weapon at school***	7.9	13.0	2.6	5.1
Bullied electronically in the past year***	22.7	19.2	15.3	8.5
Hurt self on purpose in the past year (e.g., by cutting, burning self)***	37.8	31.1	14.5	9.2
Seriously considered suicide in the past year***	36.9	27.9	13.0	9.4
Made a suicide attempt in the past year**	17.2	17.0	4.9	3.7
Can talk to parents about “things that are important to you”	72.3	69.9	82.2	81.7
Any lifetime heroin use***	1.1	10.8	0.4	1.5
Had experienced sexual contact against their will***	17.4	15.7	8.3	5.0
Homeless	2.6	6.2	1.5	1.0

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

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

	Asian (N=48)	Black or African American (N=94)	White (N=396)	Hispanic/ Latinx (N=75)	Multiracial, Hispanic/ Latinx (N=174)	Multiracial, Non- Hispanic/ Latinx (N=52)
Bullied at school in the past year*	14.3	20.8	30.1	10.3	24.0	28.6
Skipped school in past month because felt unsafe**	10.5	12.6	9.0	14.0	21.9	10.7

Been in a physical fight at school in the past year*	7.1	15.8	6.9	12.3	16.6	7.5
Threatened or injured with a weapon at school***	5.3	11.4	5.8	6.9	15.9	8.9
Bullied electronically in the past year**	7.1	15.8	24.5	7.1	27.5	25.9
Hurt self on purpose in the past year (e.g., by cutting, burning self)	31.6	28.2	38.7	25.0	37.3	30.9
Seriously considered suicide in the past year	32.7	28.7	34.7	26.3	36.4	48.2
Made a suicide attempt in the past year	19.2	16.0	13.1	16.0	21.8	22.9
Can talk to parents about “things that are important to you”	66.7	68.4	74.9	77.8	69.7	70.5
Any lifetime heroin use**	3.6	7.7	1.9	3.6	8.4	1.8
Had experienced sexual contact against their will*	10.9	20.8	13.8	10.5	24.3	25.0
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

a Cell sizes too small for subgroup analysis

Key differences in school safety and inclusion exist along racial and ethnic lines. While white LGBTQ students were more likely to report experiences of bullying in the last year than were most other racial and ethnic groups—except multiracial, non-Latinx youth, who faced the highest bullying rate—LGBTQ students of color reported higher disparities in 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 anti-bullying 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.¹¹

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.¹²

2. Educator Trainings to Increase School Inclusion

Training school staff is an important strategy for supporting LGBTQ youth.¹³ Often, this training occurs through professional development programs, where staff (e.g., teachers, counselors, and school administrators) learn about the experiences of LGBTQ students and the issues they face.¹⁴ Training topics can include sexual orientation, gender identity, and gender expression (SOGIE); appropriate LGBTQ terminology; and stigma and bullying towards LGBTQ and gender-nonconforming students.¹⁵ Research shows that schools with LGBTQ-focused professional development programs, such as those offered by the Safe Schools Program for LGBTQ Students, are safer and more welcoming.¹⁶ Further, the presence of adults at school who are supportive of LGBTQ youth is linked to less hostile school climates — as well as greater academic and health outcomes for LGBTQ students.¹⁷

Overall, the effects of school-based LGBTQ trainings can be categorized as: (1) increased school staff knowledge, awareness, and beliefs, (2) increased staff self-efficacy, (3) behavior change by staff (e.g., increased intervention in anti-LGBTQ remarks), and (4) a more positive school climate. These effects align with the theory of change models and ally development models described throughout the literature. First, teachers and school personnel must develop knowledge and awareness around LGBTQ experiences. With

this foundation, they can build skills to support LGBTQ youth and intervene in anti-LGBTQ behavior. Feeling competent in these skills, they are then more likely to take action and become advocates for LGBTQ youth. In turn, this can help create a safer, more inclusive school environment.¹⁸

a. Increased Knowledge, Awareness, and Beliefs

Research has found that increasing staff knowledge of LGBTQ students can help ensure safer schools. According to national survey analysis, knowing LGBTQ students is a significant predictor of how often teachers intervene in homophobic remarks.¹⁹ Many other studies use pre-and post-surveys to measure knowledge gained. The results show that after LGBTQ trainings, school staff report increased knowledge across a variety of topics, including:

- Transgender youth identities²⁰
- LGBTQ-related terminology and where to find LGBTQ-related resources²¹
- Demographics and development of LGBTQ youth²²
- Common challenges and risk factors facing LGBTQ students²³
- Best practices in counseling LGBTQ students (reported by school counselors)²⁴

The survey evaluations collected by the Safe Schools Program for LGBTQ Students show that 96% of participants learn to better understand the experiences of LGBTQ students and families. Further, most participants learn more about DESE (Department of Elementary and Secondary Education) policy guidelines and about resources for creating safe and supportive learning environments for LGBTQ students.²⁵

Researchers have also noted increases in school staff awareness, although the definition of “awareness” greatly varies.²⁶ For instance, in a survey evaluation of “Step In, Step Up!” — an online simulation to practice engaging with LGBTQ youth — researchers show a significant increase in teachers’ awareness to use gender-neutral language in class.²⁷ In a study on the Safe Schools Program for LGBTQ Students, two-thirds of teachers and administrators who completed the training were more aware of LGBTQ community resources.²⁸ In another study with school counselors, those who completed an LGBTQ training rated higher awareness of working with LGBTQ students on the Sexual Orientation Counselor Competency Scale (SOCCS). Notably, school counselors who reported higher awareness levels of sexism and heterosexism also had greater LGBTQ competency.²⁹

A few studies found mixed results or no significant increase in awareness. After a two-hour professional development training, researchers learned that only school administrators, not teachers or mental health professionals, reported increased awareness of LGBTQ-based bullying and harassment. This suggests that different types of school personnel have varying awareness levels — and may need different content during trainings.³⁰ However, building awareness is a crucial aspect for all staff. Understanding anti-LGBTQ bullying and harassment in schools strongly predicts how often teachers intervene in homophobic remarks.³¹

In a study of a two-day LGBTQ training in New York City, school staff commonly expressed greater awareness of LGBTQ experiences and biases during focus groups. Yet in the post-surveys, staff reported diminishing awareness of how their actions affected LGBTQ students.³² This supports the idea that one-time LGBTQ trainings in schools may not contribute to long-term changes — and that ongoing interventions may be beneficial.

Finally, LGBTQ trainings can positively affect school staff's beliefs. Teachers who receive high levels of training have more positive attitudes towards LGBTQ youth compared to those with limited professional development.³³ Other post-survey evaluations indicate that school staff rate the importance of intervening in homophobic comments more highly after training.³⁴ They also have more positive perceptions about the role of school staff in supporting LGBTQ students by creating a safer, more affirming environment.³⁵ However, similar to the diminishing effects of self-awareness, the same study witnessed school staff's empathy for LGBTQ students diminish over time, hinting again that a one-time training may not be enough.³⁶

While a handful of researchers recommend professional development trainings that discuss beliefs beyond LGBTQ bullying and risk factors — such as understanding social justice, recognizing heteronormativity, and challenging systems of oppression in schools — these are not commonly measured in the literature. Authors suggest that current trainings, especially short ones, may not be equipped to cover these deeper topics, but that they're key to changing foundational beliefs around gender and sexual minorities and shifting school climates to focus not just on inclusivity but on equity.³⁷

b. Increased Self-efficacy

Most of the data on the effects of LGBTQ trainings indicate an increase in participant self-efficacy. Even a brief two-hour training can improve school staff's self-efficacy in addressing anti-LGBTQ behaviors and creating inclusive school environments.³⁸ Specifically, school staff report a significant increase in their comfort in intervening in homophobic comments, their competence in addressing anti-LGBTQ bullying and harassment, and their confidence in promoting an inclusive environment.³⁹ Other studies also highlight a significant improvement in confidence in both addressing anti-LGBTQ language and discussing concerns about being teased, harassed, or bullied with students.⁴⁰ Similar to the findings of knowledge and awareness, self-efficacy is also a significant predictor of how frequently teachers intervene in anti-LGBTQ remarks.⁴¹

One study noticed that self-efficacy decreased after training. The authors theorize that teachers may realize they're less equipped to support LGBTQ youth after discussing real-life situations during the trainings.⁴² Nonetheless, there is strong evidence that self-efficacy is necessary for school personnel to take action. The more comfortable teachers feel intervening in bullying and harassment towards LGBTQ students, the more often they report intervening.⁴³ Numerous studies illustrate ways to build self-efficacy during trainings, such as using case studies, role play, interactive exercises, and open group

discussions.⁴⁴ These activities can help school personnel practice skills and feel more confident intervening when anti-LGBTQ behavior actually occurs.

c. Behavior Change

Two common behavior changes associated with LGBTQ professional development programs are increased school staff intervention in anti-LGBTQ behavior and increased communication with students and teachers about LGBTQ topics. For instance, school personnel report more communication with students and other staff about LGBTQ issues following their training.⁴⁵ Results from the “Step In, Speak Up!” online simulation found that afterwards, most teachers reported an increase in connecting LGBTQ youth to support services (51%), speaking with students after class to see if they were okay (54%), and having conversations with other adults at school about LGBTQ harassment and bullying (58%), discriminatory language in classrooms (64%), and how to better support LGBTQ students (78%).⁴⁶

In the same study, over 50% of school staff reported an increase in the number of times they intervened when students were being teased, harassed, or bullied by students labeling them as LGBTQ.⁴⁷ After receiving training from the Safe Schools Program for LGBTQ Students, 88% of participants say they develop either “some” or “a lot” of skills to respond to bias-based bullying — and 89% say they will change their practice/policies based on what they heard or talked about during the training.⁴⁸ In a case study of the Welcoming Schools program, which offers similar training to the Safe Schools Program for LGBTQ Students, schools that completed the training experienced a 50% reduction in bullying behavior within two years.⁴⁹

While the Welcoming School study is one of the few that looked at the long-term effects of professional development training, the researchers do not explain how they measured bullying reduction. In most studies, the data is collected through self-reporting. This is a limitation since there can be a discrepancy between what school staff say they did (or will do) and what they actually do — especially when it comes to advocating for LGBTQ youth or intervening in anti-LGBTQ bullying and harassment.⁵⁰ Some experts claim that it’s more realistic to change knowledge and awareness through a professional development training than actual behaviors.⁵¹ For example, results from the Commission’s Safe School evaluations indicate that participants had the least understanding of developing bullying intervention skills.⁵² More ongoing trainings and practice are called for to build skills that affect behavior change for supporting LGBTQ youth.⁵³

d. School Climate

There is evidence that LGBTQ-focused professional development trainings can positively impact school climate, especially compared to schools without this training.⁵⁴ School staff who experience trainings say they engage more in activities to create safer schools for LGBTQ students, such as supporting GSAs and including LGBTQ content in the curriculum.⁵⁵ Twenty years ago, researcher Laura A. Szalacha conducted a mixed methods study on the Safe Schools Program for LGBTQ Students.⁵⁶ The results state that schools that receive training from the Safe Schools Program for LGBTQ Students have more positive “sexual

diversity climates,” meaning greater tolerance and lower sexual prejudice. Importantly, students at these schools report feeling more supported by teachers and counselors and believe their school is safer with a less sexually prejudiced environment. This is the only study reviewed that measures the effectiveness of professional development trainings from the perspective of students.

e. Lessons Learned

Overall, the literature emphasizes positive results of professional development trainings in schools around LGBTQ topics. However, researchers offer lessons learned and recommendations to improve LGBTQ trainings and the methods used to collect data on their effectiveness. These include:

- **More observational data and self-reported data from students are needed.** The existing studies mostly rely on self-reported, quantitative survey data from school staff participants.
- **More longitudinal studies are needed to measure the long-term, sustained effects of LGBTQ trainings in schools.**⁵⁷ Most of the studies collect data before the training at baseline and soon after the training.
- **Trainings are too short and infrequent.** Throughout the literature, school staff claim that they need more training, knowledge, and skills (especially to address anti-LGBTQ bullying and harassment).⁵⁸ Some of the training outcomes — increased empathy and awareness — diminished during the follow-up evaluations.⁵⁹
- **Trainings should have a broader focus than bullying and health risks.** Framing LGBTQ issues as “risk” issues rather than “equity” issues can mark students as “victims” or “problems” instead of valued members of their school culture.⁶⁰ It’s important to portray positive aspects of LGBTQ identities as well.⁶¹
- **More trainings are needed to build skills and elicit behavior change.** Longer, more frequent trainings may be needed to build skills that affect behavior change.⁶² One study correlates this to “the problem of enactment” where “teachers learn and espouse one idea, but continue enacting a different idea, out of habit.”⁶³
- **LGBTQ trainings should help school staff self-reflect.** A handful of researchers urge trainings to focus on participants own views of gender and sexuality — as well as their role in upholding systems of inequity towards LGBTQ and gender-nonconforming groups.⁶⁴ More self-awareness of inclusivity by school personnel is strongly related to efforts to create a safer school.⁶⁵
- **Research highlights successful components of LGBTQ trainings.** These include videos or discussions with local students or staff who identify as LGBTQ, small group interactions and reflection, and experimental learning (e.g., using case studies, scenarios, or role play to practice responding to anti-LGBTQ behavior).⁶⁶
- **Customize trainings for specific audiences.** In order to have an impact on school environments, LGBTQ trainings must be accessible to all staff, including nurses, safety officers, and administrators. However, since these audiences have different roles and experiences, they should receive tailored trainings that acknowledge this.⁶⁷

- **Consider different types of training models.** A few authors illustrate the success of peer-to-peer models and online programs to help train school staff around LGBTQ topics and issues.⁶⁸

ENDNOTES

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⁶⁸ Bradley et al., "Impact of a Simulation on Educator Support of LGBTQ Youth"; Byrd and Hays, "Evaluating A Safe Space Training for School Counselors and Trainees Using a Randomized Control Group Design."

ENDING HOMELESSNESS

A. Introduction

In the Commonwealth of Massachusetts, LGBTQ youth—particularly Queer, Transgender, Black, Indigenous, and people of color (QTBIPOC), and gender expansive LGBTQ youth—are disproportionately represented among youth experiencing homelessness.¹ Of note, this trend is also consistent with findings of national demographic data on homeless and housing insecure people.² Strategies to end homelessness must integrate prevention and intervention measures for individuals, families, communities, and institutions, while appreciating the intersecting identities of race, ethnicity, sexual orientation, gender identity, and gender expression. Multiple risk factors contribute to LGBTQ youth's experience of higher rates of homelessness, such as family rejection, abandonment and conflict, poverty, medical and mental health difficulties, discrimination, and racism. Moreover, many LGBTQ youth have cited additional vulnerabilities with regard to familial and communal rejection of their identities based on claimed religious values and beliefs.

The Commission has, therefore, increased its focus and commitment to ending youth homelessness over the last several years. Additionally, the Commission has taken into consideration the impact of uncertainties faced by LGBTQ youth—especially QTBIPOC and non-binary LGBTQ youth, during the COVID-19 pandemic. The COVID-19 pandemic has highlighted and exacerbated the existing multifaceted disparities impacting marginalized communities. To address the current state of young people experiencing homelessness and housing insecurity in Massachusetts, the Commonwealth must commit to collaborating with stakeholders to advocate for prevention, assistance, and ongoing support for housing insecure youth.

The Commission is committed to partnering with executive agencies such as the Department of Housing and Community Development and the Executive Office of Health and Human Services (EOHHS), the MA Special Commission on Unaccompanied Homeless Youth, as well as many other advocacy groups, to advance policies and legislation aimed at ending youth homelessness. The Commission continues to partner with the MA Special Commission on Unaccompanied Homeless Youth and Massachusetts Coalition for Homelessness to support the Massachusetts Youth Count. Further, the Commission is a named stakeholder on the MA Special Commission on Unaccompanied Homeless Youth that guides the implementation of the Massachusetts State Plan to End Youth Homelessness released in 2018.

B. Recommendations to the Governor and Legislature on Homelessness

1. Improve access to state IDs for youth experiencing homelessness and gender expansive youth.

Proper identification is crucial for homeless individuals, especially youth, to prove eligibility to access services such as financial benefits, housing assistance, food assistance, and educational and vocational opportunities.³ Barriers to accessing and maintaining legitimate forms of identification for homeless and unaccompanied youth include but are not limited to the identity verification catch-22 (requirement of official ID(s) to request an ID), residency verification, varied limits on type and age of ID requestor (parent/guardian/self), cost and arduous bureaucratic process, limited to no access of space for safekeeping personal items, and lack of accessible amendment policies to gender marking and name change.⁴ LGBTQ people are more likely to experience harassment and discrimination when seeking shelter and housing assistance, which may be complicated by a lack of proper identification and youth status.^{5,6}

Access to gender-affirming identification is of particular importance for QTBIPOC, transgender, and gender expansive LGBTQ youth and those experiencing homelessness. Using data from a landmark 2015 national survey of transgender individuals, researchers estimate that in 2021, approximately 467,000 transgender adults did not have IDs reflecting their gender identity.⁷ Additionally, based on a 2022 national study, researchers found that youth with nonbinary pronouns (i.e. they/them) are less likely to have access to and the ability to obtain updated identification documents when compared to their transgender and gender expansive counterparts with binary pronouns (i.e. she/her and he/him).⁸ The absence of gender-affirming identification may contribute to a number of negative consequences such as harassment and violence when presenting gender incongruent identification, travel safety risks, limited access to healthcare, and worsening mental health status.⁹

In the Commission's FY22 Recommendations Report, the Commission was glad to highlight the Massachusetts Senate passing An Act Relative to Gender Identity on Massachusetts Identification (S.2213) in the 191st (2019-2020) General Court session. This bill would expand nonbinary gender markers to birth certificates issued in Massachusetts, allow individuals to change their gender marker without a doctor's note, and empower the Attorney General to expand nonbinary markers in other state records systems. Inconsistencies across state agencies regarding gender markers may prevent transgender and gender expansive youth from accessing services to mitigate their risk for homelessness and support to accessing housing opportunities. The Commission commends the Senate for passing its version (S.2540) of the "Gender X Bill" once more in September 2021, and strongly urges the House Committee on Ways and Means to review and pass An Act Relative to Gender Identity on Massachusetts Identification in the current 192nd legislative session.

Concerning the Commonwealth's progress towards increased access to proper identification for homeless LGBTQ youth, the Commission commends the State Senate for unanimously passing An Act to Provide Identification to Youth and Adults Experiencing Homelessness (S.2612) in January 2022 with a 39-0 vote.

The Commission urges the House Committee on Ways and Means to pass this bill, to mitigate barriers LGBTQ youth face, particularly those experiencing homelessness, to acquiring an ID and urge Gov. Baker to sign this bill into Massachusetts law. This bill directs the Registry of Motor Vehicles to enable a process allowing people experiencing homelessness to obtain a Massachusetts identification card without paying fees, and the ability to provide alternative residence documentation, in lieu of a permanent address, such as verification from a homelessness community service provider. Policies, such as this, would improve access to IDs in general, and significantly enhance LGBTQ youth's access to services, as they are more likely to experience discrimination and asked for proper identification when seeking community services.

Lastly, the Commission will again recommend that the legislature pass An Act Relative to Work and Family Mobility During and Subsequent to the COVID-19 Emergency (H. 4805), which would allow undocumented immigrants to acquire driver's licenses and state IDs. This bill would allow all qualified state residents to apply for a standard Massachusetts driver's license or ID, regardless of immigrant status, while remaining in full compliance with federal REAL ID regulations. The Commission is acutely aware of many LGBTQ youth who have sought refuge and protection from threats of physical and mental harm in addition to legal and religious persecution from their countries of origin due to their sexual orientation, gender identity, or gender expression.

2. Increase services for youth at risk for or experiencing homelessness.

The Commission urges the Commonwealth's legislature to include specific line items for services for unaccompanied and transient homeless youth and young adults. The COVID-19 pandemic has significantly contributed to challenges faced by people experiencing homelessness including worsening physical and mental health conditions/prognosis and increased obstacles to accessing basic needs.¹⁰ Many factors have contributed to these difficulties including, but not limited to, notable disruptions in accessing medical and mental health services, rapid spread of infection, and many closed or limited capacity shelters and community centers.¹¹ Further, safe spaces for unhoused young people, especially LGBTQ youth, that provide food, shelter, social connection, healthcare, and social services have faced logistical and financial barriers in keeping up with funding for PPE, adequate staffing, standardization of cleaning protocols, maintenance of physical capacity limits, and physical distancing regulations. These issues have contributed to limited access, and, in certain circumstances, forced closures of community spaces that mitigate risks.¹² Young people have continued experiencing hardships and traumas leaving them vulnerable to homelessness including but not limited to: parental, guardian, and familial mortality or acute medical hospitalization for COVID-19 infection, significant isolation, increased familial conflict and tension, and increased risk for the following: physical and sexual abuse, gender-based and sexual-orientation based violence, witnessing domestic violence, intimate partner violence, and mental health exacerbation including substance dependence and misuse.¹³

The Commission's recommendations for these FY 2023 budget line items include:

- **Housing and Services for Unaccompanied Youth and Young Adults Experiencing Homelessness (4000-0007):** At least \$8 million to provide housing and wraparound services for youth and

young adults experiencing homelessness and housing instability.

- Residential Assistance for Families in Transition (7004-9316): At least \$55 million to address the COVID-19 pandemic and related ongoing needs.
- Home and Healthy for Good Program (7004-0104): At least \$4 million to reduce the instance of chronic and long-term homelessness. In FY22, the state budget allocated at least \$250,000 to LGBTQ young adults experiencing homelessness. Considering the disproportionate impact that COVID-19 has had on LGBTQ youth, the Commission urges the state to at least double this dedicated funding under the line item.

The Commission recognizes that many of these budget initiatives, including others such as the Emergency Aid to the Elderly, Disabled, and Children Program (EAEDC) are only in the state budget, and not enacted by legislation. This leaves such programs vulnerable and highly discretionary, as they are not subjected to the same levels of oversight as programs enacted by legislation. The Commission urges the Commonwealth to formalize any such programs through legislation to ensure their continued funding and legislative oversight.

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 more likely to experience homelessness, a status that greatly increases the risk of facing bias and discrimination. This vulnerability is amplified with consideration of QTBIPOC identities among LGBTQ youth and those identified as transgender or gender expansive. The Commission proposes 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. 264 / S. 142). The Commission urges the legislature, particularly, the House Committee on Health Care Financing, to move forward and pass this bill.

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 experiencing homelessness or who are at risk of becoming homeless. This valuable collaboration between state and nonprofit entities, and the data it generates, can be strengthened with additional funding and participation. The Commission recommends that more space for LGBTQ ambassadors is reserved within youth ambassador programs for the inclusion of QTBIPOC and gender expansive voices. Further, it is critical that local administrators of the survey are given guidance on conducting outreach that is inclusive of LGBTQ youth and QTBIPOC youth. It is important for outreach to be done with respect to cultural sensitivity and that proper training of administrators is provided prior to connecting with youth in the community. Program administrators may benefit from implicit bias workshops and training opportunities that emphasize best-practice strategies when conducting inclusive community-based participatory research, and the Commission

would be interested in providing connections and resources to such trainings. The Commission itself has funded more LGBTQ youth of color to serve as ambassadors with the intention of increasing the diversity of survey respondents and encouraging an expansion of such efforts; equally important to supporting the execution of the survey is continuing to ensure that analysis is conducted, published, and utilized, and that such analysis makes sure to examine intersectional identities.

5. Promote best and promising practices for serving LGBTQ youth with providers of services for youth at risk for or experiencing homelessness.

The Commonwealth oversees, provides, and funds many services for youth who are at risk for or are currently experiencing homelessness. Too often, however, the Commission learns of programs, amongst these services, which are not LGBTQ-affirming, nor do they have providers who are knowledgeable about salient issues facing LGBTQ youth. For example, youth frequently report that providers do not appreciate the complexity of their situations when focusing on family reunification, which is not always possible, and is rarely easy, for youth facing rejection relating to their LGBTQ identity. Further, many BIPOC and gender diverse people have described feeling burdened by the expectation for them to educate others including peers, colleagues, and providers about the impact of current events and or the historical contexts of oppression.¹⁴ The literature has described this phenomenon as being related to concepts such as the “minority stress model,”¹⁵ “multiple minority stress,”¹⁶ “minority tax,”¹⁷ and “diversity tax,”¹⁸ in areas of academia, health care, and other industries.

Across the nation, QTBIPOC youth have reported numerous instances of racism and xenophobia, within programs described as *safe spaces*.¹⁹ Additionally, these young people often report feeling ostracized from their own racial and ethnic communities in addition to feeling outcast and misunderstood in predominantly white LGBTQ communities.^{20,21} The Commission highlights the importance of recognizing the impact of one’s words and actions over the intention. To ensure quality care to all LGBTQ youth in accessing essential services such as programs to end homelessness, providers and program administrators are encouraged to examine the impact of intersectional identities and systemic oppression on QTBIPOC youth’s experience of homelessness and accessing resources. Research indicates that efforts to increase cultural diversity within medical and mental healthcare workforces, are critical in reducing racial, ethnic, gender, and sexual orientation health disparities, implicit and explicit biases among providers, and contributes to great outcomes such as lowered attrition rates, improved medication adherence, shared decision making, and patient sense of satisfaction with treatment.²²

The Commission recommends that the Commonwealth use a variety of means (such as trainings, e-learning opportunities, contractual requirements, legislation, etc.) to increase the utilization of best and promising practices for serving LGBTQ youth among providers who serve those experiencing or at risk for homelessness. The Commission’s recommendations for providers, that immediately follow herein, could serve as a useful starting point in advancing this work.

The Commission also urges LGBTQ and gender-affirming providers associated with faith-based organizations to be mindful of the historic maltreatment and abuse of LGBTQ people within organized

religious institutions. It may be beneficial to consider perceived hesitance or resistance from LGBTQ people to engage with homelessness resources that are faith-based or associated with an organized religion, through a trauma-informed and psychosocial lens.

6. Implement policies informed by research and collaboration with LGBTQ youth to ensure greater transparency of the foster care review process.

LGBTQ youth aging out of the foster care system are at a disproportionately higher risk of homelessness and involvement in the adult legal systems. It is imperative that *all* children in the care and responsibility of the Department of Children and Families (DCF) are placed in foster homes or residential treatment programs/social placements that are safe and affirming, regardless of their race, ethnicity, family of origin, sexual orientation, gender identity, and gender expression. LGBTQ youth, however, have consistently reported anecdotal experiences of discrimination and maltreatment as reflected in the Commission's 2021 report, *LGBTQ Youth in the Massachusetts Child Welfare System*. The Commission has since been in monthly meetings with DCF, and, in this year's report, has issued new recommendations to the Office of the Child Advocate (OCA) to address these issues.

The Trevor Project in collaboration with the National Institute for Health Care Management published a report in 2021 on the state of "Foster Care, LGBTQ Youth, and Increased Suicide." Of all children in foster care in the United States, Black children are disproportionately more likely to be in foster care, 23% in comparison to 14% of children of all other races. Further, while LGBTQ youth are overrepresented in the foster care system, QTBIPOC youth are at an even higher risk of being placed in foster care. Transgender and non-binary youth are additionally at an even greater risk of being in foster care when compared to cisgender LGBTQ youth. LGBTQ youth are four times more likely to be in foster care due to being kicked out, abandoned, or running away to escape maltreatment based on their LGBTQ identity as compared to youth who have never been in foster care. Lastly, LGBTQ youth in foster care were three times more likely to report a past-year suicide attempt when compared to LGBTQ youth not in foster care.²³

The Commission urges the Commonwealth to establish an independent agency to oversee the foster care review process and remove this responsibility from DCF, as proposed in An Act Establishing the Massachusetts Foster Care Review Office (H. 211 / S. 88).

7. Implement policies to prevent families and individuals from experiencing homelessness.

The Commission supports initiatives 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. Improved access to the Emergency Assistance (EA) for families and children seeking to access or retain EA shelter and HomeBASE rehousing benefits, as proposed in An Act Improving Emergency Housing Assistance for Children and Families Experiencing Homelessness (H. 202 / S. 111).

2. Prevent evictions and foreclosures by supporting stabilization of the housing market during the COVID-19 state of emergency and recovery, as proposed in An Act to Prevent COVID-19 Evictions and Foreclosures and Promote an Equitable Housing Recovery (H. 1434 / S. 891).
3. Ensure right to counsel for eviction proceedings, as proposed in An Act Enacting the Universal Right to Counsel in Eviction Cases (H. 1911).
4. Permanently establish and improve the Residential Assistance for Families in Transition (RAFT) homelessness prevention program, as proposed in An Act Providing Upstream Homelessness Prevention Assistance to Families, Youth, and Adults (H. 1385).
5. Establish the HomeBASE short-term transitional housing program in state statute and provide renewals, as proposed in An Act Promoting Housing Stability for Families by Strengthening the HomeBASE Program (H. 1372).
6. Improve process to seal eviction records to protect tenants from the stigma of permanent eviction records, as proposed in An Act Promoting Housing Opportunity and Mobility through Eviction Sealing (H. 4505).
7. Remove the prohibition on rent control and protect tenants from unjust no-fault evictions, as proposed in An Act Enabling Local Options for Tenant Protections (H. 1378 / S. 886).
8. Address gentrification, an issue that disproportionately impacts people of color and which makes it difficult for LGBTQ youth to obtain and maintain stable housing.

C. Understanding Youth Homelessness

**Subsequent details of YYA homelessness are considered an underestimation of the actual prevalence due to challenges with data collection and accurate reporting, and, at times, the fluid nature of housing insecurity (e.g. “couch surfing,” “doubling up” and staying with friends or family, sleeping in a car or on public transportation, etc).*

In 2018, an estimated 4.2 million youth and young adults (YYA) in the United States experienced homelessness.²⁴ Notably, 33% of YYA experiencing homelessness in the United States identify as LGBTQ.²⁵ The lifetime prevalence of LGBTQ youth homelessness or housing insecurity is estimated to be 28%, according to a recent 2021 national report.²⁶ Transgender and gender expansive youth’s prevalence of homelessness and housing instability is approximately 40% and 35% respectively when compared to cisgender LGBQ youth.²⁷

Regarding the Commonwealth, in 2019, EOHHS identified the following demographic details, as essential to understanding youth homelessness: age, race, sexual orientation, pregnant/parenting youth status, and YYA involvement in state systems of care.²⁸ In Massachusetts, it is estimated that LGBTQ youth are 2.8 times more likely to experience homelessness than their non-LGBTQ peers, a finding consistent with other youth based-studies available in the literature,²⁹ including the 2019 Massachusetts Youth Count, which surveyed 1,975 youth or young adults who were unstably housed, or experiencing homelessness and found that 24.7% of respondents identified as LGBTQ.³⁰ According to the 2020 Special Report to the MA Unaccompanied Homeless Youth Commission, preliminary data reported a 38% increase in YYA accessing housing support services, including homelessness prevention programs.³¹ In Boston, researchers reported that 25-29% of YYA experiencing homelessness in 2018 identified as LGBTQ.³² According to the 2019 Massachusetts Youth Count, LGBTQ youth were among the top two groups identified to most likely sleep in an unsheltered location.³³

LGBTQ YYA experience daily stigma and discrimination due to living in a heterosexist, racist, and homophobic society.³⁴ Further, those who hold multiple marginalized and oppressed identities, such as Queer, Transgender, Black, Indigenous, and Other People of Color (QTBIPOC) individuals or transgender and gender expansive youth, contend with added racism, sexism, and transphobia that further result in detrimental psychological, physical, emotional effects.³⁵ The effects of systemic racism are highlighted in the significantly contrasting higher rates of BIPOC YYA homelessness and housing instability. Black and African American YYA and non-white Hispanic and Latinx YYA are respectively, 83% and 33% more likely to experience homelessness in comparison to their white YYA counterpart.³⁶ Approximately half (44%) of Native and Indigenous/Alaska Native LGBTQ youth, 36% of multiracial LGBTQ youth, and 26% of Black or African American LGBTQ youth experience homelessness or housing instability in comparison to 16% of Asian American/Pacific Islander youth, 27% of white LGBTQ youth, and 27% of Latinx LGBTQ youth who experience homelessness or housing instability.³⁷ Further, QTBIPOC YYA experience more challenges exiting homelessness than their white counterparts.³⁸ Additionally, one in four Black and African Americans who identify as male and LGBTQ reported experiencing homelessness in the last 12 months.³⁹

While the Commission has briefly reported the prevalence rate of LGBTQ identifying Indigenous young people experiencing homelessness (44%), it is necessary to further acknowledge and thoughtfully consider the plight of AIAN youth. Based on a 2019 national representative survey on homelessness among a sample of 25,492 AIAN adolescent and young adult (13-25) respondents, just over 10% of Indigenous households reported youth homelessness or runaway experiences lasting at least one night.⁴⁰ Youth Count's 2018 survey found that AIAN youth have higher rates of homelessness than their non-indigenous peers, however, they were not more likely to be in rural communities. Their survey took place during a 12-month period and found that 9% of AIAN households reported the experience of homelessness by youth ages 13-17.⁴¹ Additionally, just over 15% of Indigenous young adults ages 18-25 reported homelessness including exclusively unhoused and couch-surfing.⁴² AIAN young adults are estimated to be about three times more likely than their white non-Hispanic peers to experience homelessness, and AIAN YYA are more likely than adult Indigenous persons to experience homelessness in urban areas.⁴³ AIAN youth are estimated to be at more than twice the risk of explicit homeless when

compared to their non-indigenous peers.⁴⁴ Additional risks for AIAN youth experiencing homelessness include lower educational attainment, parenting status (especially if unmarried), and LGBTQ and Two-Spirit identities.⁴⁵

For Two-Spirited Indigenous persons, they may face even greater risks of experiencing homelessness, rejection, isolation, substance dependence, physical and sexual assault, sexism, gender stereotyping, cultural erasure, and a myriad of additional possible negative outcomes perpetrated by family, friends, and strangers.⁴⁶ The Federal Health Program for American Indians and Alaska Natives defines Two-Spirit as a modern umbrella term used to describe biologically male, female, and intersexed people who have a gifted combination of masculine and feminine spirits.⁴⁷ This term was coined in the third annual intertribal Native American/First Nations gay and lesbian conference in Winnipeg, Canada, in 1990. Across over 130 tribes in North America, Indigenous tribes have documented unique persons such as Two-Spirits who traditionally had significant tribal roles (e.g., skilled artists, instructors, healers, divine visioners, and etc.). Two-Spirit identities are not constrained to either man or women, as they embodied a third or sometimes fourth gender status.^{48,49} Considering the effects of European colonization, white supremacy, and religious zeal, it is understandable how the celebration of Two-Spirit persons was threatened, their existences suppressed, and subsequent internalization of negative beliefs and attitudes towards Two-Spirited persons. However, within the last 10-20 years there has been a resurgence of AI/AN Indigenous people reclaiming their connection with their ancestral history and expressing themselves as Two-Spirit and others as a part of the lesbian, gay, bisexual, transgender, questioning, and Two-Spirit (LGBTQ2S) community through a process of decolonization.⁵⁰ Two-Spirit people identify along the gender expansive identity and expression continuum as well as various sexual orientations. Of note, there is likely an intimate spiritual, and cultural element of being Two-Spirited that may not be comparable to experiences of non-indigenous LGBTQ people.

It is imperative to design culturally responsible homelessness prevention and intervention strategies that focus on housing and communal support for AIAN young people in their communities while collaborating with Indigenous stakeholders. Although more than 75% of identified AIAN people live outside official tribal recognized areas, interventions, especially prevention, must target both rural and urban settings.⁵¹ Moreover, considerations for LGBTQ2S persons and ongoing research efforts to better support Two-Spirit youth are direly needed. The Commonwealth may benefit from partnering with existing organizations that have expertise in caring for AIAN youth. Such collaborations may help reduce stigma and raise awareness about the unique experience of the AIAN community.

Lastly, given the aforementioned current and historical disparities and the multifaceted risk factors for the risk of homelessness, the Commission is grateful to continue its partnership with the Unaccompanied Homeless Youth Commission to support the implementation of the Massachusetts State Plan to End Youth Homelessness.⁵² This 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.”⁵³

1. Factors Resulting in Housing Instability

Homelessness is a complex and multi-layered issue in the United States, correlated with poverty, systemic racism, substance use, and mental health that intersects with individuals who have experienced institutionalization including foster care, instances of sexual abuse, discrimination and stigma, and unsupportive and rejecting families.⁵⁴ LGBTQ YYA often are situated at the intersection of discrimination, poverty, and racism that results in an increased risk of housing instability and homelessness. According to one (non-Massachusetts based) study, the top reasons LGBTQ YYA cite for their experience of homelessness are familial rejection, abandonment, or abuse, mistreatment at school, and aging out of foster care.⁵⁵ According to the 2019 Massachusetts Youth Count, the top reasons for all local unaccompanied homeless youth (LGBTQ and non-LGBTQ) not living with a parent or guardian were: (a) fighting with their parent or guardian (33%); (b) being told to leave by their parent or guardian (30%); (c) choosing to leave on their own (26%); and (d) being abused or neglected by their parent or guardian (17%).⁵⁶ Unaccompanied homeless youth identified as LGBTQ were more likely than other non-LGBTQ respondents to report abuse and neglect, parental substance use, engagement in the foster care system, and personal drug use as reasons for not living with their parent or guardian.⁵⁷ It is essential to acknowledge the resilience and courage shown by the 26% of youth who choose to leave their homes. Research indicates that many LGBTQ YYA choose to leave their homes and become homeless for their well-being and safety, as remaining in their home or assigned placement may have led to even worse outcomes for their physical or mental health.⁵⁸

Research consistently shows that the leading cause of homelessness among LGBTQ YYA is familial rejection or abandonment. A literature review indicates that between 8% and 33% of LGBTQ YYA left home due to parental disapproval of their sexuality.⁵⁹ Other studies have reported that about one-third of LGBTQ YYA that “come out” to their family are rejected.⁶⁰ While familial rejection is often referred to as the top reason for leaving home or being expelled from home, this is of particular importance when considering transgender and gender expansive youth in comparison to LGB youth.⁶¹ Approximately 90% of transgender youth experiencing homelessness report being rejected by their family, and 62% of homeless LGB YYA report being bullied and rejected at home compared to 30% of non-LGB youth.⁶² Of these homeless youth, 43% report being forced out of home by their family despite wanting to remain.⁶³ Further, approximately 10% of transgender youth are leaving home before the age of 15.⁶⁴ Many LGBTQ YYA who experience homelessness 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.⁶⁵ At a developmental age in which young people need parental and peer support, fear of rejection, shaming, and abuse may play a contributing role in an LGBTQ YYA person’s decision to leave home.

Many of the reasons LGBTQ YYA face this rejection relate to moral/religious 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 before their coming out. Some families may hope that their rejection can somehow sway their LGBTQ children or loved ones to reconsider their “choice.”⁶⁶ Unfortunately, while conflict within families is a

primary reason for homelessness among LGBTQ YYA, family issues are only addressed by 60% of agencies in the United States that provide services for homeless LGBTQ youth.⁶⁷ Substance use, evidently, is often cited as a reason for LGBTQ YYA leaving home. However, while LGBTQ young people may initiate alcohol and drug use at an earlier age than their non-LGB peers, research indicates that most do not start using until after experiencing homelessness.⁶⁸ Substance use may be a way of coping with the stress of homelessness in adolescence rather than a reason that LGBTQ YYA are “kicked out” of their homes.⁶⁹

The foster care system’s disproportionate number of LGBTQ YYA is likely, in part, due to the instability and rejection they experience at home. A Los Angeles County study found that nearly 20% of youth in foster care were LGBTQ, with youth of color overrepresented among them.⁷⁰ LGBTQ YYA in foster care are more likely to report worse outcomes than their cisgender and heterosexual peers.⁷¹ These worse outcomes include discrimination, inadequate treatment, and a higher number of placements.⁷² Many LGBTQ youth face adverse and traumatic experiences in foster care that can lead to homelessness. Another leading cause of homelessness among LGBTQ YYA is exiting or aging out of the foster care system. Research suggests that between 11% to 37% of youth who enter the foster care system will end up homeless as YYA.⁷³ After aging out of child welfare, between 12% and 36% of LGBTQ youth have reported experiencing at least one episode of homelessness.⁷⁴ These startling statistics must be addressed, otherwise, our society will continue to bear witness to this abysmal cycle of homelessness and disenfranchisement.

Young LGBTQ individuals experiencing homelessness are more likely to be physically, emotionally, or sexually abused than their non-LGBTQ peers.⁷⁵ Among homeless LGBTQ YYA, 32% have been physically, emotionally, or sexually abused at home prior to experiencing homelessness, and more than 50% identify a family member as the abuser.⁷⁶ As a result, nearly half of homeless LGBTQ YYA report running away to escape harmful home environments as their primary reason for homelessness.⁷⁷ Compared to non-LGBTQ homeless youth, homeless LGBTQ YYA 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.⁷⁸ LGBTQ YYA who have been previously abused within their family system are more likely to enter the foster care system with mental health issues from the abuse, which are all predictors of homelessness or experiences that may lead to running away from programs and placements.⁷⁹ LGBTQ YYA experience a myriad of psychosocial stressors and discrimination that include dating violence/intimate partner violence, hate crimes, LGBTQ bullying, school bullying, and cyberbullying that often result in low self-esteem, depression, substance use, anxiety, high rates of bipolar disorder, self-harm, and suicidal ideation,⁸⁰ all of which are factors that contribute to homelessness. In 2021, a meta-analysis reviewed articles to understand the mental health implications in LGBTQ YYA. LGBTQ YYA are about three times more likely to report mental health difficulties than their cisgender, heterosexual counterparts.⁸¹

Most LGBTQ YYA have reported bullying and harassment at school as reasons for skipping school, which is another pathway to homelessness. 86% of LGBTQ YYA 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.⁸² Youth who do not complete high school have a 346% higher risk of homelessness

regardless of sexual orientation or gender identity.⁸³ Thus a discriminatory school environment may contribute to increased homelessness among LGBTQ YYA.⁸⁴ Although every youth has the right to receive an education, for LGBTQ youth their right to education in a safe and stable environment is often neglected.

Further, in addition to experiencing rejection and abuse at home and school, LGBTQ young adults may face discrimination in housing and rent, such as being denied a mortgage or being charged higher rental rates.⁸⁵ LGBTQ youth are also susceptible to other common causes of homelessness, which often begin in the context of family homelessness or after the death of a parent or caretaker.⁸⁶ Lastly, involvement in the criminal justice system and personal/parental substance use are additional common causes of homelessness and are factors that disproportionately impact LGBTQ youth.⁸⁷

2. Experiences While Homeless

In Massachusetts, EOHHS reports that every year nearly 3,800 unaccompanied youth and young adults experience homelessness.⁸⁸ Additionally, the Commission is acutely aware of the significant discrimination and trauma endured by housing insecure LGBTQ youth in both the community and within structures meant to keep them safe. The 2019 Massachusetts Youth Count found that LGBTQ-identified youth were more likely to have slept in a car or outside the night before and that those who did not identify as LGBTQ were more likely to have stayed in a shelter.⁸⁹ LGBTQ YYA frequently cite feeling unsafe as a barrier to receiving services more than non- LGBTQ identifying youth.⁹⁰ A recent comprehensive national study found that LGBTQ YYA 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.⁹¹ These higher rates of trauma and adverse events included exposure to discrimination or stigma outside and within their family, physical assault, self-harm, nonconsensual sex, and exchange of sexual acts for basic survival needs.⁹² An understanding of these experiences is essential in developing systems that do not further traumatize LGBTQ youth and perpetuate stigma and discrimination.

Unfortunately, while it is understood that mental health outcomes contribute to homelessness for LGBTQ YYA, once these young people experience homelessness, there continues to be a downward trend in overall mental health.⁹³ These mental health outcomes include post-traumatic stress disorder (PTSD), depression, anxiety, increase substance use, binge drinking, and suicide (including ideation, intent, attempts, and death by suicide).⁹⁴ LGBTQ YYA experiencing homelessness are twice as likely to have attempted suicide (62% vs. 29%), and 155% are more likely to have abused drugs (42% vs. 27%) than their non-LGBTQ peers.⁹⁵ Criteria for a substance use disorder is met by a notable 29% of homeless LGBTQ youth.⁹⁶ LGBTQ homeless youth also use cocaine, methamphetamines, and crack at higher rates than their non-LGBTQ peers.⁹⁷

The prevalence of trauma, as noted before, is extensive among LGBTQ YYA who experience homelessness. A recent study estimated that 95% of housing insecure LGBTQ YYA have reported at least one incident of trauma.⁹⁸ While trauma is widespread among all individuals who experience homelessness, LGBTQ youth experiencing homelessness face, on average, 7.4 times more acts of sexual violence than their non-LGBTQ

peers.⁹⁹ While sexual minority women and transgender women experiencing homelessness more frequently face intimate partner abuse, sexual minority men 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.¹⁰⁰

Higher rates of engaging in survival sex, wherein sex is exchanged for money, food, or shelter/protection, is a shared experience amongst homeless LGBTQ youth in comparison to their non-LGBTQ homeless peers.¹⁰¹ Another study showed that LGB youth experiencing homelessness are 70% more likely than their non-LGB peers to engage in survival sex.¹⁰² In Massachusetts, the Youth Count found that 34.5% of LGBTQ youth reported engaging in survival sex, and LGBTQ youth were four times more likely to engage in survival sex than homeless youth who did not identify as LGBTQ.¹⁰³ Those engaging in survival sex report experiencing increased discrimination due to the criminalized nature of sex work. This has subsequently contributed to increased contact with law enforcement, disqualification from public housing, potential expulsion from education institutions, and denial of financial aid if charged with a prostitution-related crime.¹⁰⁴

LGBTQ YYA experiencing homelessness are, additionally, at greater risk for experiencing worsening academic outcomes, as they face barriers returning to school upon becoming homeless and often do not reengage while unhoused.¹⁰⁵ A recent study reported that nearly 1 in 5 (19%) school-aged youth experiencing homelessness identify as LGB.¹⁰⁶ Risk factors impacting this population's poor academic performance and low academic attainment include but are not limited to low engagement, intermittent attendance, and inability to devote full attention to the demands of school activity and learning.¹⁰⁷ A study in Massachusetts found that about 25% of all self-identified lesbian/gay high school students and 15% of self-identified bisexual students reported current or recent homelessness, compared to 3% of self-identified heterosexual students.¹⁰⁸

Physical health is a significant concern for all YYA who are homeless, and these include exposure to harsh weather, injuries, and physical assault that are exaggerated by barriers such as cost of care, transportation limitations, and fear of discrimination by providers.¹⁰⁹ Inclement weather in Massachusetts surely contributes to negative health outcomes, particularly concerning significant cold and hot weather. Housing insecure LGBTQ youth are at higher risk for experiencing physical assault than heterosexual youths experiencing homelessness.¹¹⁰ Further, LGBTQ youth experiencing homelessness are also more likely to be living with HIV or an STI.¹¹¹ The rate of HIV in LGBTQ homeless youth is three times greater than HIV compared to non-LGBTQ homeless peers.¹¹² 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.¹¹³ Another study showed that LGBTQ youth experiencing homelessness were more likely to engage in sexual behaviors that heightened their risk of HIV infection or viral hepatitis, 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 than their non-LGBTQ peers.¹¹⁴ Among LGBTQ YYA, homelessness is a consistent independent risk factor for drug use and sexual behavior that increases the

likelihood of transmitting sexually transmitted infections (STIs).¹¹⁵

Further, LGBTQ young people, especially those who identify as BIPOC and/or QTBIPOC, have higher rates of police interaction, detainment, and incarceration.¹¹⁶ LGBTQ YYA experiencing homelessness are likely to interact with the police due to engaging in survival crimes, such as sleeping in public places, engaging in survival sex, loitering, and substance use.¹¹⁷ LGB individuals are three times more likely to be incarcerated, while one in six transgender individuals have experienced incarceration.¹¹⁸ Research indicates that lesbians, individuals assigned female at birth, and transwomen are more likely to engage in survival crimes and receive discriminatory sanctions from police and legal systems.¹¹⁹ While the exact number of LGBTQ YYA that have been arrested is not documented, research has found that between 70% and 78% of homeless youth 18 to 24 have been arrested, and 60% have gone to jail.¹²⁰ LGBTQ YYA make up about 13% of the youth in the criminal justice system.¹²¹ This over-policing and contact with the criminal justice system results in continued discrimination through binary sex-segregated jails, assumptions of LGBTQ YYA as sexual predators, sexual advancement by staff, and increased exposure to solitary confinement.¹²²

National studies also indicate that nearly half of LGBTQ clients of service agencies for homeless youth lack valid identification cards, which poses a significant barrier to this population.¹²³ 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 cannot open bank accounts, enroll in school, access housing, or become employed.¹²⁴ The cost of identification cards, cosign, 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 experiencing homelessness to get the ID cards they need to access opportunities.¹²⁵ A national survey of transgender individuals found that 68% did not have any identifying documents that had their gender marker, 40% did not have an ID that was consistent with their name, 11% of transgender youth reported being denied services when gender expression did not align with gender ID marker, and 3% reported being physically assaulted upon presentation of an ID marker that did not align with gender expression.¹²⁶

Finally, transgender youth experiencing homelessness have faced even more severe discrimination and trauma than LGBQ youth experiencing homelessness.¹²⁷ For transgender and gender expansive individuals, homelessness likely exacerbates the significant discrimination and lack of understanding that transgender people already face in schools, workplaces, housing, and healthcare facilities.¹²⁸ Additionally, transgender YYA may feel particularly unsafe seeking medical treatment, including routine care, for a number of reasons including negative prior experiences and or the fear of being overpathologized. Many transgender YYA are denied or do not have the proper access to medical care and experience complications from unmonitored use of transition hormones obtained without a prescription (e.g. bloodborne diseases and metabolic syndrome).¹²⁹ Collectively, these negative experiences have likely contributed to the high rates of undetected illnesses and poorly managed treatable chronic/acute conditions within transgender and gender expansive communities. The Commonwealth is encouraged to take note of the unique vulnerabilities of transgender and gender expansive youth, many of which have

experienced significant trauma and homelessness. The Commission strongly urges Massachusetts legislation to address the critical need for improved LGBTQ YYA access to robust community services.

3. Services for Those Experiencing Homelessness

Importantly, we need to acknowledge the heteronormative and cisgender system that often delegitimizes and discriminates against LGBTQ YYA. The context in which LGBTQ YYA are operating creates additional barriers for service engagement. LGBTQ YYA are often forced to choose between their physical safety and their psychological safety.¹³⁰ For example, the only option to avoid the environmental and interpersonal dangers of the streets may be to enter a shelter or engage with housing services where they experience discrimination based on sexual orientation, gender expression, and gender identity. The choice should not be between exposure to potential violence and the elements or exposure to discrimination, homophobia, and transphobia. The needs reported by LGBTQ youth experiencing homelessness represent both general needs shared by all youth and some specific needs that are intertwined with their LGBTQ identities and discrimination. According to one study, LGBQ youth report housing, employment, education, and acceptance of their LGBQ status as primary needs, while transgender YYA express the need for housing, employment, education, and transition support.¹³¹ Another study indicated that the needs for LGB YYA and transgender YYA are different as LGB YYA reported that their greatest need was acceptance and emotional support, while transgender YYA reported transition support.¹³²

Shelters are important and invaluable resources for those experiencing homelessness. However, LGBTQ homeless youth report that adult shelters are often a place of danger.¹³³ One of the unique challenges faced by LGBTQ YYA is the increased risk for harassment and victimization relative to cisgender and heterosexual peers, and when reported, it is often met with inaction by staff.¹³⁴ Further, LGBTQ YYA who enter the adult shelter system often report being bullied, harassed, and even assaulted by others.¹³⁵ LGBTQ YYA nationally also report that shelter staff harassed and discriminated against them, refused to work with them, and refused to acknowledge their gender identity or gender expression.¹³⁶ Another national study reported that 70% of transgender YYA who stayed in a shelter in the past 12 months reported mistreatment, being assaulted, and being kicked out.¹³⁷ These experiences of discrimination and harassment accumulate and deter LGBTQ YYA from entering the shelter system.

While the experiences of LGBTQ YYA in the adult shelter system are often negative, there have been some individual programs that have elevated the needs of LGBTQ YYA here in Massachusetts. Y2Y Harvard Square, an overnight emergency shelter for young adults, intentionally included a gender-affirming design process when building the shelter. The space itself is non-gendered, with the bunk beds for sleeping in a non-gendered communal and supervised area. All of the bathrooms are non-gendered and all individuals are asked about their preferred pronouns upon intake.

Nationally, LGBTQ YYA need culturally responsive services that meet the needs of those seeking services, such as private showers, culturally responsive training for providers, and services that are inclusive of the needs of young LGBTQ folks. Specifically, transgender and gender expansive individuals experience being

turned away from shelters due to their gender identity or the absence of instituted shelter policies inclusive of all genders, such as binary segregated accommodations and programming.¹³⁸ Further, the lack of LGBTQ inclusive policies, whether intentional or due to lack of awareness, implies that these services are not for LGBTQ youth. This implicit exclusion of LGBTQ YYA by shelters becomes a contributing factor in an LGBTQ youth's need to turn to survival sex work to meet their need for housing.¹³⁹ Finally, LGBTQ YYA may fear accessing shelters because staff will turn them over to police or social services for family reunification.¹⁴⁰

LGBTQ drop-in centers can help provide basic needs for LGBTQ YYA who choose to remain unsheltered due to discrimination, such as food, water, laundry, and showers.¹⁴¹ Research has shown LGBTQ YYA drop-in centers are better at connecting YYA to services than shelter systems.¹⁴² Drop-in center staff often connect LGBTQ YYA to higher-level needs such as mental health treatment, substance use treatment, HIV/STI-related programs, job training, academic support, and school drop-out prevention.¹⁴³ Researchers contend that drop-in centers can be utilized more to target LGBTQ YYA, who are often invisible in the research and policy. Specifically, by creating drop-in centers that include mentorship and peer support, extended clinic hours, programming that includes art, cultural, and recreational activities that are intersectional and anti-racist, and programming that targets LGBTQ YYA who have recently immigrated.¹⁴⁴

Nationally about 7-10% of LGBTQ YYA who experience homelessness are transgender and gender expansive, and approximately 2% have identified as transgender in MA.¹⁴⁵ According to the 2019 MA Youth Count data LGBTQ YYA were more likely to report that their basic needs were not being met.¹⁴⁶ A theme from research on transgender and gender expansive YYA experiencing homelessness is the need for affirming services and access to resources for transitioning. Transgender YYA experiencing homelessness lack access to medical resources for transitioning from difficulty obtaining insurance to access to prescription hormones to access to other gender-affirming care.¹⁴⁷ Of note, the transgender and gender expansive communities need to be recognized for their resilience, courage, social justice, and ability to create community networks of support in the absence of systemic and institutional support.¹⁴⁸

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.¹⁴⁹ Many agencies have 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).¹⁵⁰ However, a separate national survey of service providers demonstrated that 25% of respondents experienced inadequate training as a barrier to serving LGBTQ youth.¹⁵¹ Nationally, many LGBTQ youth experiencing homelessness 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.¹⁵²

D. Progress in Massachusetts Towards Ending Homelessness

The Commission applauds the progress made within the Commonwealth and the United States during the past year and looks forward to ongoing collaboration with Governor Baker, Massachusetts legislation, statewide agencies, and local organizations/stakeholders dedicated to eradicating youth homelessness. The following will provide a review of the Commonwealth's plan to end youth homelessness, new housing programs, and updates on preexisting programs and initiatives. Lastly, this section will also share an overview of incredible progress that has been made regarding expanded adoption options and access to gender identity matching identification. As previously mentioned, the youth homelessness crisis is multifaceted and progress in areas that may mitigate risks deserves recognition.

1. Overview of the Commonwealth's Plan to End Youth Homelessness

The Commission acknowledges the invaluable work by the Baker-Polito Administration, in their continued partnership with the Massachusetts Special Commission on Unaccompanied Homeless Youth and all 10 municipal regions in the Commonwealth to further develop plans, initiatives, and implementation practices to end youth homelessness. In 2018, the Baker-Polito Administration released the *Massachusetts State Plan to End Youth Homelessness*.¹⁵³ The state plan draws on the *Federal Framework to End Youth Homelessness* and insights and recommendations from the local, state, and federal levels.¹⁵⁴ This state plan includes six primary recommendations, including (1) implement a coordinated statewide response to youth homelessness; (2) expand the spectrum of housing models and services; (3) expand early identification and outreach to connect youth with existing resources; (4) improve education and employment to support young people's access to long-term employment; (5) establish systemic outcome measurement systems and data-sharing; and (6) create a structure to support youth and young adult involvement.¹⁵⁵ Further, this plan recognizes the disparities that LGBTQ YYA face with regard to housing instability and homelessness, with its inclusion of best practices to address these disparities.¹⁵⁶ Such practices recommend culturally responsive programming, housing placement based on gender identity rather than biological sex, education on the difference between sexual orientation, biological sex, gender identity, gender expression, and several others.¹⁵⁷

In 2020 The Massachusetts Special Commission on Unaccompanied Homeless Youth released a "special report" noting an increase of 38% (2,470) in YYA served.¹⁵⁸ While this increase may represent more YYA accessing stable housing resources to mitigate the risk of homelessness, it is unclear what role, if any, the pandemic played in the increased YYA service utilization. Of the 2,470 YYA served, 12% of YYA identified as LGBTQ. However, previous reports suggest that about 24% of all YYA identify as LGBTQ, indicating a possible gap in services for LGBTQ YYA in 2020.¹⁵⁹ The MA Special Commission on Unaccompanied Homeless Youth reported continued efforts to outreach to LGBTQ communities and decided to focus on this area in 2021, including increased partnerships with LGBTQ organizations and community stakeholders.¹⁶⁰

2. Recent Housing Programs Efforts to Reduce Youth Homelessness

Since the 2018 release of the *Massachusetts State Plan to End Youth Homelessness*, there has been notable progress towards the Commonwealth's goal. In November 2021, "Path to Help," a statewide public awareness campaign launched which addressed young people without a safe and or stable place to stay.¹⁶¹ This followed efforts to creatively connect with Massachusetts youth and young adults to prevent and end homelessness. The Commission further acknowledges initiatives such as the 2021 *Moving to College* pilot program which is a continuation of the 2018-2019 Massachusetts Student Housing Security Pilot, a grant funded program sponsored by Massachusetts Commission on Unaccompanied Homeless Youth.¹⁶² *Moving to College* targets students who have recently graduated high school and offers funding to cover housing, meal plans, and case management services among other supports. Massachusetts, for the first time, will be allocating funds provided by HUD to specifically support college students. This measure will help young people who frequently are undetected, regarding the need for housing resources, especially when they are in institutions of higher education. When most college and university housing facilities abruptly closed their doors in response to the COVID-19 pandemic, countless students faced incredible uncertainties. The Commission commends the efforts of local institutions who have worked hard to offer solutions to vulnerable students, including learners from out-of-state, international students, and other special considerations.

In 2021, the City of Boston planned to add 130 new housing opportunities for YYA, including rental assistance and case management.¹⁶³ In January 2021, the City of Boston pledged to invest \$335,000 to support 40 young people aged 18-24 whom recently exited homelessness.¹⁶⁴ Unfortunately, the *Rising to the Challenge* plan does not appear to have any LGBTQ-specific programming to target LGBTQ YYA experiencing homelessness. However, there is recognition that LGBTQ YYA of Color are disproportionately experiencing homelessness in Boston.

Notably, the Boston plan acknowledges the disparities that LGBTQ youth and youth of color face concerning housing instability, noting that 50% of YYA experiencing homelessness in Boston are Black, and 25-29% of YYA experiencing homelessness in Boston are LGBTQ.¹⁶⁵ Recognizing the importance of good data, the Boston plan specifically calls to improve data collection for YYA at risk of and experiencing homelessness and create a dashboard to track progress and monitor disparities.¹⁶⁶ Boston's plan also acknowledges that family rejection is a leading cause of homelessness for LGBTQ youth and aims to create a set of acceptance strategies to support LGBTQ YYA staying with families to ensure they remain in their homes if desired.¹⁶⁷ The Commission looks forward to reviewing data on the progress of the City of Boston's implementation of this plan.

3. Established Housing Programs and Initiatives

The Commonwealth continues to support its two novel supportive LGBTQ housing programs (AIDS Action Committee and DIAL/SELF Youth and Community Services) since their opening in 2014 through the Home and Healthy for Good initiative. Governor Baker has proposed notable differences in his FY 2023 budget

in comparison to his FY22 budget recommendations. For the upcoming fiscal year, he has recommended increased funding to meet the needs of the following line items: Homeless Individual Shelters by \$25.4 million (7004-0102), the Homeless Student Transportation by over \$8.5 million (7035-0008), and the Operation of Homeless Program by over \$900 thousand (7004-0100).¹⁶⁸

Boston's Rising to the Challenge: Boston's Plan to Prevent and End Youth and Young Adult Homelessness, was officially unveiled in November 2019 following a \$4.7 million grant from HUD.¹⁶⁹ The city reported that in 2019 on any given night, approximately 360 unaccompanied YYA under age 24 were experiencing homelessness in Boston.¹⁷⁰ In August 2020 and November 2020, HUD awarded \$25.5 million and \$5 million respectively to Massachusetts Public Housing Authorities to assist those impacted by the COVID-19 pandemic, with specific allocations for non-elderly persons.¹⁷¹

In addition to Boston, the city of Springfield and Community Action Pioneer Valley in Western Massachusetts also received a grant from HUD in 2019 for more than \$4.3 million to end youth homelessness.¹⁷² Community Action Pioneer Valley released an executive summary of coordinated care to end YYA homelessness in Franklin County. The executive plan includes: (a) implementing a coordinated system to identify YYA; (b) implementing collaborative preventative and diversion strategies; (c) implementing a coordinated access entry system; (d) connecting YYA to low-barrier housing services; and (e) develop sustainable partnerships for planning and resources.¹⁷³ Of note, the executive plans clearly outline creating culturally competent services for LGBTQ and Black, Indigenous, and Latinx YYA seeking homelessness services.¹⁷⁴ Further, the executive plan outlines LGBTQ YYA as a specific population to target identification and expanded outreach services.¹⁷⁵

The Commission also supports the efforts to reduce poverty and specifically housing inequality for AIAN people. The COVID-19 pandemic has disproportionately affected Indigenous groups across the globe. Throughout managing inadequate resources and overwhelmed systems, AIAN and other Indigenous people have demonstrated resilience and tenacity. The Commission commends the allocation of over \$9 billion to the Indian Health Service to combat the negative outcomes of the pandemic.¹⁷⁶ Of note, the Commission is interested in receiving updates regarding the national allocation of funds for AIAN people in Massachusetts. In April 2020, the U.S. Department of Housing and Urban Development (HUD) awarded \$200 million to Tribes and Tribally Designated Housing Entities (TDHES) in support of affordable housing efforts in their communities in light of the COVID-19 pandemic.¹⁷⁷

4. Expanding Adoption Options

The Commission celebrates the expansion of adoption practices in the Commonwealth which is very likely to have an impact on the YYA homeless population. In April 2022, Governor Baker signed into Massachusetts law the S. 2616 bill, An Act Expanding Access to Adoption, which expands access to adoption by allowing people to adopt younger siblings, nieces, and nephews.¹⁷⁸ The Commission recognizes that this is a positive step forward which will hopefully also have a significant impact on Black and Latinx youth who are disproportionately represented in the foster care system and under the guardianship of DCF.¹⁷⁹ Appropriate and safe kinship placements may also mitigate risks of homelessness

for youth, notably LGBTQ youth and young adults.

5. Path Towards Accessing Proper Identification

The Commission applauds the landmark June 2021 decision by the Department of State under the Biden-Harris administration that allows for United States passport applicants to self-select their gender without the need for medical documentation.¹⁸⁰ Applicants can self-select their gender even if they have a different gender marker that is inconsistent to their gender identity on other citizenship or identity documents. The Commission also celebrates the recent federal decision that became effective in April 2022 that offers the selection of the “X” gender marker for a United States passport.¹⁸¹

The Commission commends the Commonwealth’s support of the rights of transgender and gender expansive residents in allowing amendments for gender-affirming birth certificates.¹⁸² The Commission has celebrated the launch of a non-binary “X” gender marker option on all state license and ID cards since 2018 and highlights the efforts of the Registry of Motor Vehicles to develop a process to facilitate gender marker changes on Massachusetts’ Driver’s License and State Identification Cards the need of medical documentation to validate such change.¹⁸³ The Commission anticipates that this will significantly increase access to gender-affirming identification, contributing to a plethora of positive outcomes and likely reducing the negative experience of LGBTQ people seeking gender congruent documentation from medical providers.

While the Commission will continue to advocate for subsidized access to legitimate forms of identification in Massachusetts for those experiencing homelessness, it is important to highlight two local Massachusetts resources. The Identity Document Assistance Network and the Namesake Collaborative help LGBTQ individuals access support for a legal name change and gender marker adjustment for proper identification.¹⁸⁴

ENDNOTES

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ADVANCING JUSTICE

A. Introduction

LGBTQ youth are twice as likely to enter the juvenile system as their non-LGBTQ peers.¹ LGBTQ youth of color face even starker disparities and comprise a staggering estimated 85% of LGBTQ youth in the justice system.² Transgender individuals are nearly twice as likely to have been incarcerated as other LGBTQ people, with transgender people of color reporting a rate of past incarceration four times higher than other LGBTQ people.³ The Commission also knows, from its own data analysis, that LGBTQ youth (particularly transgender youth and youth of color) are especially likely to face risk factors such as truancy out of fear of attending school, being involved in bullying and fights, and experiencing homelessness, all of which are drivers of justice systems involvement.

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

B. Recommendations to the Governor and Legislature on Advancing Justice

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

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 was pleased to work with JJPAD Board in 2020 to advise them on best practices for collecting and reporting data on sexual orientation and gender identity and expression (SOGIE). These recommendations were subsequently adopted in JJPAD Board's 2020 annual report to the legislature.

The state should further increase its collection of SOGIE data wherever possible in the criminal and juvenile justice systems, as proposed by An Act to Promote Rehabilitation Including Guaranteed Health, Treatment, and Safety for Incarcerated LGBTQI+ People (RIGHTS Act) (H. 2484 / S. 1566), which would collect data on LGBTQI prisoners held in restrictive housing, as well as An Act Improving Juvenile Justice Data Collection (H. 1795/S. 1558), which would include sexual orientation and gender identity in the

collection and reporting of juvenile justice data, to identify and evaluate policies to reduce racial disparities in the juvenile justice system.

2. Limit the use of force by law enforcement and correctional officers and remove police from schools.

The Commission was glad to see several police reforms signed into law in 2020 following the murders of George Floyd and Breonna Taylor at the hands of police and countless other instances of police brutality. The Commission notes, however, that the 2020 reform fell short on several fronts, including failing to (1) restrict the government's use of dangerous, racially-biased facial surveillance technology; (2) abolish or meaningfully roll back qualified immunity for police officers, which shields police from liability for violating the rights of an individual; (3) establish clear definitions of police use of force, the failure of which leaves the appropriate standard for police use of physical force open to subjective interpretation; and (4) require local elected government bodies, like city councils, to approve any transfers to military equipment to their local police department. The Commission urges the state to pass and enact An Act to Regulate Face Surveillance (H. 135 / S. 47), which would strengthen regulations on facial surveillance technology.

The Commission further urges the state to enact laws to establish alternatives to police for responses to emergency events. In particular, the Commission implores the Massachusetts legislature to pass An Act to Create Alternatives for Community Emergency Services (H. 2519 / S. 1551) would create a pilot program to establish non-law-enforcement, unarmed community-based response options for calls to 911. Additionally, the Commission continues to support the removal of police officers from schools. Though An Act Relative to the Location of School Resource Officers (H. 694) did not progress in the 192nd legislative cycle, the Commission urges legislators to reintroduce legislation in the 193rd cycle that would require school resource officers to be located at police stations instead of on school grounds.

3. 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 the 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. 1726), which would remove criminal penalties for consensual relations among youth close in age. The Commission is disappointed that H. 1726 will not pass in the 192nd legislative cycle and urges legislators to reintroduce and pass this bill in the 193rd cycle next year. 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. The Commission has heard from actors in fields such as education, health, and congregate care that the current lack of clarity and fairness in the law presents a major

problem for delivering services, and the state can easily remedy this challenging situation.

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

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.

5. Decriminalize sex work.

Many human rights and public health groups have found that the criminalization of sex work has made sex workers more vulnerable to violence, less likely to receive help from police, and leads to poorer public health outcomes. Decriminalizing sex work would greatly increase sex workers’ legal protection and ability to exercise other key rights, including justice and health care. LGBTQ individuals are also overrepresented among sex workers, including LGBTQ youth experiencing homelessness, who engage in survival sex at significantly higher rates than their non-LGBTQ peers, leading to higher rates of criminalization. The Commission strongly recommends that the state legislature reintroduce and pass legislation to fully decriminalize sex work in the Commonwealth.

6. Improve prison conditions for incarcerated LGBTQ and intersex individuals.

LGBTQ and intersex individuals are overrepresented among prison inmates and face higher rates of abuse and physical and sexual assault than their non-LGBTQ peers. While little research exists on current prison conditions for incarcerated intersex individuals, studies have shown this group to be particularly vulnerable to sexual abuse. As noted above, the Commission strongly urges the state to pass and enact An Act to Promote Rehabilitation Including Guaranteed Health, Treatment, and Safety for Incarcerated LGBTQI+ People (RIGHTS Act) (H. 2484 / S. 1566).

7. Protect undocumented LGBTQ youth.

At a time when the federal government is targeting undocumented communities, it is imperative that Massachusetts take steps to ensure that local police do not work hand in hand with the federal government to carry out the work of Immigration and Customs Enforcement (ICE). It is well documented that LGBTQ youth—particularly LGBTQ youth of color—are overrepresented in the justice system. Undocumented LGBTQ youth face additional vulnerabilities due to documentation status. Massachusetts

should take steps to protect undocumented immigrants, such as passing An Act to Protect the Civil Rights and Safety of All Massachusetts Residents (H. 2418 / S. 1579), also known as the Safe Communities Act, which would ensure that local police do not share information with ICE.

8. Raise the age of the juvenile justice system to include 18-to 20-year-olds.

Raising the age of the juvenile justice system to gradually include 18- to 20-year-olds will improve public safety and improve outcomes for the oldest teens and is proposed in An Act to Promote Public Safety and Better Outcomes for Young Adults (H. 1826 / S. 920) in the current legislative session. This is especially important for LGBTQ Youth for two reasons: (1) the juvenile justice system, thanks to reforms made by the Department of Youth Services, has made strides in supporting and affirming LGBTQ youth that the adult system has not, and (2) these formative years are particularly important for the development of LGBTQ youth, who often struggle with mental health issues as they come to understand their identities and often face bias, and the juvenile system is much better equipped to support healthy development during this time.

9. 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. Expand access to record sealing and automatically seal all eligible juvenile and adult records after 90 days that the record becomes eligible for sealing, as proposed in An Act Providing Easier and Greater Access to Record Sealing (H. 1763 / S. 1037).
2. Expand access to judicial diversion for low-level offenses to divert youth away from the juvenile legal system, as proposed in An Act Relative to Judicial Supervision to Promote Child Well-Being (H. 1569 / S.2836).

Finally, the Commission supported the following bills in the 192nd legislative cycle which were sent to study and continues to recommend their passage in the 193rd cycle.

1. End life without parole and eliminate parole conditions that perpetuate systemic racism, as proposed in An Act to Promote Equitable Access to Parole (H. 2503 / S. 1560) and An Act to Reform Parole Supervision in the Interest of Justice (H. 1798 / S. 1600).
2. Pursue legislation and policies to actively decarcerate prisons and jails and prioritize decarceration as a means of responding to and preventing the continued spread of COVID-19 among incarcerated individuals, as was proposed in An Act Regarding Decarceration and COVID-19 (H. 1868).

C. Research on Advancing Juvenile Justice for LGBTQ Youth

LGBTQ youth are overrepresented in the juvenile justice system. They are twice as likely to enter the juvenile system as their non-LGBTQ peers.⁴ Researchers estimate that 20% of youth in the juvenile justice system are LGBTQ, even though they make up only 7% of the total U.S. youth population.⁵ Transgender and gender-nonconforming individuals are nearly twice as likely to have been incarcerated as other LGBTQ people, with transgender people of color reporting a rate of past incarceration four times higher than other LGBTQ people.⁶ As high as 40% of persons assigned female at birth in the juvenile justice system identify as lesbian, bisexual, queer, and/or gender-nonconforming.⁷ Another report shows that 5% of LGBTQ youth report that they have been incarcerated, and 73% had personal interactions with law enforcement in the previous five years.⁸ In general, police are more likely to use force against LGBTQ people, as well as people of color, people with disabilities, people with mental health concerns, and people with low incomes.⁹

Research has long shown that the juvenile and criminal systems disproportionately affect people of color. One national study found that, 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.¹⁰ It is deeply troubling, but not surprising, that it has been estimated that 85-90% of LGBTQ youth in the justice system are youth of color.¹¹ During the pandemic, these racial disparities have worsened; white youths were released from juvenile detention centers at a much higher rate than their Black peers at the onset of the pandemic, while youth of color have been detained for longer than they were before the pandemic.¹²

LGBTQ youth face unique risk factors that may push them into the juvenile justice system. Over two-thirds of justice-involved youth have histories of adversity related to interpersonal trauma, and most are disproportionately burdened by discrimination based on race, ethnicity, gender identity, sexual orientation, and/or disability status.¹³ Homelessness, overrepresentation in the foster care system, labor and housing market exclusion, criminalization of sex work, and structural bias also impact their risk of incarceration.¹⁴

Ultimately, more research needs to be done on the impact of sexual orientation, gender identity, race, and other social identities on incarceration. More information on the impact of COVID on incarcerated LGBTQ youth can be found in the special report on the Impact of COVID-19 on LGBTQ youth.

1. Pathways to Involvement in the Juvenile and Criminal Justice Systems

Various forces contribute to the overrepresentation of LGBTQ young people in the juvenile and criminal justice systems. 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 the 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.¹⁵

a. Police Surveillance

Historically, law enforcement has hyper-policed LGBTQ communities, including LGBTQ youth. Policing and hyper-incarceration serve as mechanisms to reproduce dominant expressions of gender and heterosexuality.¹⁶ Even though anti-LGBTQ laws criminalizing sodomy, cross-dressing, and other acts are no longer illegal, police practices continue to regulate gender expression, identities, and sex. 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.¹⁷ Police often view gender expansive expressions as signs of deviance and criminality to disproportionately target LGBTQ youth.

Law enforcement both over-polices and under-polices, creating a paradox.¹⁸ When LGBTQ youth, particularly those who are transgender, gender expansive, Black, or Brown bring crimes to police attention, they are often mishandled or ignored. 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.¹⁹ 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.²⁰ Overall, police routinely fail to see LGBTQ individuals as victims of crimes, do not address their unique needs, and/or subject them to secondary victimization.²¹

b. Poverty, Homelessness, and Drug Use

LGBTQ youth may enter the juvenile and criminal justice systems due to poverty, foster care, homelessness, and/or compensatory behaviors such as drug use (which often stems from abuse and rejection in their home and social environments).

Multiple studies indicate that LGBTQ people experience higher rates of poverty than the general population. Approximately 22% of LGBTQ people experience poverty, compared to 16% of non-LGBTQ people. Transgender people experience even higher rates of poverty (29%).²² In response to experiences of poverty and joblessness, many LGBTQ people turn to criminalized economies like sex work or drug sales as a means of subsistence, which often leads to incarceration or involvement with the criminal justice system.²³

Youth who are unhoused or under-housed are similarly pushed into the juvenile justice system. Homelessness and the criminal justice system are inextricably linked. Being forced to live outside may lead to citations and other interactions with the police, as well as arrests for offenses such as loitering or sleeping in public spaces.²⁴

Finally, the War on Drugs also disproportionately affects LGBTQ youth. Approximately 12% of all juvenile arrests in the United States in 2019 were related to drug abuse.²⁵ 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.²⁶ 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.

c. *The Foster Care-to-Prison Pipeline*

LGBTQ youth in the foster care system are funneled into the criminal justice system through what researchers call the foster care-to-prison pipeline. Researchers found that the “foster care-to-prison pipeline particularly affects youth of color, LGBTQ-identified youth, and young people with mental illnesses – all of whom are already more likely to be in foster care and thus even more likely to be pushed into the justice systems.”²⁷

While in the foster care system, LGBTQ youth often report intolerance, mistreatment, and neglect on the part of their caregivers or peers.²⁸ LGBTQ youth are also more likely than their non-LGBTQ peers to be placed in a group home, and a vast majority of youth in group homes have been victims of violence. These experiences have profoundly negative impacts on LGBTQ youth’s mental health and emotional well-being.

As the foster care system fails to meet the needs of LGBTQ youth and perpetuates bias and discrimination, LGBTQ youth may choose instead to be homeless or engage in survival sex rather than subject themselves to individual and systematic abuse in the foster care system. These survival strategies often lead to entry into the juvenile justice system.²⁹

The criminalization of mental illness also drives the foster care-to-prison pipeline.³⁰ Foster youth regularly experience mental health issues and trauma. Rather than receiving trauma and identity-informed care, foster youth are often overprescribed psychotropic medications and even incarcerated for undergoing mental health crises.

Lastly, there is minimal support for LGBTQ youth transitioning out of foster care. They may experience unstable housing or homelessness, inadequate access to education, unemployment, physical and mental health issues, and more.³¹ As a result of these challenges and lack of support networks, youth transitioning out of foster care are at a greater risk of involvement in the criminal justice system.

d. *The School-to-Prison Pipeline*

More than a third (40%) of LGBTQ high school students in Massachusetts experienced discrimination of some form in their school.³² In 2019, LGBTQ high school students reported discrimination based on expressing public displays of affection in school (16%), using the locker room that aligns with their gender (16%), using the bathroom that aligns with their gender (15%), using their chosen name or gender pronouns (13%), and discussing LGBTQ issues in assignments (10%).³³ LGBTQ youth are also more likely to

experience bullying, be involved in fights, skip school due to feeling unsafe, or be threatened or injured with a weapon.³⁴

Unfortunately, although 99% of students could identify at least one supportive staff member at their school, most LGBTQ students who experienced harassment in Massachusetts high schools did not report the incident to school staff (56%).³⁵ Most feared additional repercussions or doubted that they would receive the support they needed. Experience often substantiated these suspicions as only 32% of reports resulted in effective intervention.³⁶ Furthermore, LGBTQ youth who were bullied often reported being disciplined more harshly than their non-LGBTQ peers.³⁷

Given the high rates of abuse and harassment experienced by LGBTQ students, 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%).³⁸ At the national level, LGBTQ students are disproportionately suspended and expelled in comparison to their heterosexual and cisgender peers.³⁹ This disparity is particularly true for LGBTQ youth of color, as 79% of youth had faced police involvement in middle and high school compared to 63% of White LGBTQ youth.⁴⁰ Furthermore, Black LGBTQ students were suspended at higher rates than non-Black LGBTQ youth (31% vs. 20%).⁴¹

All the behaviors detailed above can lead to interactions with police or school resource officers (SROs), arrests, and incarceration. At the national level, schools with SROs are more likely to refer LGBTQ youth to the juvenile justice system. For LGBTQ youth, “disciplinary infractions at school are the beginnings of a criminal record that can follow them throughout their life.”⁴² Overall, interactions with the police and SROs push students out of schools and into the school-to-prison pipeline.

e. *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, which made sexual relationships between members of the same sex a crime punishable by death.⁴³

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, thus perpetuating the cycle of poverty, instability, and criminalization.⁴⁴ Experts in Massachusetts have found that the current law does not reflect the reality that many adolescents do engage in consensual sexual relations. Current law does not reflect sound public policy.⁴⁵ 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.⁴⁶ 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.⁴⁷ As HIV is more prevalent among LGBTQ youth and youth of color than others, this impacts them disproportionately.

Finally, Massachusetts laws that criminalize sex work, such as M.G.L. c. 272, § 53(a), “inflict profound harm that disproportionately impacts LGBTQ people (especially transgender women), people of color, and immigrants.”⁴⁸ LGBTQ people make up a significant portion of sex workers.⁴⁹ Many LGBTQ people face family rejection, poverty, and homelessness, and sex work signifies a critical survival option.⁵⁰ Criminalizing sex work not only compounds these harms, but also forces sex workers into situations in which they are hidden or remote and thus, more vulnerable to violence. It prevents sex workers from being able to negotiate safer sex practices, to seek help when they are victims of violence or harassment, or to set boundaries for their autonomy, health, and protection.

In 2021, H 1867, H 1800, and S 992 were introduced into the legislature. H 1867, An Act to Promote the Health and Safety of People in the Sex Trade, seeks to fully decriminalize sex work.⁵¹ H 1800 and S 992 bills seek to repeal M.G.L. c. 272, § 53(a), known as the “common night walkers” and “common street walkers” statute, and create immunity from prostitution charges for those who report crimes in good faith.⁵² The bills were sent to study and will not progress in the 192nd legislative cycle.

2. Experiences of LGBTQ Youth in the Justice Systems

LGBTQ youth consistently report negative treatment during the pre-trial, trial, and incarceration phases in the juvenile and criminal justice systems. According to the Williams Institute, LGBTQ youth of color stay longer in the juvenile justice system and appear “to be at elevated risk of discrimination and violence once system-involved compared to other groups of youth.”⁵³

While incarcerated, LGBTQ youth 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.⁵⁴ 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. The Commission has recommended 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 facilities⁵⁵ and requires that youth younger than 18 years of age be treated as children and not adults.⁵⁶ 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 places restrictions on the use of segregation within the Commonwealth, isolation has historically been a serious problem for LGBTQ youth. In general, LGBTQ youth and youth of color are at a heightened risk of being placed in solitary confinement.⁵⁷ LGBTQ youth are even sometimes placed in solitary confinement allegedly for their own protection against sexual violence and other forms of abuse.⁵⁸ However, according to the Children’s Defense Fund, solitary confinement deprives youth of social interaction, mental stimulation, and key services during a critical time of adolescent brain development.⁵⁹ When isolation is used, there is a correlated increase in the risk of suicide and abuse by staff.⁶⁰ Solitary confinement is inhumane and should never be used on any youth due to its deleterious effects on mental health, welfare, and development.

In addition to the inhumane use of solitary confinement, many LGBTQ youth who are incarcerated face abuse and mistreatment by staff and other inmates. They experience prejudice regularly due to their sexual orientation and gender identity. The Bureau of Justice Statistics has reported that gay and bisexual men and transgender women are approximately ten times more likely to be sexually victimized than heterosexual persons who are incarcerated.⁶¹

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.⁶² Most juvenile justice facilities also are ill-equipped to meet the medical needs of transgender youth including the need for transition-related hormones or hormone blockers to delay puberty.⁶³

Confidentiality is another concern for LGBTQ inmates. Youth often are asked about their identities during intake, surrounded by peers, which may deter them from sharing. On the other hand, many LGBTQ youth report that they have been outed to their parents by facility staff during family visitation sessions.⁶⁴ Many LGBTQ youth are already isolated from their families of origin, and others close to them such as friends or partners may lack the right or ability to visit them.

3. Progress in Massachusetts on Juvenile Justice

In April 2018, Massachusetts enacted a sweeping juvenile and criminal justice reform package.⁶⁵ 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. Decriminalization is particularly relevant for LGBTQ students as they are more likely to experience harsh disciplinary action at school when compared to heterosexual and cisgender students. 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 and cisgender youth, criminal justice reform may 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 created a special commission to study the health and safety of incarcerated LGBTQ individuals. Additionally, Chapter 69, Section 89 created a Juvenile Justice Policy and Data Board to evaluate the juvenile justice system's current policies and procedures; examine the feasibility of improved, cross-agency data collection; and provide recommendations while studying the implementation of statutory changes. The Commission has worked closely with the new JJPAD Board to further improve services for gender and sexual minority youth in the Commonwealth, as well as advise on best practices regarding the collection and reporting of data on sexual orientation and gender identity and expression.

The number of youth involved in the juvenile justice system has decreased over time, especially with the COVID-19 pandemic. However, as mentioned above, it is largely white persons who have been released during the pandemic, and youth of color, including LGBTQ youth of color, continue to be overrepresented in the system.

In terms of police reform, in December 2020, the legislature adopted An Act Relative to Justice, Equity, and Accountability in Law Enforcement in the Commonwealth. The Act creates a new commission to certify police officers statewide, links qualified immunity with decertification, adopts stronger facial recognition rules, adds a task force to study body camera regulations, strengthens the use of force policies, offers to investigate structural racism, and more.⁶⁶ However, this bill ultimately is a compromise. More work needs to be done to protect LGBTQ youth, particularly youth of color from police brutality and inequitable law enforcement.

ENDNOTES

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Improving Youth Health

A. Introduction

The history of the disproportionate effect of the HIV epidemic is evident when observing the health of LGBTQ+ populations. Much of the breadth of research has focused on the impact of HIV, creating an unbalanced amount of information regarding other inequities that could be contributing factors to the disproportionate rates of HIV. Attention has slowly been brought to the other health inequities and the systems and social circumstances that make them possible. In addition, improvements in data collection have brought to light more nuanced information that allows the disaggregation of this population's identities, their experience of oppression in society, and how different health issues mainly affect them.¹

This population's evolution has brought forth new terminology for identity and behavior. While this section will use LGBTQ youth, it will also use the terminology used by specific studies (even if outdated), language that may not yet be common usage, and language that specifically refers to a portion of the population that a particular research study is covering. When a term presents to be particularly problematic, this section will engage with it by explaining the problem with such names, but otherwise will try to adhere to the terms used by researchers to avoid misclassifying findings or making even more assumptions about the populations studied. While we respect people's rights to self-identify, we recognize that research standards have significant advances to make, and they may happen at a slower pace than social change.

Another complication of data collection for the health of LGBTQ youth is the impact of sociocultural factors on identity development, disclosure, race, ability, socioeconomic status, and social norms.² Much of the research treats race, gender, sex, and other “*biological*” markers as axioms or self-stated truths when the reality is more complicated. The concept of race is a social construct, and its definition has changed over time according to political and economic forces.³ Some theorists have found parallels between the developments of oppressive forces, “the modern concept of race and the institutions and practices that developed and deployed that concept arose within the same networks of disciplinary normalization and biopower that gave us the modern concept of sex.”⁴ The reader should not fall into the common fallacy that oppression based on sexuality, gender, or race is the same, but the forces that benefit from the policing of each category may have developed in similar styles. This nuanced difference will be significant to remember in the later discussion about intersectionality and the compound effects of oppression.

A. Recommendations to the Governor and Legislature on Health

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 (S. 2541).

2. Support HIV prevention and treatment services for LGBTQ youth, which are particularly critical for LGBTQ youth of color.

LGBTQ youth are disproportionately impacted by HIV, with LGBTQ youth of color facing the highest disparities. The Commission encourages the Commonwealth to continue increasing access to PrEP by making the HIV prevention treatment available free of charge to anyone who would benefit from it, including minors. Furthermore, the Commission recommends that the Massachusetts State legislature pass An Act Relative to HIV Prevention Access for Young Adults (H. 2349 / S. 1404) in the 192nd legislative cycle to remove the parental consent requirement for PrEP.

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

All youth deserve the best 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 to Increase Access to Disposable Menstrual Products in Prisons, Homeless Shelters, and Public Schools, referred to as the “I AM.” bill (S. 1445), and An Act Relative to HIV Routine Screening and Care (H. 2347 / S. 1405).

4. 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 attempts. 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 the following:

- (S. 2197) An Act to Protect Children's Mental Health Services, which would create an ombuds position within the Office of the Child Advocate to monitor and ensure compliance with child mental health laws
- (S. 675 / H. 1041) An Act Relative to Mental Health Parity Implementation, which would help ensure that coverage for mental health conditions and substance use disorders must be the same as coverage for physical health problems
- (S. 1266 / H. 2111) An Act Supporting/Relative to Student Mental Health, which would require public and charter (7-12) schools and public universities to include telephone numbers for suicide prevention hotlines on the back of their student ID cards

- (H. 2082) An Act to Identify and Eliminate Racial and Sexual Orientation and Gender Identity Disparities in Mental Health, which would direct the Health Policy Commission to issue an annual report examining disparities in prevalence of mental illness, substance use disorder, and suicide among various groups including homelessness, disability, incarceration status, race, ethnicity, sexual orientation, and gender identity

Finally, the Commission was once again pleased to see the State Senate approve An Act Addressing Barriers to Care for Mental Health (S. 2584) in November 2021 and urges the House to pass it as well. In addition to expanding access to mental health care and strengthening quality of care, S. 2584 also directs the Office of Health Equity to identify potential barriers to care for underserved cultural, ethnic, and linguistic populations and the LGBTQ community.

5. Create a legal framework for supervised consumption sites.

Supervised consumption sites (SCS), such as those proposed by An Act Relative to Preventing Overdose Deaths and Increasing Access to Treatment (H. 2088 / S. 1272), are legally sanctioned harm reduction facilities where people who use drugs can safely consume previously obtained drugs under medical supervision. SCSs provide (1) emergency responses to overdoses; (2) injection-related first aid; (3) access to counseling, medical and behavioral health services, and substance use treatment; and (4) exchange and disposal of needles. SCSs are especially pressing considering the disparities in lifetime heroin use among LGBTQ youth as compared to their non-LGBTQ peers.

C. Research on LGBTQ Youth Health

1. Intersectionality, the Socio-Ecological Model, and Social Determinants of Health

Kimberlé Crenshaw coined the term “intersectionality” to describe the impact of multiple types of oppression on a single person which result in uniquely adverse situations.⁵ Nancy Krieger, in her eco-social theory of embodiment, explains how the body “literally incorporates” its environment to theorize how “population distributions of deprivation and privilege” affect health.⁶ Therefore, racism and other forms of oppression involving LGBTQ youth are determinants of health because of a person's “embodiment of inequitable social systems.”⁷ Intersectionality goes beyond racism and sexism because systemic power structures can construct many identities as an “other”; thus, ableism, classism, religious discrimination, xenophobia, and other forms of oppression can become nodes in an intricate and three-dimensional web of causation.⁸ It is vital to recognize inequitable social systems that create disease to break away from individual-behavior models of promoting health. Health-promoting institutions need to address social inequities that create conditions for the deterioration of health or impede entire groups of people from taking care of themselves, also known as Social Determinants of Health.⁹

2. LGBTQ+ Youth and COVID-19

It is essential to recognize that COVID-19 exposed the intensity of the health inequities affecting many subpopulations in the United States. Information from the National Institute of Health tells us that the mortality rate for Black Americans is 2.1 times higher than that of white Americans.¹⁰ Additionally, Hispanic

patients have the highest odds of hospitalization, followed by Asian patients.¹¹ Unfortunately, this data was not available until five months after the pandemic started, which delayed specific actions to ameliorate the impact in this community. Among some of the factors affecting the severity of COVID infections are race and ethnicity¹² – even when controlling for neighborhood-level socioeconomic status, and non-English as a primary language.¹³ It will be important to consider these factors in future research to disaggregate race and ethnicity, in order to more accurately study the impact of COVID-19 in LGBTQ communities.

According to the Massachusetts Youth Health Survey of 2019, 12.5% of high school youth identify as lesbian, gay, or bisexual. According to the same survey, 2% stated being transgender; and 12.3% perceived their gender as equally feminine and masculine.¹⁴ Data from the 2019 YRBS for the city of Boston show that 15% of youth identified as lesbian, gay, or bisexual; an additional 5% were not sure about their sexuality, 1.4% identified as transgender, and 1.5% were unsure if they were transgender.¹⁵ While most data concerning COVID did not include variables on sexual orientation and gender identity, research does indicate that LGBTQ youth faced significant disparities in access to essential health services.

LGBT centers play a significant role in the development of LGBTQ youth by providing relief from isolation, basic necessities, and health services. During COVID, average weekly clients have increased for small centers by 34%, but decreased by 24% for centers with budgets above \$150,000. As reported in their 2020 Annual Report, almost all centers of the Centerlink network of LGBTQ centers have pivoted their services to provide online programs. Many centers have expanded their basic needs services to offer cash, food, and rent assistance to community members. For example, before COVID, only 19% of the centers provided direct cash assistance, and by July 2020, 32% of centers were offering emergency cash assistance—a nearly 70% increase in the number of centers with such help. In the same report from Centerlink, 40% of centers say that their top priorities for 2020 changed because of the pandemic. Government support has been critical for LGBTQ centers, with 82% of participating centers applying for Paycheck Protection Program (PPP) loans totaling over \$14 million. Many centers noted that continued government support moving forward would remain imperative to protect centers' financial stability.¹⁴

Another concern during this pandemic is the acceptance of COVID-19 vaccines as a prevention method. One study found that medical mistrust was associated with decreased vaccine acceptance. When looking at race, Black participants (also more likely to distrust the health system due to its history of racism) were more likely to mistrust the vaccine, while Asian participants were significantly more likely to accept the vaccine.¹⁵ However, blaming vaccine hesitancy as the sole – or even as the primary factor – for low initial vaccination rates in racial and ethnic disenfranchised populations would be to deny the effects of systemic racism on most other aspects of their health. At the time of this report, in June of 2022, 89% of MA residents have received at least one dose of a COVID-19 vaccine, while 57% of MA residents have received at least one dose of a COVID-19 vaccine and a booster dose.¹⁶ As of April 2022, the racial breakdown of COVID-19 vaccination rates are as follows: 87% white, 83% Black, 81% Hispanic, and over 99% Asian for at least one dose of a COVID-19 vaccine; 60% white, 43% Black, 38% Hispanic, and 58% Asian.¹⁷ On November 2, 2021, the Pfizer COVID-19 vaccine was authorized by the CDC to be used for youth aged 5 to 11, and is not yet authorized for youth under the age of 5.¹⁸

3. HIV and Sexually Transmitted Infections (STIs)

Rates of HIV and other sexually transmitted infections disproportionately affect youth 13 to 24. The CDC

states that youth aged between 13 and 24 make up 21% of new HIV infections in 2019, though rates have been decreasing for this age group since 2014; the CDC also notes that almost half of youth living with HIV are unaware that they have been infected. Within Massachusetts, rates of infection for young adults aged 20 to 29 have increased from 20% in 2010 to 29% in 2019.¹⁹ Additionally, youth engaged in behavior that has previously been mislabeled as male-to-male sexual contact – as the data is aggregated with transgender youth who may not identify as male – comprise approximately 92% of new infections among this age group.²⁰ HIV diagnoses among transgender youth decreased 21% between 2014 and 2018.²¹ In MA, young adults assigned male at birth represented 82% of cases, and 63% of exposures classified under Men who have Sex with Men (MSM), in which, again, transgender and gender-nonconforming youth are misclassified. The estimated average annual rate of HIV diagnosis from 2016 to 2018 among MSM (ages 18-64) was 32 times the rate of infection in men who do not report sex with men (8.9 per 100,000).²²

Of newly diagnosed LGBTQ youth, a disproportionate number of infections occur in Black (51%) and Latinx (27%) youth, though between 2014 and 2018 infection rates decreased for all racial groups except American Indian/Alaskan Native youth which remained stable. Among transgender people, the highest rates of infections occur for black transgender folks and among transgender women of all races.²³ We need to disaggregate infection data even further to understand health inequities that affect LGBTQ subpopulations. For example, smaller studies have found that Black men who have sex with men and women are more likely to be unaware of their HIV status, have never received HIV care, and report detectable viral loads compared to men who exclusively have sex with men or with women.²⁴ A study looking at the sexual health of transgender and gender-nonconforming youth found that risks for STIs are more significant among non-binary youth, youth who were assigned male at birth, those who underwent medical gender affirmation, and those who were who engage in transactional sex. This study also concludes that clinical care can benefit from considering risk factors in general and those particular to trans and gender-nonconforming youth.²⁵

In 2019, 59% of Chlamydia infections reported in MA were among youth 15-24; this percentage is slightly lower than the national rate of 62%. The rate for the same age group in MA was 32% for gonorrhea, which was 11% lower than the national average. About a third of positive cases for both infections presented among transgender youth (no further disaggregation presented in report).²⁶

In Massachusetts, syphilis rates in 2019 among MSM (ages 18-64) was 102 times the rate of infection in men who do not report sex with men. In 2019, 39% (N=344/882) of infectious syphilis cases among men reporting sex with men also self-reported coinfection with HIV. Middlesex and Worcester Counties reported the most significant incidences of syphilis among MSM. Syphilis infections among 15-29 year old accounted for 37.2% of infections, and ages 15-24 accounted for 18.5% of infections.²⁷

Hepatitis C (HCV) infection rates have shifted since 2002 towards a younger age in 2018, with a significant increase among young persons who inject drugs. Relatedly, coinfections of HIV/HCV for MSM/Intravenous Drug Use (IDU) for ages 20-29 have jumped from 5% of all cases in 2013 (N=5) to 11% (N=13) in 2017. This increase is congruent with an overall rise in infections acquired through IDU, including Hepatitis B (HVB). These coinfections are relevant because people with HIV are disproportionately affected by both the hepatitis B virus and HCV, and it causes difficulties with their HIV treatment. Coinfections with HCV and HVB put patients at greater risk for liver-related problems, including liver cancer and death.²⁸

Pre-Exposure Prophylaxis (PrEP) is an HIV prevention method that uses HIV medications, and it can be up to

99% effective for sexual exposure when taken as prescribed and 74% effective against drug injection exposure.²⁹ While HIV disproportionately affects young gay and bisexual men who have sex with other men, this population faces several barriers to accessing this treatment, including stigma, lack of access to informed providers, and exclusion from health services.³⁰ According to a study published in 2020, for young gay and bisexual Black men, friends and peer groups are the primary source of health information on PrEP, and individuals with friends who openly discuss PrEP were more likely to initiate treatment. The same study revealed that young black men with providers unaware of PrEP were most hesitant or distrustful to use it.³¹ Another study found that black college students at historically black colleges have a favorable view of PrEP to prevent HIV.³² However, studies have also highlighted that adolescents want information beyond the basics of PrEP to make informed decisions about their health, especially regarding side effects, drug interactions, and how to overcome barriers such as cost, talking to parents/guardians about PrEP, or hiding it from them.³³

The effects of COVID-19 on HIV+ youth are still being studied. Some of the information available so far indicates that for transgender and non-binary people a younger age and job loss are associated with burdensome access to HIV medications.³⁴ In another study, Latinx participants express concern about the potential of becoming infected with COVID-19 when accessing HIV/STI testing.³⁵

4. Substance Use

In public health practice, substance abuse is a health condition, and it may involve the use of legal and criminalized mind-altering substances. Multiple factors have shown a predisposition to substance abuse in the general population, including biological, biochemical, psychological, social, and cultural factors.³⁶ Furthermore, a lack of awareness of community support for gay and lesbian youth is a predictor for substance abuse and criminal activities even in the presence of parental acceptance and/or a gay/lesbian social network.³⁷

Substance use is relatively common among high school students nationally, where 29.2% of respondents indicated current use of alcohol (13.7% for binge drinking) and 21.7% for marijuana use. Lifetime report of marijuana was reported by 36.8% of students, prescription opioids by 14.3%, synthetic marijuana by 7.3%, cocaine by 3.9%, methamphetamine by 2.1%, and heroin by 1.8%. Rates of use were higher among self-identified LGB young people, with 31% reporting current marijuana use and 49.6% reporting lifetime use, 33.9% reporting current alcohol use (15.6% for binge drinking). LGB youth reported life use of prescription opioids by 23.9%, synthetic marijuana by 11.6%, cocaine by 7%, methamphetamine by 5%, and heroin by 3.8%.³⁸ LGB youth's higher rate of substance use and abuse is concerning and might be explained by the minority stress model.³⁹ For example, a study found that sexual and gender identity concealment predicted widespread alcohol use and was related to higher alcohol consumption. The same study found that the level of concealment of one's sexual and gender identity predicted drug use (accounting for 1.40% of the variance in score).⁴⁰

5. Sexual Health Education

Sexual health is a fundamental right that includes the right to sexual identity, expression, and activity.⁴¹ Frank discussions of sexual activity and health are largely considered to be taboo and largely contested in sexual health education, especially in regards to LGBTQ youth. Seven states in the US even prohibit the mention of LGBTQ sexuality and identities in a positive light in sexual health education contexts through legislation coined

as “‘no promo homo’ laws.”⁴²

Sexual health education is a protective factor against STIs and risky sexual behavior. Students who have received sexual health education and have multiple partners are more likely to seek HIV testing than students who have not. They are also more likely to use condoms and less likely to engage in sexual activity under the influence of alcohol or drugs. Students who engage in risky behavior and receive destigmatizing HIV education are more likely to seek testing and treatment for STIs, decreasing their chances for complications and death.⁴³

In the US, only 29 states and D.C. mandate sexual health education to be taught in schools, while 40 states and D.C. require school districts to involve parents in sex education, HIV education, or both. Consequently, the content and quality of the curricula will vary extensively. A content analysis of sexual health education indicated that 74% recommended abstinence or abstinence-until-marriage sexual health education be stressed to students, a method that has widely been demonstrated to be ineffective at preventing unintended pregnancies and STIs. Over half of these states did not require education on contraceptive and barrier methods, and less than one-fourth required details about effectiveness, pros and cons, and instructions on their use to be taught. Only 42% included content related to healthy relationships, 54% required content about sexual violence, and 36% required content specifically about sexual consent. About 12% of states in the US have sexual health education policies that explicitly stigmatize homosexuality, while 10% require that sex education classes be separated based on biological sex which stigmatizes transgender students.⁴⁴

Nevertheless, 24% of sexual education curricula require content that includes diversity of sexual orientation, and 14% were found to be inclusive of different gender identities. Abstinence-based programs and sexual health education that are not inclusive of sexual orientation and gender identity leave youth ill-equipped to make informed choices about their sexual and romantic health, leading to deep health inequities. More worrisome is that research also shows that instances of sexual assault can be construed as normal by youth lacking the proper education.⁴⁵ While sexual health education is a good predictor of protective factors against STIs and pregnancy, the quality of sexual health education must also be taken into account to serve LGBTQ youth.

In Massachusetts, schools are not required to teach sex education comprehensively, and the curriculum must explain the benefits of abstinence; no information on sexual orientation or identity is required, nor information on sexual consent. Additionally, parents or guardians can exempt their children from sexual education through written notice to principals.⁴⁶

The CDC lists **20 critical sexual education topics for youth**. Below is listed a selection of sexual health related data from Massachusetts School Health Profiles as collected through surveys given to principals and teachers by the CDC between 2017 and 2018 with a 72% response rate from principals and a 75% response rate from teachers.⁵⁸

Reported teaching all 20 critical sexual health education topics:

- 27.6% of Massachusetts secondary schools taught students all 20 critical sexual health education topics in a required course in any of grades 6, 7, or 8.
- 61.6% of Massachusetts secondary schools taught students all 20 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about the benefits of being sexually abstinent:

- 72.1% of Massachusetts secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.
- 91.4 % of Massachusetts secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.

Reported teaching how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy:

- 66.7% of Massachusetts secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 6, 7, or 8.
- 90.5% of Massachusetts secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 9, 10, 11, or 12.

Reported teaching how to create and sustain healthy and respectful relationships:

- 76.4% of Massachusetts secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.
- 92.7% of Massachusetts secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about preventive care that is necessary to maintain reproductive and sexual health:

- 63.5% of Massachusetts secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 6, 7, or 8.
- 87.4% of Massachusetts secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 9, 10, 11, or 12.

Reported teaching how to correctly use a condom:

- 36.7% of Massachusetts secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.
- 79.3% of Massachusetts secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about methods of contraception other than condoms (LGBTQ youth are at higher risk for unintended pregnancies:

- 51.6% of Massachusetts secondary schools taught students about methods of contraception other than

condoms in a required course in any of grades 6, 7, or 8.

- 86.5% of Massachusetts secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about sexual orientation:

- 63% of Massachusetts secondary schools taught students about sexual orientation in a required course in any of grades 6, 7, or 8.
- 82.9% of Massachusetts secondary schools taught students about sexual orientation in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about gender roles, gender identity, or gender expression:

- 62.8% of Massachusetts secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 6, 7, or 8.
- 82.8% of Massachusetts secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 9, 10, 11, or 12.

Reported providing curricula or supplementary materials relevant to lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth:

- 68.3% of Massachusetts secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.

While barriers to comprehensive sexual health education are pervasive, it is more so when analyzing it from an intersectional lens. Sexual health education rarely includes the experiences of people with disabilities, much less people with disabilities who are LGBTQ youth. A small study found that only 42% of adolescents with Intellectual and Developmental Disabilities (IDD) understood pregnancy and reproduction, 37.5% knew about contraception, and 45.3% knew about sexually transmitted infections.⁴⁷

6. Mental Health and Suicide Risk

Mental health is often confused with the mere absence of mental health disorders and adjacent to health instead of an integral part of human wellbeing. Good mental health cannot exist without addressing social determinants of health such as heterosexism, cissexism, poverty, racism, and other human rights violations.⁴⁸

Between 2008 and 2018, there was an increase in the percentage of schools across states in which the lead health education teacher received professional development on emotional and mental health (from 40.8% to 84.8%) and suicide prevention (34.5% to 83.9%). In addition, there was an increase in development education for teachers in supporting students with disabilities, diverse cultural backgrounds, and limited English proficiency. During 2018 in Massachusetts, 92.2% of secondary school teachers tried to increase student's knowledge on emotional and mental health, 82.3% of secondary lead health education teachers received professional development in emotional and mental health, and 77.9% of teachers tried to increase suicide prevention knowledge with their students.⁴⁹

According to the YRBS 2019 Boston data, LGB youth were twice as likely to feel sad or hopeless 31% vs. 59%; twice as likely to have seriously considered suicide 34% vs. 12%; and twice as likely to have purposefully hurt themselves without wanting to die 33% vs. 12%.⁵⁰ Upwards of 70% LGBTQ+ youth have disclosed experiencing at least one instance of enacted stigma and discrimination, including physical and verbal violence. The experience of violence and discrimination will harm youth's mental health, leading to hypervigilance in the effort to predict dangerous situations.⁵¹

Suicide is the second leading cause of death for people ages 10 and 34, and it accounted for 6,488 deaths of youth between the ages 10 and 24 in 2019. LGBTQ+ youth are particularly vulnerable to suicide ideation and attempts⁵² – and completion⁵³ – especially among transgender youth.⁵⁴ Additionally, the COVID-19 pandemic has exacerbated feelings of loneliness and isolation among LGBTQ youth.⁵⁵

In an alarming 2022 national report from The Trevor Project, nearly half (45%) of LGBTQ youth reported that they had seriously considered suicide in the past year, which is an increase of 5% from prior to the pandemic in 2020. Of this group, 50% of youth were between the ages of 13 and 17, and 37% between the ages of 18 and 24; 53% of youth identifying as pansexual and 59% of transgender males reported suicidal ideation. Almost one in five of transgender and nonbinary youth attempted suicide, and more than two in three transgender and nonbinary youth reported that their current home is not gender-affirming. Overwhelmingly, youth of color were more likely to report suicidal ideation and suicide attempts than white youth. Youth that reported affirming homes and schools were far less likely to experience suicidal ideation or suicide attempts.⁵⁶

In the same survey from The Trevor Project, 73% of LGBTQ youth and, specifically, 80% of youth identifying as transgender males, nonbinary, or questioning reported experiencing symptoms of anxiety, as well as 71% of cisgender and transgender females. While the COVID-19 pandemic significantly exacerbated barriers to mental healthcare for many individuals, 60% of LGBTQ youth could not access crucial mental health services in the past year, and 56% of LGBTQ youth reported that their mental health was poor most of the time or for at least half of the COVID-19 pandemic. Of these youth, approximately 60% were transgender and nonbinary youth. The following variables were listed as reasons youth could not access mental healthcare:⁵⁷

- (48%) Fear of discussing mental health concerns
- (45%) Concerns with obtaining parent/caregiver permission
- (43%) Fear of not being taken seriously
- (41%) Lack of affordability
- (34%) Fear of care not working
- (29%) Fear of being outed
- (26%) Fear of my identity being misunderstood
- (23%) Concerns with receiving virtual care at home
- (21%) Lack of transportation options
- (20%) Lack of parent/caregiver permission

According to a systematic review of 44 studies on risk, resiliency, and mental health factors for transgender and gender non-conforming youth, common factors correlating to poor mental health include physical and verbal abuse, discrimination, stigma, isolation, poor peer relations, low self-esteem, weight dissatisfaction,

and older age. Conversely, protective factors included family connections, feelings of belonging and safety at school, social supports, and respect for gender congruent names. Youth who were open about their gender identity were more likely to report mental health problems. However, youth who reported being able to use their chosen name across all social contexts (a name they have chosen for themselves rather than the one assigned by parents at birth as a signifier of gender acceptance in the community) presented the lowest rates of depression and suicidality. These findings indicate that youth who find supportive environments that respect their identities, protect them from harassment, provide them with affirming medical care, participate in sports as their whole selves, and support them in a discriminatory larger world will be able to thrive. Unfortunately, the review found that nearly one-fifth of the studies did not provide information regarding ethnicity, impeding a racially intersectional analysis of their results.⁵⁸

A study found that concealment of sexual and gender identity is associated with higher rates of depression, anxiety, social anxiety, and stress. This study compared their results between gender minority and cisgender participants. The extent of concealment was equally predictive of depression, anxiety, social anxiety, and stress for gender minorities and cisgender, and helps explain that higher concealment rates for gender minorities result in a higher rate of mental health problems.⁵⁹ Finally, in 2021, 17% of LGBTQ youth reported being threatened or subject to conversion therapy, including more than 1 in 5 transgender and nonbinary youth.⁶⁰

7. Eating Disorders and Body Dysmorphic Disorder

LGBTQ youth experience a higher prevalence of mental health challenges caused by stigma and prejudice than heterosexual and cisgender counterparts. Unique factors challenge lesbian, gay, bisexual, transgender, and gender-nonconforming youth as an aggregate and per each group. Some of the factors affecting youth include victimization, expectations of rejection, and internalized stigma such as homophobia, concealment of identity stress, and violence, and social and verbal victimization. Additionally, LGBTQ youth are more likely to report eating disorder symptoms if they perceive higher levels of stigma. Therefore, it is not surprising that LGBTQ youth would experience higher clinical eating disorders and eating disorder behaviors. Different studies have stated that anywhere from 50% to 70% of LGBTQ youth have reported disordered eating, with higher rates among transgender youth.⁶¹

Parker and Harriger found in a systematic review four main themes concerning research results:

1. Ideals of appearance were created from different sources corresponding to one's sexual and/or gender identity.
2. Appearance ideals and stereotypes about physical characteristics of one's sexual orientation or gender identity were intertwined.
3. Race, as well as gender identity and sexual orientation, intersected to create image ideals
4. LGBT spaces could contribute to forced ideals and could also support the acceptance of various body shapes and sizes.⁶²

Adolescent lesbians were found to engage in more disordered eating behaviors than heterosexual peers and had similar rates to bisexual females. However, adolescent lesbians reported binge eating occurred at higher rates than any other sexual orientation group. Unlike heterosexual and gay male adolescents, lesbians did

not decrease disordered eating over time, and the rates were more likely to increase. Albeit, other studies have found that such differences might not be statistically different.⁶³

Compared to their heterosexual counterparts, gay and bisexual male youth were more likely to engage in exercise to lose weight, disordered eating, use diet pills, and felt more dissatisfied with their body shape; they were also less likely to gain weight, experience a decrease in BMI from adolescence to early adulthood, and participate less in physical activity or team sports than their heterosexual counterparts. Higher BMI is directly associated with disordered eating. Like their lesbian peers, having a higher BMI was predicted by age, employment status, depression, anxiety, and stress level.⁶⁴

Bisexual females and males were also found to engage in higher rates of disordered eating than their heterosexual peers in multiple studies. For bisexual men, risks for disordered eating included ambivalence regarding their sexual orientation, concern about the perception of others regarding their sexual orientation, gay community involvement, sexual objectification experiences, antibisexual discrimination, internalized biphobia, sexual objectification experiences, and increased use of pornography. For bisexual females, risk factors include gay community involvement, antibisexual discrimination, internalized biphobia, sexual objectification experiences, relationship dissatisfaction, depression, being Latina/Hispanic or Black, gender role orientation, low self-esteem, maladaptive social comparison, objectified body consciousness, self-consciousness during physical intimacy, internalization of sociocultural standards of attractiveness, and body surveillance. Young Latinx and Black bisexual youth were more likely to engage in disordered eating than other racial/ethnic demographics.⁶⁵

Transgender and nonconforming youth seem to be at particular risk for disordered eating behaviors, and accordingly, more research is needed. One study, for example, showed that transgender and gender-nonconforming adolescents were more likely to be bullied for their weight or size and were less physically active compared to other youth. Body dissatisfaction is a significant factor, as well as thoughts that changing a body size will have a feminizing or masculinizing effect, likely related to gender dysphoria (feelings of distress at the incongruence of primary and secondary sex characteristics with one's gender identity). Restrictive eating was more common among transgender women, and higher BMIs were associated with transgender men, likely in an attempt to control body shape and size. Eating disorder behavior is also more prevalent among youth who could not access gender affirmation medical treatment and youth who present suicidal ideation, suicide attempt, and self-injurious behaviors.⁶⁶ A study focusing on the effects of objectification on transgender women found important links between objectification and disordered eating rather than congruence of the body with gender identity.⁶⁷

It is essential for medical providers working with LGBTQ youth to assess for eating disorder behaviors and be adequately trained in how to engage respectfully with these communities. Furthermore, a lack of knowledge of the clinical and social needs of LGBTQ+ may lead to the belief that the treatment being received is not appropriate. Similarly, educators and school administrators need to be aware of LGBTQ youth's risks.⁶⁸ While no data is available on the knowledge of school administrators about the particular risks for LGBTQ+ youth, in Massachusetts, 68.8% of schools had teachers increase students' knowledge of the signs, symptoms, and treatment for eating disorders.⁶⁹ In regards to screening, research shows that the Eating Disorder Examination – Questionnaire Short (EDE-QS) is a valid instrument for assessing disordered eating in transgender and gender-nonconforming populations.⁷⁰

8. Healthcare Access and Utilization

Healthcare access and utilization for LGBTQ youth may include complex and layered variables, including access to culturally humble or competent care in which a provider is aware of the needs and respects the identities of the patients, insurance that will cover the care that is needed or will be accepted by the appropriate providers, experienced discrimination, anticipated discrimination, disclosure of sexuality, racism in health systems, refusal of care, and harassment in healthcare settings.⁷¹

A barrier to appropriate care is the disclosure of sexual orientation or sexual behavior to their provider. One study found that 37% of participating Sexual Minority Men at high risk for HIV infection did not disclose their sexual orientation and 25% were not comfortable discussing sex with their providers despite being patients at an LGBTQ-affirming health center. The same study found that non-disclosure rates were higher among men of color. The authors speculated that these rates are higher at non-affirming facilities.⁷²

Currently, COVID-19 has pushed the use of telehealth services to the forefront. Before the pandemic, the Pew Research Center reported that about 89% of adolescents in the U.S. spent time online "constantly" or "several times per day." In an LGBTQ+ youth survey, 89.2% of respondents reported spending at least two hours online per day. The same study found that LGBTQ youth were on average 15 years old when they first participated in the LGBTQ+ community online and were slightly older when they participated offline; the age difference was statistically significant. Pre-COVID-19 pandemic, LGBTQ youth reported being significantly more engaged in online resources catered to them than offline ones. Nearly two-thirds used online resources to access health information compared to 35% who had used offline resources.⁷³ Upwards of 94% of LGBTQ+ centers have offered online programs during stay at home orders.⁷⁴ LGBTQ populations showed higher rates of behavioral health support use before and during the COVID-19 pandemic.⁷⁵

Regarding access to care, the most glaring health inequities are suffered by transgender and gender-nonconforming (TGNC) people due to lack of provider training⁷⁶ – and outright healthcare denial.⁷⁷ According to the 2015 US Transgender Survey Report, TNG people suffer a pervasive lack/refusal of healthcare due to a myriad of systemic issues; nearly 25% of respondents reported being refused medical care due to gender-nonconforming identity, while approximately 30% reported having a negative experience with medical providers. Additionally, higher rates were reported for people of color and/or disabilities leading to 20% of respondents postponing medical care due to fear of mistreatment; 30% due to the inability to afford it; and 2% being the victims of violence in healthcare settings.⁷⁸

TGNC who are also people of color who were "out" in healthcare settings were more likely to have experienced discrimination in a doctor's office or hospital, as well as were more likely to be asked questions that would not typically be asked of other patients. TGNC individuals were also more likely to postpone care; experience misgendering; encounter doctors with insufficient medical knowledge; be subjected to doctors who made assumptions about sexually-transmitted infections, drug use, and psychiatric diseases; and be subjected to unnecessary physical examinations.⁷⁹ Black, Latinx, and gender minority youth and adults were less likely to have a primary care provider or contact a doctor in regards to COVID-19 testing.⁸⁰ Among Latinx sexual minority men and transgender women, 13.5% said they were unable to get needed medications and 34.6% said they got less medical attention than usual during the pandemic.⁸¹

9. Gender Affirming Care

"Gender-affirming care is the provision of culturally and clinically competent care across all health disciplines" for the benefit of transgender and gender-nonconforming persons.⁸² The Gender Affirmation framework is influenced by Objectification Theory and Identity Threat Model of Stigma. Objectification theory is used to understand the need to control one's body to comply with cultural standards of attractiveness or gender compliance. In transgender people, this may entail seeking medical care for hormones or body modification – if that care is not available through appropriate medical channels, it may also mean seeking it through illegal or other dangerous means. The Identity Threat Model of Stigma explains that high levels of stigma, body shame, and discrimination create a high need for gender affirmation while the same conditions deny access to the very gender affirmation that can help alleviate it. According to this model, those with the highest need for affirmation but the lowest access to affirming strategies are at a greater danger of engaging in maladaptive/unhealthy behavior in order to fulfill a legitimate need.⁸³

Transgender and gender-nonconforming identities are not classified as disorders anymore, but the distress associated with identifying as a gender different from the one assigned at birth is diagnosed as gender dysphoria.⁸⁴ Even if problematic, standards of care (SOC) for transgender people have existed since 1978, and the World Professional Association for Transgender Health (WPATH) has updated them seven times since their establishment.⁸⁵ Most professional medical associations have published statements affirming the necessity of medical treatment for gender dysphoria, including the American Medical Association, American Psychiatric Association, and the American Public Health Association.⁸⁶ Finally, the Joint Commission changed its standards in 2011 to "to require hospitals to adopt policies prohibiting discrimination based on gender identity or expression."⁸⁷ Furthermore, the APA has recognized WPATH guidelines recognizing hormone therapy and gender-affirming surgery (previously referred to as sex reassignment surgery) as medically necessary and non-experimental.⁸⁸

It is also essential to recognize the importance of Section 1557 of the ACA in protecting transgender people. A paper produced by the Fenway Institute asserts that because of the "Section 1557 rule, insurance plans across the country may not deny access to medically necessary medications, surgeries, and other transition-related treatments for transgender people if similar services—a hysterectomy, for example—would be covered for cisgender people. This federal regulation rule is designed to promote civil rights and can be used as a legal resource when protecting the right of transgender people to receive care."⁸⁹ This interpretation of Section 1557 of the ACA was reversed during the Trump administration and reinstated on May 20, 2021 during the Biden administration.⁹⁰

Current standards of care may vary on the institution providing care, with some adhering to the WPATH standards of care, which require the diagnosis of gender dysphoria. A relatively new model of gender affirming care relies on an Informed Consent Model, which provides gender-affirming care in a context outside of medical pathologizing.⁹¹

This report on the health of LGBTQ youth paints a painful reality of discrimination, lack of access, and other hardships. Clearly, there is still much to be researched and known about the health of LGBTQ youth, especially at the intersections of identity/exposures. It also highlights that improvements in health require access to affirming care and addressing social determinants of health. We hope that some of the models of care presented in this document can help providers reach out and cultivate practices that affirm LGBTQ youth; that schools provide comprehensive sexual education curriculums; and that the importance of an

intersectional and eco-social approach is reflected in healthcare while treating these precious communities within our society.

ENDNOTES

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SEXUAL VICTIMIZATION

A. Introduction

LGBTQ people experience disproportionately high rates of sexual violence when compared to non-LGBTQ people.¹ Current research demonstrates that sexual violence affects people of all genders, sexual orientations, races, abilities, ages, and more; however, it uniquely impacts LGBTQ youth and the LGBTQ community. Discrimination, marginalization, racism, sexism, and hate-motivated violence put LGBTQ persons at a higher risk of sexual assault.² Society also often hypersexualizes LGBTQ people and stigmatizes queer relationships, which contributes to ineffective responses to sexual violence in the community and decreased reporting.³

Internalized homophobia and transphobia in the community have been linked to intimate partner violence between LGBTQ couples.⁴ Finally, LGBTQ youth and young people experience disproportionately high rates of sexual violence in higher education and carceral institutions.

Sexual victimization often intersects with other forms of abuse. For instance, sexual assault may be a component of an anti-LGBTQ hate crime.⁵ The Network/La Red, a Boston-based, survivor-led organization captures the different tactics of abuse that may be experienced by LGBTQ youth and adults:

Tactics of Abuse⁶

The Network/La Red, Boston

Type of Abuse	Examples
Sexual Abuse	<ul style="list-style-type: none"> ● Unwanted touching or contact ● Withholding affection ● Rape ● Sexual Assault ● Refusing safer sex practices ● Sexual exploitation and trafficking ● Exposing one's genitals to others without consent
Emotional Abuse	<ul style="list-style-type: none"> ● Threats of suicide or self-harm ● Breaking into social media accounts ● Re-defining reality and dismissing feelings ● Isolation from LGBTQ safe spaces, family, and friends ● Sabotaging personal relationships
Physical Abuse	<ul style="list-style-type: none"> ● Threats of suicide or self-harm ● Breaking into social media accounts ● Re-defining reality and dismissing feelings ● Isolation from LGBTQ safe spaces, family, and friends ● Sabotaging personal relationships
Cultural/Identity Abuse	<ul style="list-style-type: none"> ● Controlling identity and gender expression

	<ul style="list-style-type: none"> ● Purposefully using the wrong name and/or pronouns ● Outing or threatening to out ● Preventing associations with community and culture
Financial Abuse	<ul style="list-style-type: none"> ● Controlling finances ● Jeopardizing public assistance ● Making late for work/school or forcing to leave early ● Forcing or prohibiting employment or school attendance

The Boston Area Rape Crisis Center identifies common survivor reactions to sexual violence and the other forms of violence detailed above. Many survivors experience guilt, fear, avoidance, anger, mood swings, distrust, loss of control, numbness, and re-experiencing.⁷ These reactions may be exacerbated for LGBTQ individuals due to discrimination based on identity, lack of support, poverty, racism, and other structural challenges.

B. Recommendations to the Governor and Legislature on Sexual Victimization

1. Require schools to teach inclusive sexual health education that includes consent and develop consent education programs to prevent and reduce instances of sexual assault.

LGBTQ students experience stark disparities in sexual violence and intimate partner violence. It is imperative that schools play a more significant role in educating students on the importance of consent and healthy relationships. H. 673, An Act Relative to Healthy Youth would help further this goal. The Commission commends the Senate for the passage of the “Healthy Youth Act” in September 2021 and implores the House to pass this essential bill.

The Commission also notes that there are other means of ending sexual victimization that the legislature and executive branch should pursue; many of these recommendations are presented above in previous Core Recommendations.

C. Research on Sexual Victimization and LGBTQ Youth

1. Intimate Partner Violence

Intimate partner violence is a “systematic pattern of behaviors where one person non-consensually uses power to try to control the thoughts, beliefs, actions, body, and/or spirit of a partner.”⁸ In general, the Network/La Red estimates that 25-33% of LGBTQ people experience abuse by a partner, and one out of four LGBTQ youth experience abuse from a dating partner.⁹ Relatedly, the CDC found that compared to non-LGBTQ peers, LGBTQ high school students are over three times more likely to have forced sexual intercourse (19.4% vs. 6.7%); two times more likely to experience physical violence while dating (13.1%

vs. 7.2%); and two-and-a-half times more likely to have experienced sexual dating violence over the course of a year (2019) (16.4% v. 6.7%).¹⁰

This national trend is reflected in the Commonwealth of Massachusetts. In Massachusetts, LGBTQ youth are 2.7 times more likely to experience sexual contact against their will than non- LGBTQ youth; and LGBTQ youth are 3.6 times more likely to experience sexual dating violence than non-LGBTQ youth.¹¹ Transgender students experience higher rates of forced sexual intercourse, physical dating violence, and sexual dating violence than their cisgender peers, including other LGBQ youth, indicating that there are key disparities to be addressed even within the LGBTQ community.¹²

In Massachusetts, among students who have been on a date, 17.7% of LGBTQ respondents reported that a dating partner hurt them physically, compared to 5% of non-LGBTQ respondents reporting the same.¹³ 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 also found that LGBTQ women who experienced intimate partner violence suffered longer-lasting consequences at a higher rate than heterosexual, cisgender women, likely caused by barriers to support due to their sexual orientation.¹⁴ This troubling data on dating violence underscores the importance of evidence-based, comprehensive, and LGBTQ-inclusive support services for LGBTQ youth in the Commonwealth of Massachusetts.

2. Sexual Violence in Institutions

a. Higher Education

Research has long demonstrated that sexual violence is a pervasive issue across college campuses. Studies further show that LGBTQ people experience sexual violence at higher rates than their heterosexual, cisgender peers. On campus, LGB students are approximately three times more likely than their heterosexual peers to experience sexual violence, while transgender students are significantly more likely to experience sexual violence than their cisgender female peers.

Within the LGBTQ community, students of color experience higher rates of sexual violence than their white peers.¹⁵ In general, 34% of multiracial women, 27% of Alaska Native/American Indian women, 22% of black women, and 14.6% of Hispanic women are survivors of sexual violence.¹⁶ Students of color experience regular racism, which leads them to distrust institutions that purportedly serve to support them. In hospitals and police stations, they may experience microaggressions, victim-blaming, or less respect or priority than their white peers. Finally, survivors of color often lack culturally appropriate services and resources that capture their unique needs.¹⁷

In August 2021, the Campus Sexual Violence Act and new regulations from the Massachusetts Department of Higher Education took effect. The Campus Sexual Violence Act is essentially Massachusetts's version of

the federal Title IX, which addresses sexual violence on college and university campuses. The Act requires private and public colleges to promptly disclose to the public via their websites and all students and staff via email their policies and procedures for responding to sexual misconduct. It also requires regular reporting, surveys, and training. Finally, the Act mandates institutions to contact local law enforcement to adopt a memorandum of understanding, governed by DHE regulations, regarding their respective roles and responsibilities when addressing incidents of sexual violence.¹⁸

Undoubtedly, the Campus Sexual Violence Act is a landmark piece of legislation. According to the Massachusetts Commissioner of Higher Education, the Act aims to address issues of safety and equity, as Massachusetts's most vulnerable students, including immigrants, LGBTQ students, and students with disabilities, are more likely to experience sexual violence and are less likely to report it.¹⁹ However, the partnership with local law enforcement is problematic for communities of color and other marginalized persons, given the prevalence of police brutality. It is also important that on-campus and legislative efforts specifically address the unique needs of LGBTQ students on college campuses.

In terms of reporting, LGBTQ students face unique barriers that impact their decision on whether to report. Common barriers include:²⁰

- Not being taken seriously or having their experience minimized
- Not having their experience called sexual assault or rape
- Having to explain their experience in more detail than one would ask a heterosexual or cisgender survivor
- Having to educate those they reach out to
- Having their experience sensationalized
- Increasing people's homophobia/transphobia or being seen as a traitor in their community because they told their story to straight/cisgender people
- Mistakenly being seen as the perpetrator
- Being blamed for the assault
- Not being understood
- Being treated in a homophobic, transphobic, or racist manner by police, hospital staff, rape crisis center, counselors, and others
- Being "outed"

In sum, despite advances in legislation, responses to sexual violence on Massachusetts's college campuses must consider the positionalities and needs of LGBTQ students.

b. Carceral Institutions

In carceral institutions at the state and federal levels, LGBTQ youth and adults are at a significantly increased risk of sexual violence. LGBTQ incarcerated persons are approximately six times more likely to experience sexual violence than the general prison population.²¹

The Prison Rape Elimination Act (PREA) of 2003 codifies the right of incarcerated persons to be protected from sexual violence. The U.S. Department of Justice's PREA standards specifically highlight LGBTQ incarcerated persons and risk factors related to their sexual victimization. On the one hand, PREA importantly requires correctional staff to be more aware of indicators of sexual violence against LGBTQ incarcerated persons. On the other hand, PREA has increased the surveillance of LGBTQ incarcerated persons. Under PREA, LGBTQ incarcerated persons are further stigmatized due to their increased visibility, and they continue to experience violence. Correctional staff do not always implement PREA in a benevolent manner, abusing their power in conducting inquiries and responding to violence.²²

Not only are LGBTQ persons at increased risk of sexual violence, but they also experience significant barriers to reporting incidents while incarcerated. Within carceral institutions, LGBTQ persons experience substantial prejudice on a day-to-day basis, which may prevent them from reporting incidents of violence.²³ Additionally, LGBTQ persons who report sexual violence may end up in solitary confinement or restrictive housing for their own "protection." Solitary confinement, however, is inhumane and has deleterious effects on mental health; therefore, many LGBTQ persons are deterred from reporting future acts of violence.²⁴

The Criminal Justice Reform Act, passed in 2018, attempts to address some of the unique challenges faced by LGBTQ persons in Massachusetts's carceral institutions. The Act requires that staff address incarcerated persons by the gender they identify with, ensures access to providers with expertise in transgender healthcare, and may permit persons be placed in housing based on their gender identity, rather than sex assigned at birth. The Act also created a special commission to review health and safety of LGBTQ persons in carceral institutions. While the Reform Act signifies potential progress, sexual violence against LGBTQ persons in carceral institutions continues to be a systemic issue in Massachusetts. More research needs to be done on the relationship between sexual violence and incarceration of Massachusetts's LGBTQ youth.

c. Sexual Violence and Economic Instability

In general, there is a well-established connection between sexual violence and economic instability. Sexual violence often pushes survivors of sexual violence into homelessness and/or poverty. The economic impact of sexual violence has been estimated to be over \$122,000 per victim throughout their lifetime.²⁵ At the same time, persons experiencing economic instability are at an increased risk of experiencing sexual violence. Thus, sexual violence and economic instability are deeply intertwined and often correlated.

LGBTQ youth face high rates of poverty, homelessness, and discrimination, which put them at risk for sexual violence. The Boston Area Rape Crisis Center reports that while one in four homeless cisgender girls and one in ten homeless cisgender boys experienced sexual violence at least once since living on the street; homeless and marginally housed LGBTQ youth report even higher levels of sexual violence.²⁶ According to the 2019 Massachusetts Youth Count Survey, LGBTQ youth experiencing homelessness sought sexual assault counseling more frequently than non-LGBTQ respondents.²⁷ LGBTQ youth also may experience abuse at homeless shelters.²⁸ A national study of 27,000 transgender Americans found that 17% of respondents were sexually assaulted in a shelter over the course of a year because they were transgender.²⁹

Another form of sexual victimization comes in the form of survival sex (trading sex for money, shelter, or food). The 2019 Youth Count survey cites that 25.9% of LGBTQ youth respondents reported engaging in sex for money or other necessities. LGBTQ youth experiencing homelessness are four times more likely than non-LGBTQ youth experiencing homelessness to engage in survival sex.³⁰ Survival sex may put LGBTQ youth at risk of sexual victimization, physical and mental health problems, and unsafe sex practices.³¹ For example, in a national study of transgender Americans, transgender persons who engaged in survival sex had five times a higher risk of contracting HIV than the general population.³²

In sum, the prevalence of LGBTQ youth experiencing homelessness and sexual violence is astonishing.³³ The COVID-19 pandemic, the elimination of rent moratoriums and COVID relief, and inflation have likely exasperated the negative impact of both economic instability and sexual violence on LGBTQ youth, particularly for youth of color and immigrant youth.

d. Survivor Services

In the Commonwealth of Massachusetts, there are three organizations that specifically aim to address sexual violence in the LGBTQ community— the Network/La Red, the Violence Recovery Program at Fenway Community Health, and The BUILD Program, a program of Roxbury Youthworks, Inc. The Network/La Red offers a 24/7 support hotline, housing pathways program, support groups, individual support, and other resources for LGBTQ survivors of intimate partner violence.³⁴ Fenway Health’s Violence Recovery Program similarly provides counseling, support groups, advocacy, and referral services to survivors of sexual, domestic, and anti-LGBTQ hate violence.³⁵ The BUILD (Being United In Leading our Destiny) Program, works exclusively with cisgender boys, transgender, and gender nonconforming/gender expansive youth who are at high risk and or victims of CSEC. BUILD offers housing navigation and financial resources, gender affirming items, case management, advocacy, and life coaching services to youth 12-24 years old.³⁶

Other Massachusetts-based organizations offer programs and support for LGBTQ youth survivors. For example, the GLBTQ Legal Advocates and Defenders (GLAD) provides legal support for LGBTQ survivors.³⁷ The Boston Alliance of Lesbian, Gay, Bisexual, Transgender, Queer Youth (BAGLY) hosts four distinct mental health and behavioral health therapies, which are available to any LGBTQ youth under the age of twenty-five. These therapies are free and do not require proof of insurance.³⁸

While there are general and survivor-specific services available in Massachusetts, LGBTQ youth often face difficulty accessing these services. LGBTQ youth may hide their identities or live with the perpetrator, which could make accessing services challenging and even dangerous. Discrimination based on identity may also make LGBTQ youth hesitant to seek help from shelters, rape crisis organizations, or hospitals.³⁹ A study by the National Coalition of Anti-Violence Projects estimates that 85% of survivor advocates have worked with an LGBTQ survivor who was denied services due to their sexual orientation or gender identity.⁴⁰ Contacting police after incidents of assault or rape is often dangerous, considering the prevalence of police violence against Black, brown, and other marginalized communities. Finally, sociocultural understandings of victimhood impact access to formal help. What constitutes an “appropriate” victim and perpetrator is based on heteronormative assumptions of masculinity and femininity. These assumptions “bleed directly into homophobia, and are not only a common component underlying” sexual violence, but “also perpetuate the interpersonal and systemic denial that these are real and vibrant LGBTQ issues.”⁴¹

MASSACHUSETTS RESOURCES

The Network/La Red – The Network/La Red, a Boston-based, survivor-led organization captures the different tactics of abuse that may be experienced by LGBTQ youth and adults. <http://www.tnlr.org/en>

Boston Area Rape Crisis (BARC) – BARC is a comprehensive rape crisis center in the Greater Boston Area that seeks to end sexual violence through healing and social change. <https://barcc.org/>

Black and Pink – Black and Pink Massachusetts is a volunteer-run organization that aims to abolish the criminal justice system and liberate LGBTQ+ people and people living with HIV/AIDs who are disproportionately affected by the system. <https://www.blackandpinkma.org>.

Violence Recovery Program – The Violence Recovery Program at Fenway Health provides LGBTQ survivors counseling, support groups, advocacy, and referral services. <https://fenwayhealth.org/care/behavioral-health/violence-recovery>

Domestic Violence Ended (DOVE) – DOVE is a multiservice organization that provides direct services and support to survivors of dating and domestic violence, including identity-specific counseling services for LGBTQ survivors. <https://www.dovema.org/lgbqt>

GLBTQ Legal Advocates & Defenders (GLAD) - GLAD offers legal services for LGBTQ survivors of sexual violence and discrimination. <https://www.glad.org>

Being United In Leading our Destiny (BUILD)- BUILD offers housing navigation and financial resources, gender affirming items, case management, advocacy, and life coaching services to youth 12-24 years old. www.roxburyyouthworks.org

E. Conclusion

In conclusion, research has established that LGBTQ youth are at increased risk of sexual violence nationally and in the Commonwealth of Massachusetts. Sexual violence has adverse effects on LGBTQ youth's physical health, mental health, and economic well-being, which is often further compounded by experiences of discrimination, transphobia, homophobia, racism, the COVID-19 pandemic, and more. It is essential that the Commonwealth of Massachusetts understand the unique needs of LGBTQ who have suffered sexual violence and provide LGBTQ-inclusive resources and support that address these needs.

ENDNOTES

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EXECUTIVE OFFICE OF EDUCATION RECOMMENDATIONS

A. Introduction

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

FY2023 Recommendations

1. Develop an online training module on best practices for serving LGBTQ youth and families, developed in Articulate 360 for incorporation into EEC’s new Learning Management System and tied to EEC’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 non-binary gender marker option during the development of EEC’s online applications.

Background & Research

The Department of Early Education and Care (DEEC) not only provides guidance on early education, but also assists teenage parents, and licenses child-serving organizations that work with state government, including temporary shelters and foster homes. The Commission has worked with DEEC for several years and is appreciative of DEEC's commitment to youth of all ages under its care.

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

Beyond the recommendations issued below, the Commission looks forward to working with DEEC to examine how LGBTQ competencies might be included in the Professional Qualifications Registry database.

Expanded Recommendations

1. Develop an online training module on best practices for serving LGBTQ youth and families, developed in Articulate 360 for incorporation into EEC's new Learning Management System and tied to EEC'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 humility 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 humility and best practices for creating safe, affirming, and trauma-informed environments. Training should also include an analysis of structural issues and systems of oppression impacting LGBTQ youth, and how EEC fits within the work of interrupting those systems. 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 of what DEEC itself could develop, as could the trainings provided by the Safe Schools Program for LGBTQ Students.

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 update the Residential and Placement regulations to include protection against discrimination based on gender identity and to include youth voice in decision-making around room assignments and programming. These updates would ensure that licensees make housing and placement decisions for transgender youth in residential programs based on 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.

Specifically, the Commission recommends that:

1. DEEC updates the Residential and Placement regulation 3.04 (03)(I) to include discrimination protections for gender identity:

“(I) The licensee may not discriminate in providing services to children and their families on the basis of race, religion, ethnic background, cultural heritage, national origin, marital status, sexual orientation, gender identity, or disability, or in approving shelter home parent applicants on the basis of age, sex, race, religion, ethnic background, cultural heritage, national origin, marital status, sexual orientation, gender identity or disability.”

2. DEEC updates Residential and Placement regulation 3.07(3) to include youth voice in decision making around room assignment and programming:

“(a) The licensee shall assure that all room assignments are appropriate, taking into consideration the ages and needs of residents by collaborating with youth, the clinical team, guardian and referral source.

(b) The licensee shall assure that appropriate programming is provided for each age group served by collaborating with youth, clinical team, guardian, and referral source.”

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, and the Commission has long urged DCF to be more proactive in identifying genuinely affirming placements. 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 was happy to learn that DEEC recently held affinity listening groups for different populations conducted by the Safe Schools Program's Jeff Perrotti. The Commission encourages DEEC to continue its collaboration with DESE and other state agencies on the Statewide Family Engagement Framework, [*STRENGTHENING PARTNERSHIPS A Framework for Prenatal through Young Adulthood Family Engagement in Massachusetts*](#). This effort was informed by affinity listening groups for several populations, including a group for LGBTQ+ families conducted by Jeff Perrotti, Senior Consultant for the Safe Schools Program for LGBTQ Students. This report informs the Commission's work on family acceptance which is important for reducing family rejection of LGBTQ youth. The Office of Student and Family Support also hosts a number of additional resources for family engagement [on their website](#).

5. Include a nonbinary gender marker option during the development of EEC's online applications.

DEEC, in accordance with previous years' recommendations, created the option of a nonbinary gender marker for its new Professional Qualifications Registry database. This adds DEEC to the growing number of state agencies within and beyond Massachusetts who are 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. Discussions with staff working on the registry have focused on better understanding the workforce being served to help with data collection to form a baseline data plan for recruitment retention. The EEC is also exploring opportunities to update its Educator Registry to reflect LGBTQ+ identities.

Department of Elementary and Secondary Education

FY2023 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, afterschool 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.
6. Work with the Commission to build more internal and district-level capacity for trainings and professional development in LGBTQ competency.
7. Continue collaboration with the Commission to find new ways to support nonbinary students, educators, and staff.

Background & Research

The Commission is fortunate to enjoy a strong working relationship with the Massachusetts 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 150 trainings and workshops are held each year on addressing anti-LGBTQ bullying and building safer environments in public schools, in addition to nearly 200 technical assistance responses. The Program also manages the GSA Student Leadership Council, including statewide and regional components that meet monthly throughout the year and include 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 Safe Schools Program for LGBTQ Students has worked 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 letter to school administrators](#). The Commission also thanks DESE for providing space and support for Safe Schools Program and Commission personnel.

Given that ten years have passed since the implementation of the updated student anti-discrimination law to include gender identity, the Safe Schools Program for LGBTQ Students sees this upcoming fiscal year as an opportunity to revisit the [Guidance for Massachusetts Public Schools Creating a Safe and Supportive School Environment](#). Through a facilitated process with educators, administrators, students, DESE staff, caregivers, and others, the Program will gather feedback on how this policy can be updated to best reflect the current needs of LGBTQ youth across the Commonwealth.

Part of the MOU with DESE 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 sending out the annual Commissioner’s letter to schools explaining the Safe Schools Program’s services. The Commission met with Commissioner Riley and DESE staff in March 2020, shortly before the COVID-19 crisis. At that time, the Commission and DESE were looking into the best timing for scheduling the Commission and Safe Schools Program’s biannual presentation to the Board of Elementary and Secondary Education. While the scheduling of this has been delayed due to other pressing COVID-19 related matters, the Commission looks forward to meeting with DESE and Commissioner Riley again in the near future.

Expanded Recommendations

- 1. Continue collaboration with the Commission on 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, rethinking discipline, and safe and supportive schools.**

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 for LGBTQ Students, DESE is addressing 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 for LGBTQ Students into programmatic work

in these areas to maximize the opportunities provided for LGBTQ students and families. With the hiring of a Program Manager, Kimm Topping, in February 2021, the program has expanded its capacity to work with Jeff Perrotti, Senior Consultant, to build intentional relationships and document previous and future opportunities for collaboration. The GSA Student Leadership Council also works with the State Student Advisory Council (SSAC) to help determine the appointment of a student member to the Safe and Supportive Schools Commission.

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

Massachusetts has made great progress in increasing data on sexual orientation, gender identity, and gender expression (SOGIE) with respect to the 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 beyond a student's gender. Learning how to effectively and safely collect this data could shine new light on whether LGBTQ students face disparities with respect to discipline in Massachusetts schools, as seems likely given other available data points on discriminatory/disproportionate discipline of LGBTQ youth at the national level. The Commission also urges DESE to explore ways to include students in SOGIE data collection who may be excluded from surveys and other traditional means of data collection.

Another area in which members of the Commission have expressed interest is data relating to SOGIE status and school performance. Massachusetts law requires DESE to develop a student survey on school climate to be administered at least once every four years to assess the prevalence, nature, and severity of bullying in schools. As DESE has begun to administer this survey, the Commission encourages DESE to include more questions that ask if students observe bullying at one's school on the basis of sexual orientation, gender identity, and/or gender expression and whether students themselves experienced bullying based on their real or perceived SOGIE status. Additionally, DESE notes that important data on LGBTQ status and bullying is already available through the MYRBS. DESE has 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 recommends more opportunities for student-led and community-led data collection and analysis to provide more local-level information, as well as community conversations around data. In FY 2023, the Safe Schools Program for LGBTQ Students will enter a partnership with the Getting to "Y" pilot program in collaboration with the Office of Student and Family Support. This partnership will provide opportunities for youth leaders of the GSA Student Leadership Council to address local and statewide YRBS data impacting their communities.

In 2016, DESE updated its school records system to include a nonbinary gender marker. This is important both on the micro level, in which individual students have their identities recognized and

affirmed, and the macro level, as the statewide data could be useful. However, the usage among students has been much lower than the number who self-identify as gender nonbinary in other instruments. The Commission will continue to support DESE in helping to ensure that students who wish to use the nonbinary marker are aware of the option.

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."¹

The Commission appreciates the work that DESE has done in advancing the LGBTQ-inclusive curriculum materials that has been developed in partnership, and hopes that more materials will become available in FY 2023, including resources in STEM and Spanish language. The Commission recommends, however, that DESE take more active steps in promoting the LGBTQ-inclusive curriculum materials that are currently available to ensure the materials reach as many educators and students as possible. As the Commission has received a significant increase to its budget, the Commission would welcome the chance to develop more outreach strategies with DESE to promote these materials.

The Commission also appreciates DESE including its staff and consultants in the comprehensive health framework revision process. The Commission believes that the work done so far is promising in terms of its LGBTQ inclusivity, and urges DESE to continue promoting districts' use of sexual health education that 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 and encourages the Department to continue seeking funding to do this important work.

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 [*Principles for Ensuring Safe and Supportive Learning Environments for Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning \(LGBTQ\) Students*](#) states, in part:

“Schools are encouraged to have a diverse workforce. In order to provide authentic role models for all students, schools are encouraged to have diverse staff who reflect the protected categories in the Student Anti-discrimination Law, including gender identity and sexual orientation... [I]t is important that school systems have work environments where openly LGBTQ staff members feel safe, supported, and valued.”

In addition to ensuring that non-LGBTQ educators and staff are culturally competent in LGBTQ issues, the Commission also recommends that DESE state clearly its commitment to foster a diverse workforce by supporting and valuing LGBTQ educators, 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 2023.

5. Partner with the Commission to better understand and meet the needs of QTBIPOC students.

The Commission recommends that DESE investigate how QTBIPOC students 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 QTBIPOC students, and notes that DESE’s guidance on supporting 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.² As the Commission carries out its own work on racial justice, it looks forward to continuing this discussion with DESE, including how shared findings on the needs of BIPOC youth can inform Safe Schools Program for LGBTQ Students delivery.

In an effort to develop more culturally-responsive resources, the Commission has recently: contracted a Racial Justice Consultant to review and provide feedback on the Safe Schools Program training curriculum to expand on anti-racist resources and practices; contracted a consultant to develop Spanish-language resources for educators; and contracted a consultant to create culturally-responsive resources for caregivers, educators, and GSA groups. These projects will be shared with DESE to explore opportunities for collaboration and amplification of the resources. We also look forward to continuing the DESE Pride Book Club, which has provided student-led, adult-supported opportunities to discuss books centered on QTBIPOC characters.

6. Work with the Commission to build more internal and district-level capacity for trainings and professional development in LGBTQ inclusion.

The Commission hopes to work with DESE to develop more capacity for the Department and individual school districts to carry out initiatives such as district-wide LGBTQ inclusion trainings, training

superintendents, and other professional development around LGBTQ issues. The Safe Schools Program for LGBTQ Students has increased its capacity to facilitate district-wide initiatives in FY 2023 and looks forward to further partnering with DESE, and statewide associations, like the Massachusetts Association of School Superintendents, to create strategic approaches to supporting district leaders.

7. Continue collaboration with the Commission to find new ways to support nonbinary students, educators, and staff.

DESE has committed to providing ongoing support of nonbinary students over the past few years. Initiatives such as including a Non-Binary data element in the student information management system (SIMS), and collecting data on gender identity and expression through the MYRBS, has provided the Commonwealth with incredibly useful data. The Commission recommends that DESE continue to collaborate with the Commission, GSA Student Leadership Council, and the Safe Schools Program for LGBTQ Students to develop new ways to support nonbinary students, educators, and staff in schools. The Safe Schools Program for LGBTQ Students is actively collaborating with DESE staff to provide all-gender restrooms at the Malden office. In FY 2022, all-gender restrooms were included during GSA Student Leadership Council meetings. In FY 2023, further education and planning will take place to explore more permanent options and other ways to support nonbinary students and staff.

ENDNOTES

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Department of Higher Education

FY2023 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.
2. Continue to support quantitative and qualitative data collection measures across both the public and private higher education sectors to address potential inequities in sexual misconduct occurrence among LGBTQ students versus their non-LGBTQ counterparts.

Background & Research

The Department of Higher Education (DHE) offers vital educational opportunities to nearly 300,000 students at 15 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 on 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.¹ 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.²

Seven of Massachusetts' 29 public colleges and universities are listed on the national Campus Pride index; The Campus Pride Index issues each campus a rating out of five stars that are 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. Fitchburg State University earned a two-and-a-half-star rating; Salem State University and UMass Dartmouth both earned a three-star rating; Massachusetts College of Liberal Arts earned a four-star rating; Bridgewater State University and Worcester State University earned a four-

and-a-half-star rating; and UMass Amherst earned a five-star rating.³

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% of bisexual students and 7% of gay and lesbian students, as compared to 3.3% of heterosexual students, reported a sexual assault in the past year.⁴ The same study found that 47% of bisexual college students and 33% of gay and lesbian students, versus only 17% of heterosexual students, reported one or more incidents of sexual assault in their lifetime.⁵ LGBTQ students are already more likely to begin higher education having been exposed to unwanted sexual contact, with 21.8% of LGBTQ students in Massachusetts reporting such an experience compared to 7.4% of their non-LGBTQ peers.⁶

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

Expanded Recommendations

1. 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.

As with younger students, scholars in higher education programs do best when their classrooms and campuses offer a safe and supportive climate free from violence, discrimination, or harassment. 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. While DHE has a limited role in the affairs of individual institutions, the Commission strongly urges DHE to act as a role model and encourage higher education institutions to pursue anti-discrimination policies above and beyond the baseline required by state law. In a May 2022 meeting, DHE noted that while the COVID-19 pandemic and staffing changes limited the agency's ability to fulfill this recommendation in the previous fiscal year, it looks forward to working with the Commission in FY 2023 to review current anti-discrimination policies in place at all 111 public and private colleges and universities located and operating in the Commonwealth and develop additional guidance as appropriate.

2. Continue to support quantitative and qualitative data collection measures across both the public and private higher education sectors to address potential inequities in sexual misconduct occurrence^[AN2] among LGBTQ students versus their non-LGBTQ counterparts.

National data indicates that sexual violence^[AN3] continues to have a disproportionate impact on LGBTQ students.³⁰ In the 2019-2020 legislative session, S.2979 / H.5241, An Act Relative to Sexual Violence on Higher Education Campuses (the “2021 Campus Sexual Assault Law”), was signed into law by Governor Baker (Ch. 337 of the Acts of 2020). This legislation established a task force on sexual misconduct surveys and gave the Commission the power to nominate a task force member for appointment; Commission member Fahmina Zaman was appointed to the task force along with 26 other members. The “Commonwealth of Massachusetts Task Force Report on Sexual Misconduct Surveys” was released on May 3, 2022, and provided a model campus climate survey to the Commissioner of Higher Education, as well as recommendations related to “the content, timing, and application of the surveys.” While there were some limitations to what the task force could recommend in relation to SOGI data collection to protect student anonymity, the Commission looks forward to reviewing next steps with the task force and DHE in FY 2023.

In addition, the DHE has begun to work with Commonwealth’s higher education institutions to implement the new law’s requirement that institutions provide sexual assault crisis services, or alternatively, enter into MOUs with community-based sexual assault crisis service centers and domestic violence prevention programs funded by DPH to provide survivor services to students and employees. The Commission urges DHE to encourage institutions to make explicit provisions in these MOUs that provide for LGBTQ-specific cultural humility trainings around the delivery of sexual assault services to LGBTQ students and employees.

The Commission further urges DHE to continue supporting data collection efforts that allow Massachusetts institutions to identify disparities in student success and inclusion on their campuses, and to develop inclusive policy and programmatic solutions to end them. Additionally, the Commission encourages DHE to provide LGBTQ cultural humility trainings to its own staff as it reviews internal policies as they relate to nondiscrimination and intersectionality.

ENDNOTES

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Executive Office of Health and Human Services Recommendations

In FY 2017, the Executive Office of Health and Human Services (EOHHS) formed an interagency committee on LGBTQ youth issues co-chaired by the Commission. 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.

This interagency effort reached a major milestone in November 2019 when an LGBTQ inclusion training resource being developed by the group received the input and feedback of every agency in the secretariat. This resource is a product of the Commission, through a collaboration with EOHHS, which offers a curriculum for agencies to use in training their staff, contractors, and providers in the importance of LGBTQ inclusion. Since the product was finalized, the Commission, EOHHS, and several of its agencies have worked to arrange both in-person and (in the wake of the COVID-19 pandemic) online trainings; the feedback thus far has been overwhelmingly positive, and the Commission is using this feedback to create a version of the training resource that could be used as an online training open to all state employees. The Commission appreciates EOHHS's assistance in exploring this possibility.

The Commission encourages EOHHS to work with its agencies to create comprehensive LGBTQ inclusion policies, which some agencies have already published or drafted, as well as to consider if EOHHS-wide policies would be appropriate. This could include goals around increasing SOGIE data collection, which has been another discussion point of the interagency committee.

Department of Child and Families

FY2023 Recommendations

1. Ensure thorough and accurate SOGI data collection through implementation of the new mandatory data elements and staff training.
2. Create and follow a plan for additional phases of SOGI data collection.
3. Report SOGI data in detail, in annual and quarterly reports.
4. Ensure LGBTQ community representation in decisions regarding data collection and reporting.
5. Release a comprehensive LGBTQ nondiscrimination policy
6. Continue implementation of the Gender Affirming Medication Consent Policy
7. Update the Family Resource Policy with LGBTQ-Inclusive Provisions
8. Clarify Policy Regarding Placement Consistent with Gender Identity
9. Continue Policy Collaborations with the Commission
10. Update the LGBTQ Guide and ensure that all staff, providers, youth, and families know it exists and where to access a copy.
11. Expand and require LGBTQ cultural humility training.
12. Update and Improve the MAPP Training
13. Create a statewide database listing LGBTQ-affirming homes.
14. Improve recruitment of LGBTQ affirming foster parents.
15. Create Positions for LGBTQ Regional Specialists and Add or Adjust Other Staff Responsibilities to Promote LGBTQ Equity
16. Promote Youth Rights and Voices

Background & Research

In July 2021, the Commission published a first-of-its-kind report on the experiences of LGBTQ young people in the Massachusetts child welfare system.¹ The report found pervasive threats to the safety, wellbeing, and permanency of DCF-involved queer youth, describing the status quo as an emergency.² Despite the urgent nature of the problems facing LGBTQ youth in foster care, the Commission found that far too little had changed since the first Governor's Commission on Gay and Lesbian Youth identified a pipeline for queer young people from family rejection to foster care to homelessness as early as 1994.³ Building on its history of issuing recommendations to DCF since Fiscal Year 2011, the Commission outlined action steps for DCF in four key areas: data, policy, training and resources, and structural change.

Since issuing the report, the Commission has been pleased to be meeting with DCF on a monthly basis to address the critical issues facing LGBTQ youth in care. DCF also released a new policy in September 2021 outlining the process for ensuring young people get healthcare that affirms their gender identities - a particularly meaningful change at a time when other states are seeking to harm transgender youth and their families by banning this evidence-based, best-practice, medically necessary, even life-saving, care.⁴ It is the clear public policy of the Commonwealth to affirm and protect transgender people. DCF's new policy ensuring access to medical care for transgender youth aligns with this public policy and is an important step toward ensuring timely access to care. DCF has also expanded training opportunities for staff on LGBTQ cultural humility, though there remains an urgent need for more in-depth training that reaches all staff, contractors, and foster parents.

For more than a decade, a barrier to progress in Massachusetts has been the lack of quantitative information on DCF-involved LGBTQ youth. Although DCF adopted fields to collect SOGI data in 2016, as of the end of FY21, only 12 percent of children & youth in DCF placement had a field completed for sexual orientation and 26 percent for gender identity.⁵ Data from other jurisdictions suggest that as many as roughly one-third of youth in foster care are LGBTQ.⁶ These youth experience negative outcomes at higher rates than their peers, including higher rates of mistreatment in care, hospitalizations for emotional reasons, numbers of placements, and placement in congregate care settings.⁷

DCF took a significant step forward in April 2022 by making SOGI data a mandatory part of its i-FamilyNet system. The Commission looks forward to obtaining a more complete and intersectional analysis of the experiences of LGBTQ youth in Massachusetts foster care as the quality of data collection improves. Done properly, collecting data on sexual orientation and gender identity (SOGI) not only provides better information on the experiences of LGBTQ youth in care, but also promotes opportunities for those same youth to discuss their identities without bearing the burden of initiating the conversation.⁸

In other key areas, the Commission has yet to see tangible change for LGBTQ youth. In particular, DCF has not yet released a nondiscrimination policy for LGBTQ youth - a longstanding priority for the Commission. At the time of this report's release, the Commission has met with DCF to discuss feedback on a draft policy and the Department's plan to release it by the end of June 2022. Given the pervasive threats of harassment, discrimination, and violence to LGBTQ youth in state custody, LGBTQ youth cannot wait any

longer for a policy that establishes clear expectations for respectful and affirming care. The Commission urges DCF to make a timely and comprehensive release of this policy a top priority.

Expanded Recommendations

A. Data Recommendations

The Commission began asking DCF to ascertain if LGBTQ youth achieved the same outcomes as their peers and the extent to which race and ethnicity impacted those outcomes in its FY11 recommendations. DCF created the fields to collect SOGI data elements in 2016 and began to implement the capacity to collect SOGI data in 2017, but the IT changes were incomplete and remained optional. In their FY20 and FY21 annual reports, DCF reported the percentages of youth in care who identified as LGBTQ, based on a sample of youth who had SOGI demographic fields completed. However, the low numbers of youth for whom these data were available leave the reliability of these values unclear.⁹

In April 2022, DCF implemented mandatory SOGI data collection for all consumers over the age of 3 years old during the family assessment and action plan process. DCF has indicated it intends to build upon this work by offering training opportunities and making future changes to its data collection system, including collecting information on pronouns and chosen names, which the Department has committed to implementing by September 2022.

To ensure that DCF and other Massachusetts stakeholders have the information needed to understand the experiences of and outcomes for queer youth and other LGBTQ individuals interacting with DCF, the Commission makes the following recommendations.

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

DCF's implementation of mandatory SOGI data elements is an important first step in obtaining a more comprehensive understanding of what disparities exist for LGBTQ youth in DCF care and how to address them. The quality of the data collected depends on DCF staff's ability to respectfully ask for and accurately record SOGI information. The Commission understands that DCF intends to release an e-learning module in June of 2022, to build staff interview skills and provide information on why SOGI data collection matters. The Commission urges DCF to ensure that all staff take that training and to provide further training and support for staff as needed during the implementation phase of this project.

2. Create and follow a plan for additional phases of SOGI data collection.

DCF has stated that it plans to have a second and third phase of changes to data collection, which will include revisions related to the anticipated new Family Resource Policy as well as optional prompts for SOGI data collection at stages other than family assessment and fields for pronouns and chosen names.

Outlining a schedule for next steps and then making timely changes will be important for sustained momentum on data collection. The Commission urges DCF to continue focusing on SOGI data for adults interacting with the system, including parents and foster parents. LGBTQ foster and pre-adoptive parents have reported negative experiences to the Commission. Furthermore, very little is known about rates of removal and reunification for LGBTQ parents, though one study of Black mothers found that those who identified as lesbian or bisexual were more likely to have lost custody of a child compared to their heterosexual counterparts.¹⁰

The more that DCF and other stakeholders understand the interactions of LGBTQ individuals of all ages with the child welfare system, the stronger its position will be to respond to trends impacting LGBTQ youth and to be a leader on LGBTQ child welfare issues.

3. Report SOGI data in detail, in annual and quarterly reports.

The Commission began recommending that DCF publish SOGI data in 2018. DCF published SOGI data for the first time in 2020 and again in 2021, but with numbers that did not appear to accurately reflect the percentages of youth in care identifying as LGBTQ. The Commission is optimistic that the changes DCF has made to its demographic data collection process will result in higher quality SOGI data. The Commission urges DCF to provide detailed, intersectional analysis of SOGI data as soon as its sample size permits. At a minimum, that analysis should include: disaggregation by race, ethnicity, and gender; placement type; and outcomes in safety, permanency, adoption, and wellbeing. While DCF expects it will take six to nine months to have a robust set of SOGI demographic data, the Commission recommends that DCF report out preliminary data. DCF has committed to including point-in-time SOGI data in its annual reports with additional data on the process of increasing the completion of these demographic fields in its FY22 Annual Report.

Finally, the Commission is enthusiastic about DCF's plan to incorporate SOGI data into a public-facing data visualization tool. The Department is committed to releasing this tool by September 2022. In the meantime, the Commission continues to request that DCF include SOGI data in its quarterly profiles and that those profiles clarify whether they are reporting sex assigned at birth or gender identity.¹¹

4. Ensure LGBTQ community representation in decisions regarding data collection and reporting.

Although the Legislative mandate for the DCF Data Work Group did not formally include representation from advocates or professionals with specific expertise in LGBTQ data collection, the Commission and LGBTQ advocates attended Work Group meetings. DCF has committed that the Data Work Group's final report will address an expansion of SOGI data reporting. As the DCF Data Work Group sunsets, the Commission urges DCF to identify and communicate mechanisms by which LGBTQ community members can participate in data-related decisions and ensure the needs and experiences of LGBTQ youth are comprehensively and consistently incorporated into data-related discussions and decisions.

B. Policy Recommendations

DCF's release of its gender-affirming medication consent policy in September 2021 was a significant step forward for transgender youth in DCF care. However, critical components of DCF's policy landscape for LGBTQ youth remain incomplete. The Commission has been recommending that DCF adopt a comprehensive LGBTQ nondiscrimination policy since at least 2017. The Commission strongly urges the Department to finalize its draft nondiscrimination policy and release it by the end of June 2022, as it has committed to.

5. Release a comprehensive LGBTQ nondiscrimination policy

For several years, DCF leadership indicated a preference for incorporating LGBTQ nondiscrimination provisions in the context of individual policies as it revised them, rather than a stand-alone nondiscrimination policy. While the Commission supports the inclusion of LGBTQ provisions in existing policies, its position has been that a standalone policy is also necessary to address all areas of concern for LGBTQ youth in a timely and comprehensive manner. The DCF LGBTQ Liaisons created a draft policy, which has been available since at least 2018, and advocates met with the agency to discuss it in 2020. Following the Commission's release of its report last summer, DCF indicated that work on the policy would begin in November - a timeline that was ultimately pushed back - and DCF's FY 2021 annual report identified creating a policy to focus on LGBTQ youth wellbeing as an agency goal for 2022.

In January, Commissioner Spears confirmed that the Policy Director was reviewing the policy. As of February 2022, DCF was reviewing the policy internally and anticipated its approval within a short period of time. In April 2022, DCF informed the Commission that the policy would be in effect by the end of April or early May 2022. At this time, the agency has shared a draft with the Commission and has requested feedback from the Commission and advocates. The Commission, DCF, and advocates met in the beginning of June to discuss feedback on this policy. This policy is not yet released, though DCF has committed to releasing the policy by the end of June 2022. The persistent absence of clear nondiscrimination standards leads to confusion and a lack of accountability that harm LGBTQ young people. After years of inaction in this area, it is vital that DCF finalize, release, and implement this policy immediately.

6. Continue implementation of the Gender Affirming Medication Consent Policy

The Commission and LGBTQ advocates provided recommendations to DCF in 2017 on improving healthcare for transgender youth during the public comment period for the agency's medical authorization regulations. In 2021, DCF approved a new gender-affirming medication consent policy. DCF distributed the policy in September 2021 and reviewed it with staff at area office meetings in October and November 2021. The agency also provided training on the policy for DCF regional nurses. DCF reports that its Medical Director is keeping track of how the process is unfolding for all requests for gender-affirming care under the policy, and that it will be possible to review the policy after it has

been in place for a year. The Commission looks forward to an opportunity to discuss successes and lessons learned in fall 2022.

7. Update the Family Resource Policy with LGBTQ-Inclusive Provisions

Historically, the Department's Family Resource Policy has not included the same language that is in its state regulations governing licensure for foster and pre-adoptive parents, which requires applicants to demonstrate their ability to support and respect a child's sexual orientation and gender identity. The Commission has since learned that the omission was an error and recognizes that a new draft of the Family Resource Policy includes provisions to support LGBTQ individuals. DCF has communicated that it anticipates releasing the new policy by the end of 2022 and that it will also serve as the basis for other changes - including efforts to better identify LGBTQ-affirming homes. The Commission urges the release of this policy without delay and recommends that DCF consider its input on the draft, as discussed with the agency in February 2022.

8. Clarify Policy Regarding Placement Consistent with Gender Identity

The Commission has heard from providers that a misunderstanding of state policy, combined with difficulty in finding placements for transgender children, has resulted in frequent placements of transgender youth on the basis of sex assigned at birth rather than gender identity. In some cases, confidentiality breaches have occurred when providers have sought consent from parents of cisgender children rooming with transgender children. This concern has been raised since at least 2019. In its 2021 report, the Commission recommended that DCF immediately issue policy or guidance for staff and providers with instructions to place children on the basis of gender identity and/or the child's preference and own sense of safety. The Commission also recommended that any such clarification address confidentiality protections for transgender children against unwanted disclosures, e.g. to parents of roommates. DCF has shared that this issue will be addressed in both the new nondiscrimination policy and the Family Resource Policy. The Commission recommends that the agency release those policies and communicate them to staff and providers as soon as possible.

9. Continue Policy Collaborations with the Commission

As DCF continues to update its own policies, the Commission requests the opportunity to work with the agency where it is possible to address issues facing LGBTQ youth in care and other LGBTQ community members who interact with the child welfare system. DCF has shared that a new policy group is exploring the use of racial impact assessments during the policy revision process, and that this work will include broader issues of equity and intersectionality. The Commission looks forward to opportunities to collaborate through mechanisms like these.

C. Training & Resources Recommendations

In order to make changes to policy and data collection feel meaningful to LGBTQ young people, it is critical that DCF offers training and resources to staff, contractors, and foster families. In the past year, DCF has taken steps to expand training opportunities. However, significant work remains to equip adults throughout the child welfare system with the tools they need to support LGBTQ youth.

10. Update the LGBTQ Guide and ensure that all staff, providers, youth, and families know it exists and where to access a copy.

DCF released a Guide, written by its internal LGBTQ Liaisons, on working with LGBTQ youth and families in 2015. While the Guide is a valuable source of information, the Commission became aware in the summer of 2021 that not all workers, youth, families, or providers know it exists. Since then, DCF has informed the Commission that all new workers receive the Guide as part of their onboarding materials and that the agency is incorporating mention of the Guide into staff trainings. It is also posted on the Department's public and internal websites. DCF also agrees that the Guide requires another update since its last update in 2018. The Guide will be updated during the summer of 2022 in partnership with the LGBTQ Liaisons and Policy Unit. DCF plans to create a distribution plan for the new version of the Guide and has proposed releasing it at a celebratory conference - an idea the Commission would enthusiastically support.

11. Expand and require LGBTQ cultural humility training.

Since at least 2013, the Commission has recommended that all DCF staff receive training on issues impacting LGBTQ youth and adults. Requests for training were renewed in 2016, with the Commission and the DCF LGBTQ Liaisons suggesting that DCF implement mandatory LGBTQ-specific training as part of the roll-out of the Guide and/or at staff meetings at least once each year. Advocates raised the issue of cultural humility training to Secretary Sudders in 2020, who expressed that significant funds were available to support training. During COVID-19, the Commission heard concerns that new staff were not getting sufficient training on LGBTQ identities, despite the incorporation of LGBTQ-related content into a broader three-hour cultural humility training that included information about disproportionality, microaggressions, racial equity, and disabilities.

In the past few years, DCF has expanded training opportunities including optional programs on family support for LGBTQ youth and a "beyond the binary" module. New staff receive an introduction to LGBTQ concepts as part of a cultural humility training. DCF has also been one of the first agencies in the 2022 fiscal year to offer the training developed by the Commission in partnership with EOHHS, titled "LGBTQIA+ Inclusive Workplace". DCF offered six trainings in partnership with EOHHS during April and May 2022, which included specialized DCF and child welfare information. It was reporting a waitlist for those scheduled in May. For these efforts to reach all who could benefit, it is important that DCF continue to expand its training capacity and require that all staff receive in-depth training on

how to best serve DCF-involved LGBTQ youth and adults. DCF has communicated that it intends to schedule Train the Trainer programming this summer; the Commission recommends that it follow through with that plan. It also recommends that it develop a timeline for providing mandatory training for all staff outside of state employee diversity trainings, which are not focused on how to support LGBTQ youth and families. Finally, the Commission recommends that additional skill-building opportunities be available related to increasing family acceptance for LGBTQ youth.

DCF began a new congregate care contract in January of 2022. One of the new contract requirements is that all providers train their new and existing staff on LGBTQIA+ affirming practices. DCF is also working on clarifying policy around placements for transgender youth based on their gender identity. DCF has committed to addressing this in the new Family Resource Policy as well as the new Nondiscrimination Policy.

12. Update and Improve the MAPP Training

In 2012, the Liaisons wrote a MAPP module around LGBTQ youth. Updates to the module occurred in 2016, but not all components of MAPP changed accordingly. Of particular concern has been inaccurate and offensive information provided to participants, which the Commission has brought to DCF's attention since at least 2017. DCF adopted updating MAPP materials to ensure language respectful of LGBTQ identities as a goal in its FY 2019 – FY 2021 Diversity Plan, and the Commission understands that a redesign of the entire MAPP curriculum is taking place. DCF has indicated that the new MAPP program will include four new modules on LGBTQ topics and will incorporate family acceptance concepts. DCF aims to have the curriculum completed by fall 2022. The Commission urges DCF to move forward with that timeline and to continue to seek feedback from subject matter experts throughout the process.

D. Infrastructure and Capacity Building

Sustaining change at DCF requires shifts to existing structures. In particular, the agency needs to build capacity through new systems and staff positions in order to dedicate attention to LGBTQ young people. A key priority includes addressing the availability of affirming homes for LGBTQ youth; the Commission's report described DCF workers struggling to find appropriate placements. While DCF has taken steps toward building capacity, the Commission's capacity building recommendations from its report last summer still need to be completed.

13. Create a statewide database listing LGBTQ-affirming homes.

The Commission recommended programs to specifically place gay and lesbian youth with foster parents who received training or showed sensitivity as far back as 1994, and renewed its recommendation to identify affirming placements in 2013. DCF listed identifying, supporting, and tracking affirming homes as a goal in its Diversity Plan in 2015, but the agency's 2019-2021 Diversity Plan – while still promoting LGBTQ community engagement and foster home recruitment efforts –

omitted the 2015 goal to track affirming homes. In its report, the Commission noted that the informal list maintained by the Liaisons is not a replacement for a tool supported by the Department to identify all relevant LGBTQ homes across the state. Regardless, that list has only 21 homes identified for the entire state, several of which are either unable to take in new young people or are available for only limited purposes, such as short-term stays. DCF is currently developing the IT capacity in iFamilyNet to identify homes that have the interest and skill set to become affirming placements for LGBTQ youth (as well as other specialties) and this will launch in two parts (in November and December 2022) in conjunction with the new Family Resource Policy. While that is welcome news, the Commission urges DCF to find immediate ways to identify additional affirming homes - like encouraging all offices to share information for the Liaisons' central list. Youth cannot afford to wait another several months or more to obtain a supportive, respectful placement.

14. Improve recruitment of LGBTQ affirming foster parents.

The Liaisons have worked for many years, in partnership with the Commission, to expand outreach and recruitment efforts to LGBTQ adults with an interest in serving as foster families. In its report, the Commission highlighted barriers for prospective LGBTQ foster or pre-adoptive parents that remain unaddressed. The Commission understands that DCF intends to improve identification and licensing for LGBTQ-affirming families through the rollout of the new Family Resource Policy and through the revised MAPP curriculum. The Commission encourages DCF to continue working together and to collaborate with outside subject matter experts well before any deadlines, to ensure that changes to these policies adequately address concerns for potential LGBTQ-affirming families.

15. Create Positions for LGBTQ Regional Specialists and Add or Adjust Other Staff Responsibilities to Promote LGBTQ Equity

The DCF LGBTQ Liaisons have served as an engine for change within DCF for years. However, the role of Liaison creates a significant workload outside of existing responsibilities. As early as 2013, the Commission recommended that Liaisons who engage in training their colleagues receive a reduction in caseload to provide sufficient time for their work improving services for LGBTQ youth. Following the publication of the Commission's report, DCF stated it had the funding to hire an LGBTQIA+ Director and LGBTQ specialists. As of now, DCF has posted and conducted interviews for an LGBTQ Director position and has committed to hiring two LGBTQ specialists. The Commission looks forward to seeing that position filled and urges DCF to post additional positions if staffing levels prove inadequate. Additionally, the Commission continues to recommend that the Liaisons have their time recognized and, if needed, workload adjusted in order to permit them to continue working hard to ensure that LGBTQ youth in the child welfare system do not slip through the cracks.

16. Promote Youth Rights and Voices

In its 2021 report, the Commission highlighted the importance of uplifting youth voices and a positive youth development model in connection with efforts to improve services for LGBTQ youth. In the past year, the Commission was pleased to see that the foster child bill of rights is now accessible online and

provided to older youth in care, and to hear that five youth advisory boards remain active. Additionally, DCF has announced that it plans for youth in care and youth with a history of DCF involvement to play a significant role in updating the Guide. The Commission recommends that DCF ensure that LGBTQ youth have access to the Advisory Boards and other opportunities to provide feedback. The Commission looks forward to further collaboration with DCF on ways to support LGBTQ young people who are aging out of the system.

ENDNOTES

Acknowledgments: Hannah Hussey, lead researcher, and writer; editing and proofreading by Massachusetts Commission on LGBTQ Youth staff

¹ <https://www.mass.gov/doc/commission-report-on-dcf/download>

² Report at 4

³ Report at 5

⁴ <https://williamsinstitute.law.ucla.edu/publications/bans-trans-youth-health-care/>

⁵ Numbers provided by DCF. Data reflect fields for children & youth in placement, of all ages. Completion of SOGI fields was higher for older youth - of those age 18 or higher, 22 percent had a completed field for sexual orientation and 34 percent had a completed field for gender identity - but the vast majority of teenagers and young adults still did not have sexual orientation or gender identity data recorded.

⁶ Sandford, T.G.M. (2020). Experiences and Well-Being of Sexual and Gender Diverse Youth in Foster Care in New York City: Disproportionality and Disparities.

<https://www1.nyc.gov/assets/acs/pdf/about/2020/WellBeingStudyLGBTQ.pdf>; University of Maryland School of Social Work Institute for Innovation and Implementation et al. (2021). The Cuyahoga Youth Count: A Report on LGBTQ+ Youth Experience in Foster Care. <https://theinstitute.umaryland.edu/our-work/national/lgbtq/cuyahoga-youth-count/>; Baams L., Wilson B.D.M. & Russell S.T. (2019). LGBTQ Youth in Unstable Housing and Foster Care. *Pediatrics*. 143(3), 1-9. <https://pediatrics.aappublications.org/content/143/3/e20174211>.

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⁸ Center for the Study of Social Policy. (2019). Progress Towards Building an Affirming and Supportive Child Welfare System: getREAL in Allegheny County.

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¹⁰ Kathi L.H. Harp & Carrie B. Oser, Factors Associated with Two Types of Child Custody Loss Among a Sample of African American Mothers: A Novel Approach, *Soc. Sci. Research*, 2016, 283-296,

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5119635/pdf/nihms795147.pdf>; See also Nancy D. Polikoff, Neglected Lesbian Mothers, *Family Law Quarterly*, Vol 52 No 1, 2018, HYPERLINK

"https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3407307"https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3407307

¹¹ The most recent quarterly profile continues to omit SOGI data, and although it lists and defines self-reported gender identity as a profile metric, it reports data under the heading of birth sex. See Massachusetts Department of Children and Families Quarterly Profile -- FY2022, Q2 (10/01/21-12/31/21), <https://www.mass.gov/doc/area-profile-fy2022-q2/download>.

Office of the Child Advocate

FY2023 Recommendations

1. Make efforts to understand concerns regarding LGBTQ youth in state care and custody, and should publicize how it responds to those concerns.
2. Ensure that proposed reforms encompass the unique needs of LGBTQ youth.
3. Ensure SOGI data collection and reporting.
4. Collect and report sexual orientation and gender identity (SOGI) information when reporting statistics about abuse, neglect, and critical incidents.
5. Identify opportunities to partner with the Commission to ensure the safety and education of the most vulnerable LGBTQ students.
6. Explore new ways to promote LGBTQ-inclusive suicide prevention efforts.

Background & Research

The Commission is pleased to be issuing recommendations to the Office of the Child Advocate (OCA) for the first time. The Commission opens this relationship with OCA following a report the Commission released in July 2021, which detailed a state of crisis for LGBTQ youth in the Massachusetts child welfare system. Specifically, the report found pervasive threats to the safety, wellbeing, and permanency of DCF-involved queer youth of all ages. This included: experiences of violence, abuse, and exploitation, especially in congregate care settings; long delays in medical care and barriers to education; and inappropriate placements, frequent moves, and challenging transitions to adulthood. Strong oversight of state foster care and other youth-serving systems is critical to ending this pattern and ensuring that LGBTQ youth receive affirming and effective state services.

The Commission notes that OCA has significant influence to advocate for necessary changes to the child welfare system following the tragic death and disappearance, respectively, of David Almond and Harmony Montgomery, as well as the OCA's previous investigative reports dating back to 2013. The Commission seeks to partner with OCA to avoid leaving LGBTQ youth invisible and unaddressed - a pattern that has occurred repeatedly in previous waves of Massachusetts child welfare reform.

The Commission generally works with its state partners on an annual basis to collaboratively identify and work toward goals for the upcoming year. The Commission looks forward to engaging in that process with

OCA over the coming twelve months, and particularly hopes to jointly address the following recommendations.

Expanded Recommendations

A. Youth in State Care and Custody Recommendations

1. OCA should make efforts to understand concerns regarding LGBTQ youth in state care and custody, and should publicize how it responds to those concerns.

OCA has very little public-facing information available around LGBTQ youth, which may discourage LGBTQ youth or their allies from voicing their concerns to OCA or receiving assistance. It is critical that these young people have a state entity that they can approach outside of DCF and DYS. The Commission recommends that OCA identify ways to become more accessible to LGBTQ communities, which could include targeted outreach, more welcoming language online, and/or meetings with LGBTQ youth organizations. The Commission is particularly concerned about violence, harassment, and abuse against LGBTQ youth that it has heard about in DCF congregate care, and recommends that OCA take a more active role in providing oversight of these facilities to ensure that LGBTQ youth are safe in placement.

2. OCA should ensure that proposed reforms encompass the unique needs of LGBTQ youth.

The Commission notes that - whether responding to specific tragedies, speaking more broadly to systemic issues, or both - OCA is positioned to be a powerful force for change. However, the specific needs of LGBTQ young people are often invisible in its recommendations. While LGBTQ youth, like all young people, would benefit from safer and more effective systems of care, any advances are destined to be incomplete unless they address specific concerns related to sexual orientation and gender identity. The Commission suggests that, moving forward, OCA consider formalizing mechanisms through which LGBTQ advocates and community members can contribute to systems reform conversations. For example, OCA recently proposed establishing a working group to map how children's welfare and best interest considerations are presented in Care and Protection cases; such a working group would benefit by including members from across the state with expertise in whether and how the welfare and best interests of LGBTQ youth are presented in such cases and how any recommended suggestions might impact issues related to their sexual orientation and gender identity.¹

Additionally, the Commission urges that OCA investigate and address compliance with nondiscrimination requirements and cultural competence around LGBTQ identities even when other types of concerns prompt reviews of congregate care facilities. Finally, the Commission urges that OCA incorporate specific challenges for LGBTQ young people into its work on transition-aged youth. The

Commission has identified numerous barriers that LGBTQ young adults face - including identity documents with incorrect name and gender marker information, barriers to employment, and a shortage of LGBTQ-affirming housing resources - and would be eager to work with OCA to ensure state efforts address these issues.

3. OCA should ensure SOGI data collection and reporting.

OCA should, through the Juvenile Justice Policy and Data Board / Childhood Trauma Task Force or other appropriate entities, ensure the publication of detailed information regarding LGBTQ youth dually involved in the child welfare and juvenile justice systems. National data suggest that LGBTQ youth in the juvenile justice system are more likely than their non-LGBTQ peers to have histories of removal from their homes and placement in foster care.² These young people also report higher rates of trauma.³ It is critical that Massachusetts advocates and policymakers have the data needed to understand how LGBTQ youth move between the child welfare and juvenile justice systems, how they are supported, and the extent to which their needs are addressed in that movement. Such data should, at a minimum, be disaggregated by race, gender, age, and ethnicity. More generally, OCA should also work with DCF, DYS, and other state agencies to ensure high-quality, consistent SOGI data collection and reporting. Finally, the Commission urges OCA to ensure that the DCF Data Work Group's final report addresses the existing status of and recommendations for SOGI data collection.

4. OCA should collect and report sexual orientation and gender identity (SOGI) information when reporting statistics about abuse, neglect, and critical incidents.

The Commission appreciates that OCA's FY20 annual report provides information about the gender of youth impacted by critical incidents, including youth identified as transgender or gender-nonconforming, but is concerned that the agencies who provide these data may be undercounting transgender and gender-nonconforming youth. The Commission recommends that OCA work with its partner agencies to ensure they accurately record young people's gender identities. Additionally, the Commission urges OCA to identify whether reports of abuse and neglect in congregate care settings involve LGBTQ youth or issues of sexual orientation and gender identity, and to do so in a way that examines intersections with race and ethnicity.

B. Education Recommendations

5. Identify opportunities to partner with the Commission to ensure the safety and education of the most vulnerable LGBTQ students.

Very little is known about the experiences of LGBTQ youth in residential schools in Massachusetts. The Commission appreciates OCA's 2017 report of the Interagency Working Group on Residential Schools. The Commission is eager to learn more about any ongoing work resulting from that report and how the Commission and its Safe Schools Program for LGBTQ Students might collaborate with OCA to

understand the experiences of LGBTQ youth in residential schools and to contribute to any needed changes.

C. Public Health Recommendations

6. Explore new ways to promote LGBTQ-inclusive suicide prevention efforts.

LGBTQ youth report suicidal ideation at alarming rates.⁴ The Commission has partnered with the Department of Public Health for many years on suicide prevention efforts specific to and inclusive of LGBTQ young people. The Commission is eager to learn more about OCA's work on suicide prevention and opportunities to collaborate.

ENDNOTES

Acknowledgments: Hannah Hussey, lead researcher, and writer; editing and proofreading by Massachusetts Commission on LGBTQ Youth staff

¹ Massachusetts Office of the Child Advocate. *Investigative Report: A Multi System Investigation Regarding Harmony Montgomery*, May 2022: 56. <https://www.mass.gov/doc/office-of-the-child-advocate-investigative-reportharmony-montgomerymay-2022/download>.

² Angela Irvine and Aisha Canfield, "The Overrepresentation of Lesbian, Gay, Bisexual, Questioning, Gender Nonconforming and Transgender Youth Within the Child Welfare to Juvenile Justice Crossover Population," *Journal on Gender, Social Policy, and the Law* 24, no. 2 (2016): 245. <https://static1.squarespace.com/static/60da0d6e99c93c16e9951f78/t/60feb3d0735d6f7990c4f328/1627304919984/irvine.canfield.jgspl.2016.pdf>

³ Data on file with the Commission.

⁴ Massachusetts Department of Elementary and Secondary Education. *2017 YRBS/YHS: Mental Health*. <https://www.doe.mass.edu/sfs/yrbs/2017-mental-health.pdf>.

Massachusetts Commission for the Blind

FY2023 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 gender pronouns in client notes and exploring options for increasing data collection relating to sexual orientation and gender identity.
3. Explore connecting clients to LGBTQ-friendly resources and conducting outreach to the LGBTQ community.

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 1996,¹ and convenes regular conferences.²

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, 2018, 2019, and 2022 fiscal years. 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. In June 2019, MCB invited the Commission to conduct a brief "brown-bag lunch" training that was attended by MCB Commissioner D'Arcangelo and staff. They also provided staff with training on how to collect gender pronouns and LGBTQ status in client notes for clients who self-identify in this way. An LGBTQ competency training was also held in FY 2018. MCB's liaison to the Commission has been an active part of the EOHHS interagency

committee working on developing a shared training curriculum, and now that that resource is complete, MCB has expressed interest in having the Commission return to present an in-person training based on this content. In 2021, MCB held two sessions of “LGBTQ+ Inclusive Organizations” training presented by a training consultant from the Commission on LGBTQ Youth. The Commission looks forward to continuing to partner with MCB on these trainings in FY 2023.

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

MCB has made significant progress in collecting data relevant to LGBTQ clients. As noted above, MCB has trained staff on how to enter gender pronouns into a client’s case notes when that client discloses their pronouns, particularly when other staff may be likely to make an incorrect assumption. MCB has also explained to staff how they can record a client’s LGBTQ identity in case notes when a client discloses this information so that they can be aware of potential services or issues that might benefit or impact that client as an LGBTQ person. Since 2021, MCB has allowed for clients to select “other” in place of “Male” or “Female” for their gender. This is very positive for people who identify as nonbinary or otherwise do not use a Male or Female marker and is in keeping with the new policy to allow a nonbinary “X” marker on state identification.

The Commission appreciates that more formal data collection on LGBTQ status – such as recording the sexual orientation and gender identity of each client – would be more challenging and require changes to their data system. The Commission recommends that MCB keep such additions in mind when future changes to the data system are being planned. In May 2022, MCB noted that the agency has reviewed and plans to update its current SOGI data collection practices with the Commission in FY 2023.

3. Explore connecting clients to LGBTQ-friendly resources and conducting outreach to the LGBTQ community.

The Commission and MCB have partnered in the past to ensure that the Commission’s resource map is accessible to people who are blind or visually impaired. With the creation of a new website to be launched at the beginning of FY 2023, the Commission looks forward to feedback from MCB to ensure the accessibility of its new resource database. Additionally, the Commission looks forward to collaborating with MCB in FY 2023 to conduct outreach to LGBTQ youth and young adults who are eligible for MCB services or could otherwise be connected to the agency (e.g., through internship opportunities), with particular attention to underserved youth in the Commonwealth.

ENDNOTES

¹ About Us. (2018). Blind LGBT Pride International. Retrieved from <http://blindlgbtpride.org/about-us/>

² Upcoming events. (2018). Blind LGBT Pride International, Retrieved from <http://blindlgbtpride.org/events/categories/upcoming/>

Massachusetts Commission for the Deaf and Hard of Hearing

FY2023 Recommendations

1. Review and continue to evaluate how to add to data on sexual orientation and gender identity.
2. Provide LGBTQ competency training opportunities to staff and providers.
3. Continue partnering with the Commission to share resources and information among MCDHH's client and provider populations.

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 is 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 in formats accessible to this community.¹ 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. Review and continue to evaluate how to add to data on sexual orientation and gender identity.

The Commission commends MCDHH for including a new nonbinary gender marker option in its client management database in 2019, fulfilling a previous recommendation. The Commission looks forward to reviewing what data occurs from this change in FY 2023 and exploring with MCDHH how this data could inform its work. The Commission also intends to collaborate with MCDHH and other EOHHS agencies to evaluate SOGI data collection practices to potentially standardize collection to allow for cross-agency analysis. The Commission continues to recommend that MCDHH consider how else it might implement the collection and review of data related to sexual orientation and gender identity in its work.

2. Provide LGBTQ competency training opportunities to staff and providers.

The Commission recommends that MCDHH develop opportunities for LGBTQ competency trainings to staff and providers. MCDHH notes that while internal materials, such as articles and videos, are distributed to staff for optional viewing, the last training opportunity for all staff was in 2016. In May 2022, the Commission and MCDHH discussed potential partnerships and possibilities for working with EOHHS to facilitate trainings to MCDHH staff, particularly for those in Deaf and HOH Independent Living programs across the state. The Commission looks forward to continuing to collaborate on such opportunities in FY2023.

3. Continue partnering with the Commission to share resources and information among MCDHH's client and provider populations.

The Commission is grateful to MCDHH for the opportunities it has provided to share resources and information. For example, MCDHH's liaison to the Commission assisted the Commission in being able to give a presentation on LGBTQ issues to a provider group serving people who are Deaf and Hard of Hearing. MCDHH and the Commission had also planned to co-present on LGBTQ issues at a national conference, which was unfortunately canceled due to the COVID-19 pandemic. The Commission looks forward to continuing its collaboration with MCDHH in FY2023, particularly in its programs affiliated with the Safe Schools Program for LGBTQ Students.

The Commission has discussed with MCDHH its desire to work together on a small, independent report to examine the intersections of LGBTQ identities with Deaf and hard of hearing communities and looks forward to collaborating on this together in FY2023. The Commission and MCDHH have also discussed the Commission's resource map, which the Commission is in the process of transitioning into a resource database, and the Commission looks forward to receiving any feedback MCDHH might have on how the database could be made more accessible and/or inclusive before its full launch in early FY2023.

¹ 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

Massachusetts Rehabilitation Commission

FY 2023 Recommendations

1. Create a comprehensive nondiscrimination and inclusion policy for LGBTQ clients.
2. Adopt LGBTQ-inclusive intake forms and appropriately train staff on implementation procedures.
3. Provide LGBTQ cultural humility training for all youth-serving staff and providers and continue working with the EOHHS interagency committee to complete a universal training and explore implementation.
4. Continue partnering with the Commission on implementing an LGBTQ youth outreach plan.

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.¹ A major study of adults in the state of Washington found that 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.² Additionally, in 2015, the National Center for Transgender Equality found that 39% of transgender people report having a disability compared to 15% of cisgender people.³ 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 humility, 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 FY18 and had a productive conversation on MRC's progress regarding the Commission's recommendations. Finally, in 2020, MRC incorporated a non-binary gender marker option into their MRC Connect online application.

Expanded Recommendations

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

The Commission is excited to hear that MRC has made concrete steps towards creating a comprehensive nondiscrimination and inclusion policy for LGBTQ+ clients with attention to intersectional identities. In 2021, MRC informed the Commission that they had formed a Unity Group that has begun research to implement relevant recommendations of the Commission and plans to develop guidance similar to the DYS policy on the Prohibition of Harassment and Discrimination Against Youth, specific to the population served by MRC. In FY22, the Unity Group began drafting up a nondiscrimination statement which was recently shared with the MRC DEI Council to provide feedback, and the Commission looks forward to reviewing a draft of the statement in FY 2023. The Commission strongly supports the work of MRC and will continue to work with MRC in FY 2023.

2. Continue to adopt LGBTQ-inclusive intake forms and appropriately train staff on implementation procedures.

Since 2020, MRC has been discussing how best to implement the recommendations provided by the MaeBright Group under contract with the Commission, which detail how to make their systems more LGBTQ+ inclusive. The MRC LGBTQ+ & Allies Committee presented this plan to Commissioner Wolf in January 2020 and began working within the agency's business process redesign working groups in March 2020 to implement changes. The LGBTQ+ & Allies Committee will also be working with the MRC Learning and Development team to ensure that the necessary training is conducted once the recommendations have been implemented.

Over the last fiscal year, MRC has begun to expand its SOGIE data collection variables to include questions around sexual orientation and gender identity, and has built out options around family structures and marital status. These new data points are currently being utilized by MRC Connect, as well as the Adult Supported Living and Turning 22 units. The Commission commends this progress and looks forward to continuing to support MRC as it works to review other areas it can make its application process and data collection more inclusive agency-wide. Moving forward into FY 2023, the Commission and MRC will explore training opportunities to ensure that all staff are trained on the necessity of this data collection.

3. Provide LGBTQ cultural humility 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 staff have worked to ensure such changes would comply with requirements from the federal government and have also discussed providing LGBTQ competency training for MRC staff. In 2022, staff from MRC participated in a train-the-trainer lunch and learn session hosted and developed by EOHHS and Commission trainers along with representatives from other state agencies. Additionally, the Commission was pleased to learn that, as of May 2022, MRC is procuring a DEI consultant to provide a robust DEI Learning Series for all staff, which will include workshops specific to content on

LGBTQ+, disability, race, and health disparities. The Commission looks forward to continuing to partner with MRC in the next fiscal year to identify further opportunities to participate in trainings for all staff.

4. Continue partnering with the Commission on implementing an LGBTQ youth outreach plan.

The MRC LGBTQ+ & Allies Committee has finalized 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. The Commission and MRC have designed joint advertising materials to promote our services among LGBTQ high school students who qualify for MRC services. The two agencies have also developed a plan to disseminate these materials and raise the visibility of LGBTQ youth with disabilities. The Commission's Statewide GSA Student Leadership Council, which is part of its Safe Schools Program, weighed in on this outreach plan at a November 2019 meeting at which members of the LGBTQ+ & Allies Committee presented. Three pathways for distribution were decided upon, including using the statewide and regional GSA councils, using the other networks available to the Commission, and delivering posters to MRC's secondary school partners through its staff liaisons.

The posters were planned for distribution before the close of the 2019-2020 school year, before the COVID-19 pandemic delayed these plans. In April 2021, the Commission and MRC discussed distributing the posters virtually, through the Commission's newsletter, GSA Adviser listserv, and through social media. In May of 2022, the Commission and MRC discussed additional methods of distribution for electronic materials, and have committed to beginning recurring quarterly meetings in FY 2023.

The LGBTQ+ Allies Committee's outreach work has also included participating in multiple Pride celebrations in the Commonwealth in the summer of 2021 as a way of further increasing their visibility in the LGBTQ community. The Commission commends MRC's work in this area, which can serve as an example to other state agencies in conducting outreach to LGBTQ communities.

ENDNOTES

¹ Goodenow, C. (2016).

² 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>.

³ S. E. James et al., "The Report of the 2015 U.S. Transgender Survey" (Washington, D.C.: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2016),
<https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>.

Department of Mental Health

FY2023 Recommendations

1. Disseminate and implement 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 explore the potential for an online training for use at DMH hospitals and other settings as appropriate.
3. Complete implementation of LGBTQ-inclusive data measures.

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. 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 humility and services it offers to its LGBTQ clients. In collaboration with experts in the field, DMH has already conducted several needs assessments and has identified areas where its services and support are strongest and other areas where DMH needs further training and assistance.

In January 2021, DMH released a comprehensive nondiscrimination policy and accompanying guidance, and has made progress in training their providers on LGBTQ competency - both of which were Commission recommendations. The agency is also researching ways to improve LGBTQ inclusion in data collection, reflecting a recommendation that was first issued in FY 2019. The Commission was excited to learn that DMH is opening ten new YA Access Centers across Massachusetts this year, including its first center in Boston. DMH envisions these centers as low-barrier, safe, and affirming spaces for LGBTQ and BIPOC youth that promote leadership opportunities and provide a supportive community.

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.¹ 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. These statistics are even higher for youths and young adults, and these at-risk populations need the support of inclusive policies.²

The Commission's data analysis, as shared 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.

Expanded Recommendations

1. Evaluate the new "Prohibition of Unlawful Discrimination Including against LGBTQI Persons" policy and related guidance, and implement any needed updates.

In January 2021, DMH released a comprehensive LGBTQ nondiscrimination policy, which had been a previous recommendation by the Commission. An implementation group was formed in 2020 to address issues with the policy and plan and execute its implementation with successful cross-collaboration from multiple DMH departments. The Commission was pleased to see this finalized and distributed agency-wide over the past year, and looks forward to working with DMH as it prepares for an annual policy review in the fall.

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 in training all of its employees on LGBTQ competency. Promisingly, Part B of DMH's recently-released nondiscrimination policy includes training of employees; in May of 2022, DMH expressed that they currently have a 77% compliance rate among its staff on this new policy and guidelines. A section on LGBTQ cultural humility was additionally embedded into the mandatory employee annual review training in FY22. Over the next fiscal year, DMH aims to achieve a minimum 85% compliance rate for LGBTQ cultural humility trainings among staff. DMH, like several other agencies, has expressed that the difficulty in achieving such a high compliance rate can often lie with overnight staff at 24/7 programs and centers. The Commission looks forward to working with DMH and other agencies in FY 2023 to focus on flexible and considerate strategies targeting 24/7 program staff.

The Commission further recommends that DMH offer more specific LGBTQ youth-specific trainings to staff who are most likely to directly interface with these populations; DMH has noted a need for higher-level trainings for clinicians in regard to gender identity and expression. The Commission also encourages DMH to gather and analyze evaluations of its trainings and their long-term retention by staff. Finally, the Commission recommends that DMH consider how to also ensure its vendors are trained on LGBTQ competency. The Commission is excited to continue to collaborate with DMH on new opportunities for trainings in FY 2023.

3. Complete implementation of LGBTQ-inclusive data measures.

The Commission commends DMH for preparing to collect comprehensive sexual orientation and gender identity and expression (SOGIE) data and otherwise make its data and intake process more LGBTQ-inclusive. In 2021, DMH noted that it hoped to audit these new data collection measures to ensure that they are working properly and correctly collecting the data. During this review, DMH shared with the Commission that there are some existing issues with the data collection, particularly as the data fields are difficult to find and are not mandatory. Moving into FY 2023, the Commission looks forward to working with DMH to address these barriers, particularly as DMH hopes to move to a new data system in the future.

ENDNOTES

¹ Goodenow, C. (2016).

² Haas, Ann P et al. (2011) "Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: review and recommendations." *Journal of homosexuality* vol. 58,1: 10-51. doi:10.1080/00918369.2011.534038

Department of Public Health

FY2023 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 humility indicated on physician profiles.
5. Continue exploring ways to counter the effects of discrimination and advance LGBTQ inclusion.
6. Support the Youth Development Roundtable as it works to advise on outreach and issues impacting LGBTQ youth.

Background & 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. The Commission encourages DPH to review its findings on the impact of COVID-19 on LGBTQ youth, presented above; as the pandemic had only just begun when the Commission met with DPH staff to discuss these recommendations, concerns relating to COVID- 19 have not yet been integrated within this section.

A great deal of research over the past few decades – as detailed in the Commission’s data report and health research section above – 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).¹ Research also shows that LGBTQ people have elevated rates of trauma,² 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 youth 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 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. In its May 2022 meetings and reports, DPH notes that it previously secured The Racial Equity Institute, a North Carolina-based anti-racist training and capacity building organization to provide an initial two-day training focusing on leaders and staff together to proactively understand and address racism. Though each session is limited to thirty participants, The Department will continue to invest in sponsoring multiple sessions of this training until the demand is satisfied. Staff who have completed the training are invited to participate in monthly Department-wide Racial Justice Lunch and Learn sessions that focus on projects and programs that address issues of racial justice. Additionally, DPH notes that bureau-specific working groups regularly convene to address their respective racial equity and anti-racism priorities.

Finally, the Office of Population Health created a new Community Engagement Unit organized explicitly by race, ethnicity, sexual orientation, and by populations that experience consistent disparities in health (i.e., Indigenous Populations). This new unit will employ population-based strategists that will work to identify successes and recommended improvements in public health responses with a focus on LGBTQ+ public health.

The Commission appreciated meeting with DPH staff from several departments in March 2020 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 recommendations presented below and has remained in contact and collaboration with the Commission throughout the year. The LGBT Working Group has made significant progress toward 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 funding as well as meeting and office space.

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 Bureau of Infectious Disease and Laboratory

Sciences (BIDLS), Office of HIV/AIDS to improve the marketing of key services and prevention messages to the LGBTQ youth. In 2021, DPH completed guidance on using social media for promoting health and disease prevention and provided their funded organizations with this guidance. BIDLS, in partnership with MORE Advertising, convened a Material Advisory Group of diverse community members to provide guidance on health promotion messaging and images for the “Care That Fits You” campaign.³ Revisions to the campaign include new and refreshed imagers and content for the purposes of enhancing healthcare access and sexual health services for gay and queer-identified men, including young adults. These services include sexual health screenings, testing for infectious diseases, linkage to care, and PEP/PrEP. DPH is supporting innovative ways to engage LGBTQ youth in these services through social networks and media applications. The Commission has been pleased to participate in reviewing and sharing information relating to this campaign, and also hopes to see the campaign expanded to more explicitly include transgender people, particularly transgender women of color.

In concordance with the Commission’s previous recommendations, DPH has created more accessible resources for HIV-related services through social media. The agency created locator maps using links for its partner organizations to post on their own websites, that are available both electronically or in print, where people can locate numerous resources such as integrated testing sites, PEP and PrEP.⁴ While the COVID-19 pandemic has put several projects on pause, DPH noted that it will also be updating these maps with more sexual health services for gay and queer men. Its goal is now to expand these resources beyond its funded programs and partnering organizations to create another circle of access and to reach a broader population. DPH has asked the Commission for help in widening the population that these resources reach by continuing to share across platforms as well as give feedback, and the Commission looks forward to doing so.

The Commission was pleased to learn in May 2022 that the Bureau of Substance Addiction Services (BSAS) initiated contact with the Masakowski Institute at Clark University about replicating a youth social-emotional health app with a focus on increasing access to youth substance use services, promoting linkage to pro-social sober peer groups, and supporting ongoing recovery. This is especially relevant for LGBTQ+ youth given recent increases in substance use due to the impact of COVID-19, and the Commission looks forward to supporting this work in FY2023.

Finally, the Commission recommends that DPH continue its focus on identifying resources for the transgender community, especially transgender women, and making these services more accessible and known within the community.

2. Expand training opportunities for staff and contracting organizations.

In the previous fiscal year, DPH completed its review of the now-finalized LGBTQ inclusion training resource that the Commission worked on for the past few years with EOHHS. DPH was an active partner in developing this training throughout the process. The Commission appreciates this collaboration and looks forward to continuing to partner with DPH and other EOHHS agencies on the dissemination of this training to agency employees. Many DPH Bureaus have offered optional trainings on LGBTQ issues for providers of different types of services, and the Commission has participated in many of these. The Bureau of Substance Abuse Services (BSAS) and the Office of Youth and Young Adult Services (OYYAS) have modeled an excellent approach to staff training in LGBTQ cultural humility. The Commission was also

pleased to offer a two-part training to the Bureau of Community Health and Prevention in FY21.

The Commission is also pleased to hear that DPH has engaged with other organizations to develop training opportunities. In FY2020, DPH met with Advocates for Youth to discuss creating spaces for LGBTQ youth, youth-adult partnerships focused on LGBTQ and gender equity and developing a training. BSAS has also recently worked with Human Rights Campaign Foundation to create a training that addresses the risk of substance use disorder among LGBTQ youth for middle and high school contract providers. Additionally, the Commission was pleased to recently learn that BIDLS, Office of Health Care Planning (OHCP), in partnership with Justice Resource Institute (JRI), developed a new training for infectious disease public health staff on sexual health, that included content on sexual orientation and gender identity.

The EOHHS interagency training could be used to ensure more consistency between the various trainings offered to providers, although variation based on the specific type of provider and nature of the funding certainly remains important. DPH notes that during FY2022, several staff were able to participate in the EOHHS agency training groups and that the trainings will continue to be promoted through quarterly required managerial meetings. The DPH LGBTQ Working Group has a community engagement subgroup committed to analyzing and implementing recommendations from the Commission as well as the Commission on LGBT Aging. This subgroup could be one conduit for investigating provider training opportunities.

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

DPH has finalized data standards for providers that include SOGIE measures, as was discussed in last year's recommendation, as well as accompanying style guides on how to properly discuss SOGIE data. Recently, the DPH SOGIE Data Working Group completed its revisions to the DPH SOGIE Data Collection Standards and will update the SOGIE Style Guide as one of three priority data collection standards to release and implement. DPH has asked the Commission for support in the implementation of this data collection endeavor, and additionally plans to contract services to support implementation. One idea that was suggested is the creation of a field guide which could be used as a method of providing more detailed instructions to those collecting data. DPH also wants to analyze how these questions have changed over time and how data should be analyzed as a result.

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 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 could prove useful to other government agencies and non-governmental agencies, particularly those who have expressed concerns about how to develop SOGIE questions and prepare staff to ask them.

The Commission also recommends that DPH analyze where and how the Department itself is collecting data on SOGIE identities, and how to ensure that as much of its data collection as possible includes these measures. The Commission was disappointed that the Department did not collect SOGI data with other demographic data for COVID-19 infections and deaths during the pandemic, which has left the public in

the dark as to the true impact of COVID-19 on the LGBTQ community in Massachusetts. This omission was not a surprise, however, as most states and the federal government declined to collect such data.

The Commission was glad, however, to see that DPH published a robust Community Impact Survey in May 2021, which included SOGIE data across every metric. This survey was incredibly helpful in highlighting the myriad disparities that LGBTQ individuals have faced during the COVID-19 pandemic, including access to testing, healthcare access, mental health, and economic struggles. Notably, the survey also included a spotlight on youth, which provided significant insight into the mental health impacts on youth during the pandemic and found stark disparities among LGBTQ youth. DPH has been able to compile SOGI data from the COVID Community Impact Survey and present the data to public health stakeholder groups to inform vaccine education, access, and COVID-19 endemic and recovery activities. The Commission looks forward to reviewing this data with DPH in-depth and continuing to work together to address these disparities in the coming fiscal year.

4. Work to expand SOGIE data collection for physicians and in electronic health records (EHRs), and to have LGBTQ cultural humility 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 humility 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 that 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. In its May 2022 meeting with the Commission, DPH noted that it is working towards providing trainings to external stakeholders including provider groups.

DPH will continue to work with clinical capacity building, training, and technical assistance providers to advance opportunities to integrate SOGIE data collection in electronic health platforms and ways to signal LGBTQ cultural humility on provider profiles and agency social media and web-based platforms. Finally, DPH is monitoring legislation relating to this topic as well as looking into who in the state is collecting SOGIE data as they build a public health data warehouse.

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 is pursuing options for self-reporting LGBTQ employees and applicants toward achieving diversity goals. Within the

las fiscal year, DPH has initiated explicit engagement of employee stakeholder groups and senior leadership to inform recruitment, hiring, retention, and promotion metrics for LGBTQ+ people, including student interns. Furthermore, DPH employee orientation sessions include information on many opportunities to contribute to LGBTQ+ efforts and employee affinity groups, including the recently established LGBTQ Affinity Group. Finally, DPH plans on including a “Pride” edition of the newsletter that includes “Pride” activities, to include and celebrate the LGBTQ community as well as their LGBTQ employees.

The Commission continues to recommend that DPH work with the Commission and advocate in the intersex community to better understand the needs and issues impacting intersex youth. Intersex youth have long been excluded from or ignored in mainstream LGBTQ advocacy, an issue that the Commission is determined to help correct in its own capacity. The Commission met with InterACT in May 2021 to discuss healthcare issues impacting intersex youth, including pervasive medically unnecessary surgeries on infants. The Commission hopes that DPH will be open to convening in the coming fiscal year to discuss these issues and find ways of raising awareness. The Commission looks forward to exploring what additional steps might be productive in building proactively inclusive services and programs throughout the Commonwealth’s public health and healthcare systems.

6. Support the Youth Development Roundtable as it works to advise on outreach and issues impacting LGBTQ youth.

The Commission commends DPH for its success in fulfilling this previous recommendation. In the current fiscal year, the Youth Development Roundtable was established with the mission to coordinate and strengthen DPH youth-serving programs to foster collaboration, support innovative responses, and share best practices and resources. DPH notes that this includes funding programs tailored to meet the needs of LGBTQ+ youth and young adults. As the Commission has previously discussed, LGBTQ youth continue to face myriad disparities in health outcomes, health care access, and mental health, which have been greatly exacerbated by the COVID-19 crisis. The Commission looks forward to working with this new Youth Development Roundtable group and seeing its progress within DPH in the next fiscal year.

ENDNOTES

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MassHealth

FY2023 Recommendations

1. Continue to review MassHealth policies and guidelines to increase access to gender-affirming care and reduce health disparities among LGBTQ+ communities and communities of color.
2. Expand data collection efforts beyond federal requirements to collect data on sexual orientation and gender identity and expression (SOGIE).
3. Collaborate with the Commission to expand training programs to all workers and supervisors on issues that affect LGBTQ youth and young adults

Background & Research

The MA Commission on LGBTQ Youth is very glad to establish a more formal partnership with MassHealth, with the FY2022 report representing the first time the Commission issued recommendations to MassHealth on issues impacting LGBTQ youth. MassHealth provides vital resources to underserved communities, and the Commission is extremely grateful for its services, which continue to play an important part in supporting LGBTQ life. The Commission strongly believes the formalization of this partnership will allow significant strides to be made for LGBTQ health in the Commonwealth.

MassHealth refers to both Medicaid and the Children's Health Insurance Program (CHIP) in Massachusetts, a combinative program offering benefits for doctor visits, prescription drugs, hospital stays, and many other services. It provides insurance and medical financial assistance to qualifying children, families, seniors, and people with disabilities.¹

As a result of a combination of factors – including familial and social rejection, harassment, discrimination, neglect, and poverty – research shows LGBTQ youth may be more likely than others to be both at risk of poor health and lacking access to vital healthcare services. These disparities are reflected in both physiological as well as mental health of LGBTQ youth, and their magnitude is often enlarged in the home, the classroom, the healthcare industry, and the workplace. According to studies by MassEquality, at least 20% of LGBTQ youth report experiences of bullying and harassment.² Only 8.2% of students across the nation say they receive LGBTQ- inclusive sex education in schools.³ In Massachusetts alone, 82% of LGBTQ individuals report a complete lack of education about staying safe as an LGBTQ person.⁴ According to recent national studies, each time an LGBTQ child is physically or verbally abused, it increases the likelihood of them self-harming by about 2.5 times.⁵

Reports from the CDC have also found LGBTQ youth to cite higher ubiquity of health risk behaviors compared to their heterosexual or cisgender peers, including violence victimization (e.g., did not go to school because of safety concerns); suicidality and self-harm; tobacco, alcohol and drug use; sexual behaviors; and unhealthy weight management.⁶ Metrics of risk ranged as high as 49 percent to 90 percent greater than heterosexual

peers in these seven categories. Research also shows that LGBTQ people have elevated rates of trauma,⁷ emphasizing the importance of trauma-informed policy and care.

Many of these adverse experiences are a direct result of a lack of health education and knowledge of resources for LGBTQ youth. Some facets of the LGBTQ community face particularly high risks to their health. According to the National Center for Transgender Equality, a 2015 U.S. Survey of Trans individuals revealed that 40% of trans people have attempted suicide at least once, compared to 4.6% of the U.S. population altogether.⁸ Transgender and nonbinary youth who experienced disrespect of their pronouns by all or most people in their lives also reported attempting suicide 50% more than those who felt their pronouns were respected.⁹ With increasing violence against transgender individuals, a focus on the health of trans youth and their families is key for MassHealth to develop a comprehensive plan to care for all Massachusetts residents. It is crucial for trans health to be prioritized in the Commonwealth, and in so doing MassHealth has the opportunity to play an important role in expanding access to healthcare for these severely underserved and at-risk communities and spreading awareness of their importance to the larger public.

As MassHealth seeks to elevate LGBTQ health as a priority within the agency, the Commission deeply appreciates the concern for these issues. In order to effectively address these disparities, however, agency leadership must take steps to expand these services and understand the current landscape of LGBTQ health. The Commission recommends several initiatives that involve not just a systematic analysis and revamping of what MassHealth covers, but also discerning how to make this coverage more accessible to all LGBTQ populations.

The Commission commends MassHealth for the significant steps the program has taken to fill the Commission's FY22 recommendations, including establishing a permanent liaison to the Commission; expanding access to its gender-affirming services; and establishing a commitment to internal trainings on LGBTQ+ competent care in its facilities. The Commission looks forward to its continued work with MassHealth in the upcoming fiscal year.

Expanded Recommendations

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

The Commission was deeply grateful to learn of the significant progress that MassHealth made in expanding access to gender-affirming care services. Effective September 1, 2021, MassHealth updated its guidelines for gender-affirming surgery and added speech therapy and electrolysis hair removal to its list of covered services. Additionally, MassHealth has since stopped requiring members seeking gender-affirming surgery to provide letters of support from two separate behavioral health providers to address the barriers this requirement previously posed to those seeking medically necessary care.¹⁰ Over the last fiscal year, MassHealth has also developed a member-facing webpage to increase access and awareness to resources for gender-affirming care for transgender and gender expansive members.¹¹ In FY 2023, MassHealth notes that EOHHS is in the process of further strengthening access to behavioral health care by procuring a comprehensive network of Community Behavioral Health Centers which require that

providers have the capacity and competency to treat persons who are LGBTQ+. The centers will serve as hubs of coordinated and integrated mental health and substance use disorder treatment for MassHealth members of all ages, and will provide routine and urgent outpatient services; crisis services for adults and youth; and community crisis stabilization services for adults and youth.

The Commission continues to recommend that MassHealth adopt a comprehensive policy on LGBTQ youth issues within the Executive Office of Health and Human Services, with a particular focus on expanding healthcare access and trauma-informed care to transgender communities. The Commission makes similar recommendations to other agencies, as it believes that a stand-alone policy is the most transparent, accessible, and feasible option available at this time. It should address eliminating anti-LGBTQ discrimination from healthcare and benefits practices, as well as mandate trainings for LGBTQ competency, and the creation of an employee handbook on LGBTQ resources and topics.

2. Expand data collection efforts beyond federal requirements to collect data about sexual orientation and gender identity and expression (SOGIE).

The Commission appreciates MassHealth for providing further insight into current SOGIE data collection and resources that remain lacking. However, a lot of this data continues to be omitted in official publications at MassHealth, as well as across most states and the federal government, which declines to collect such data. A majority of data at MassHealth is currently dependent on diagnoses of gender dysphoria, making comprehensive gender-affirming care difficult to come by for many transgender individuals, especially those who are not open about their identities. As SOGIE data is often collected only through community partner programs or member surveys, there is still a large gap in accurate information, which harms the efficient and inclusive provision of healthcare services. The Commission recommends the urgent application of data collection services that include questions on gender identity, sex assigned at birth, and sexual orientation – research that should be reinforced by proper training of healthcare providers on the uses and importance of these questions. The Commission also recommends updating MassHealth computer systems to include the option of ‘non-binary’ under ‘sex’.

As reporting laws require data be sent to the federal government, there is the challenge of federal laws that allow only binary Male/Female categorical selections for sex. In order to support the counting and inclusion of LGBTQ identities in the healthcare system, the Commission strongly recommends that MassHealth add a disclaimer or explanation to all data collection efforts to clarify that federal guidelines require this information and that MassHealth recognizes the need for better categorizations. MassHealth noted in its May 2022 report that additional challenges lie in determining applicable best practices for SOGIE data collection and working with existing IT barriers. However, it additionally noted that this recommendation is a top priority for the MassHealth Health Equity Alignment Team. The Commission looks forward to its continued work in this area with MassHealth in the next fiscal year.

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

The Commission strongly believes LGBTQ cultural humility trainings, especially concerning transgender

and gender expansive youth amidst rising violence and health disparities, would be highly beneficial for MassHealth to establish across the agency and all operational regions. Monthly staff meetings should be conducted to review LGBTQ content and knowledge of resource access, and training should be prioritized for both MassHealth staff and its affiliate provider agencies.

When examining current healthcare provider practices, MassHealth should focus on a range of topics impacting LGBTQ students in the Commonwealth. Faculty, counselors, mental health providers, and school-based clinical staff should be required to complete competency training in LGBTQ health (and particularly trans health). MassHealth notes that it has been facilitating internal trainings for staff on the healthcare needs of LGBTQ communities. However, the Commission continues to recommend that MassHealth should work with the Commission to address how these trainings are currently, if at all, provided and whether they are administered at the state or local level, through the Executive Office of Education, or another state agency.

The Commission further recommends that MassHealth implement guidance for school-based counselors and mental health clinicians to provide support to students as well as their families, including on how to assist families in supporting their trans children. School-based providers can play a large role in creating safe school environments, and they should be guided in best practices for referring children or making recommendations for gender-affirming care, depending on student needs. Additionally, there is ample room for MassHealth to spearhead and/or support initiatives around gender inclusivity and trans health awareness for students, staff, families, and communities.

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Office for Refugees and Immigrants

FY2023 Recommendations

1. Implement ORI's new LGBTQ nondiscrimination policy and best practices, and add to ORI's provider manual.
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. Explore ways to improve ORI client data relating to sexual orientation, gender identity, and gender expression.

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.

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.¹ 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. 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.² 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.³ 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.⁴

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.”⁵ This goal is critical to ensure that all immigrants and refugees are treated fairly and welcomed into communities across the Commonwealth.

Expanded Recommendations

1. Implement ORI’s new LGBTQ nondiscrimination policy and best practices, and add to ORI’s provider manual.

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. The Commission was pleased to meet with ORI in March 2021 and learn that this guide had been approved by ORI’s Executive Director. However, the Commission was disappointed to learn in May 2022 that the nondiscrimination policy has yet to be approved by EOHHS. The Commission has offered to assist to the extent it is able to, and looks forward to working with ORI as it implements this policy in FY 2023 upon approval.

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 equipping them with 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 its intent to add these documents as an appendix to the manual, which would be an excellent step in sharing this information with providers.

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

In previous years, the Commission and ORI have collaborated on designing flyers that could be used to connect LGBTQ refugees and immigrants to LGBTQ-specific and -competent resources. The Commission looks forward to developing and finalizing more outreach materials in FY 2023, 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. Collaborate with the interagency EOHHS effort to launch an interagency LGBTQ training and encourage staff and providers to participate in a mandatory training in accordance with interagency strategy.

The Commission encourages ORI to hold mandatory LGBTQ cultural humility trainings for its staff, and

continue to provide training opportunities to providers working directly with youth. ORI has previously noted to the Commission that some providers are interested in having additional LGBTQ resources and education, but has also noted that there is limited capacity to provide training. The Commission has volunteered to collaborate with ORI in FY 2023 to provide in-person trainings sessions for staff and providers through the curriculum it developed with EOHHS. The Commission looks forward to continuing conversations with ORI and finding ways of expanding training opportunities for ORI's staff and providers.

4. Explore ways to improve ORI client data relating to sexual orientation, gender identity, and gender expression.

The Commission provides this new recommendation to ORI on SOGIE data collection as it continues its discussions with EOHHS agencies in FY 2023 on best practices and standardizing data collection across agencies. The Commission recognizes that language differences and federal mandates provide barriers to standardized SOGIE data collection practices. However, the Commission looks forward to collaborating with ORI and exploring potential areas of improvement in its current data collection standards in FY 2023. The Commission further recommends that ORI gather and publish SOGIE data in its annual reports so as to better serve its LGBTQ refugee and immigrant clients through LGBTQ-specific programs and youth services.

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Department of Transitional Assistance

FY2023 Recommendations

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

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. Sexual minority young adults aged 18 to 24 also show a stark disparity, with 26% of LGB youth participating in SNAP compared to 17% of heterosexual youth.¹

A study done on SNAP participation during the first year of the COVID-19 pandemic noted that LGBTQ women were almost twice as likely (18%) as non-LGBTQ women (10%) to receive SNAP benefits.² 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.³ Poverty rates are especially high among some LGBTQ parents and some LGBTQ communities of color.⁴ Furthermore, commonly cited estimates suggest that approximately 40% of homeless youth are LGBTQ and that 1 in 5 transgender individuals between the ages of 18 and 24 have experienced homelessness, with many also experiencing neglect, abuse, or violence.⁵ More research on homelessness among LGBTQ youth is presented in the research review above.

The Commission has appreciated the collaboration with Commissioner Amy Kershaw and the work that has already been done to make the local DTA offices more affirming of LGBTQ youth. The Commission congratulates DTA for its 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 its 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. In 2022, DTA noted to the Commission that there is also a significant amount of work being done on its Beacon 5 online guide to incorporate gender-neutral pronouns and language.

While the COVID-19 pandemic and staffing transitions have presented significant barriers to progress towards fulfilling Commission recommendations in the last couple of years, the Commission looks forward to developing stronger relationships with DTA in FY 2023 to realize these goals. The Commission was pleased to learn in May of 2022 that DTA has successfully added gender-neutral client restrooms to 10 of its 20 local offices with the assistance of its Client Inclusion Committee; DTA aims to continue working on this recommendation in FY 2023. Additionally, DTA is involved in ongoing conversations around its IT needs to add gender expansive markers into its data systems.

The Commission continues to recommend that this body take steps such as: (1) advise on the implementation of clear and thorough inclusion policies for both clients and staff (for example, supporting transgender employees as they work through legal transition steps) and the dissemination of LGBTQ-affirming materials; (2) disseminate guidance on transgender client service and program access; (3) continue to review contracts with DTA-funded agencies to ensure that adequate gender identity anti-discrimination protections are in place. DTA has noted that a DEI statement was recently included in vendor contracts, but the Commission recommends that DTA revise the statement to include a more specific focus on gender.

2. Continue to provide LGBTQ cultural humility training for all staff and vendors, especially those caseworkers involved in direct service provision, and continue collaborating on the EOHHS interagency training effort.

In 2021, the Commission recommended that DTA begin to incorporate routine LGBTQ cultural humility training for all staff; throughout the fiscal year, the DTA Diversity Council was able to hold several trainings for approximately 279 staff members on gender expression and sexual orientation. In the spring of 2022, DTA brought on a new training director and is intending to review how it can continue to provide training to at least half of its staff trained by the end of the coming fiscal year.

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Department of Youth Services

FY2023 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.
4. Continue to partner with the OCA and other juvenile justice stakeholders to implement a juvenile diversion pilot program statewide to minimize detention and system-involvement
5. Investigate whether LGBTQI youth, particularly transgender and intersex youth, are generally staying longer in detention vs. individual youth and skewing numbers, and collaborate with juvenile justice partners to determine root causes.

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 policies and guidelines to prohibit discrimination and harassment against LGBTQ youth. The DYS policy and guidelines, which became effective in July 2014, were developed through collaboration with community advocates, including members of the Commission. DYS has received state and national recognition for its work on behalf of LGBTQ young people. Since the implementation of these changes, DYS staff has kept the Commission apprised of its progress, and has pledged to continue to work with the Commission on how to best serve LGBTQ youth in its care. 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 up to 20% of youth in detention facilities identifying as LGBTQ.¹ In contrast, LGBTQ youth represent about 16% of the Massachusetts youth population and 8% of the youth served by DYS. 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 indicates 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.² LGBTQ girls are especially likely to be system-involved, with approximately 40% of girls – disproportionately girls of color – in juvenile detention facilities identified as LGBTQ or gender-nonconforming versus 3.2% of boys in juvenile detention facilities.³

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 the court system than heterosexual youth, a pattern not explained by rates of infractions. Sexual minority youth also report being suspended or expelled from school at higher rates than heterosexual students.⁴ This disparity in treatment by law enforcement is especially pronounced among girls. Lesbian and bisexual girls are 50% 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.⁵ For a detailed discussion on the risk factors LGBTQ youth face for involvement in the juvenile justice system, and their experiences there, see the research on this topic 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 and expression (SOGIE) 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 and received more comprehensive data in early 2021. 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 and looks forward to continuing to work with DYS in FY 2023 on SOGIE data collection and best practices.

Additionally, in this past fiscal year, DYS has expanded its LGBTQ working group to include representatives from clinical, residential operations, and senior administration; this group has identified some SOGI data collection operational issues that DYS is committed to addressing in FY 2023 to strengthen its approach to best practices. In particular, in its May 2022 meeting, DYS reported that while SOGI information is regularly collected at intake, a DYS consultant had noted that the interview setting often lacked privacy and DYS is working with locations to make spaces more private for this purpose. The Commission recommends that DYS works to ensure more private settings for youth at intake before asking them to disclose sensitive information. The Commission further recommends that DYS should update the SOGI data collected at intake as more trusting relationships and a stronger rapport are developed over time with the involved youth.

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 officially 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 its educational and clinical curricula LGBTQ-inclusive. Since 2013, DYS has integrated LGBTQ competency training into its new employee Basic Training, thus ensuring that every new state and contracted provider employee 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. DYS notes that its working group has recommended additional training for state and provider employees, and it has committed to providing additional trainings in the next fiscal year. 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.

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 the safety of these youth in its care. The Commission was also glad to review this curriculum in FY21 and further recommended in FY22 that DYS expand its use of LGBTQ- inclusive material into curriculum beyond health and wellness, as appropriate. In May 2022, DYS reported that they continuously review a diverse catalog of books available as a statewide resource with attention to intersectional identities. The Commission commends DYS for engaging in this conversation and looks forward to collaboration in the next fiscal year to create and disseminate more inclusive resources and materials to DYS locations.

4. Continue to implement a juvenile diversion pilot program statewide to minimize detention and system-involvement.

In October 2021, DYS and the Office of the Child Advocate (OCA) launched the Massachusetts Youth Diversion Program (MYPD) Learning Lab. The Commission was very glad to hear this news, as the expansion of juvenile diversion – a process that will allow youth who commit offenses to be directed away from more formal involvement in the juvenile legal system – is a key goal of the Commission and one that will help reduce disparities facing LGBTQ youth. The Commission recommends that DYS collect and report SOGIE data at all relevant process points and looks forward to reviewing the data available in FY 2023.

5. Investigate whether LGBTQI youth, particularly transgender and intersex youth, are generally staying longer in detention vs. individual youth skewing numbers and collaborate with juvenile justice partners to determine root causes.

In FY20, DYS published data that indicated that intersex and transgender youth averaged longer lengths of detainment by the Juvenile Court than LGB+ youth; upon review of this data, DYS and the Commission concluded that low reported population numbers of transgender and intersex youth likely skewed this data. For its work in FY 2023, DYS has committed to improving its SOGI data collection - both at and outside of intake - in order to better assess lengths of stay in DYS detention facilities.

ENDNOTES

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Additional State Entities

Executive Office of Public Safety and Security

FY 2023 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 humility 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.¹ 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.²

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. 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.³

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.⁴ 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 emotional pain from hiding their gender identity.⁵ 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 many of the EOPSS agencies to adopt once it has launched.

In April 2021, the Commission met with EOPSS to discuss which of its agencies would be most suited to join this interagency committee and identified the Municipal Police Training Committee (MPTC), the Department of Corrections, the State Police, and the Massachusetts National Guard as key agencies to begin this process. This effort is especially critical with respect to LGBTQ youth of color, who face both greater safety needs and higher rates of being incarcerated. In its May 2022 meeting with the Commission, EOPSS noted that a committee had been formed through its Human Resources Division. The Commission looks forward to learning more about this committee's work in FY 2023.

The Commission also recommends that EOPSS continue to explore areas in which its agencies can expand collection and reporting of data on sexual orientation and gender identity and expression (SOGIE). While agencies within EOPSS are not statutorily required to collect SOGIE data, the Commission nevertheless encourages EOPSS to pursue greater data collection in light of disparities facing LGBTQ youth who are involved in the justice system. The Commission looks forward to working with EOPSS to explore and develop these data initiatives in the coming fiscal year.

ENDNOTES

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Registry of Motor Vehicles

FY2023 Recommendations

1. Continue monitoring data relating to nonbinary gender marker in the RMV's licensing system.
2. Provide cultural humility training for all line staff.
3. Continue to explore initiatives to address barriers to ID access facing youth experiencing or at risk for homelessness.
4. Create and implement a policy to promote nondiscriminatory services for LGBTQ young people.

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 IDs face a higher risk of adverse encounters with law enforcement. Both the passage of REAL ID legislation in Massachusetts and the RMV's implementation of a new licensing system in 2018 have presented opportunities for collaboration and partnership between these two entities.

The RMV achieved a major recommendation of the Commission in the fall of 2019 when it allowed for the first time for Massachusetts residents to identify with a nonbinary "X" gender marker in both REAL ID and state IDs. As detailed in the first recommendation below, this has proven to be a successful change that was immediately embraced by many members of the LGBTQ community. In the fall of 2018, the RMV first allowed individuals to change their gender marker as easily as they can change any other detail of their ID; they no longer need to provide medical documentation, or even complete a self-attestation. These changes have helped to remove many of the barriers LGBTQ people, and particularly transgender and gender-nonconforming people, have faced in obtaining an ID that accurately captures their gender identity. The Commission believes that these changes are extremely positive and help to make Massachusetts a leader on affirming ID access for transgender and gender-nonconforming individuals.

Research has shown ID access to be critical for this population. 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.¹ 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 2019 Massachusetts Youth Count demonstrated that 10% of youth experiencing homelessness were not able to access needed services because they did not have proper ID.²

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.⁶⁹ 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 concerning 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.³ Many other states have taken action to address these barriers while maintaining compliance with the federal REAL ID regulations, and their actions might provide guidance to Massachusetts as it addresses the same concerns.⁴

Expanded Recommendations

1. Continue monitoring data relating to nonbinary gender marker in the RMV's licensing system.

As noted above, one of the RMV's biggest recent successes with respect to LGBTQ issues was the RMV's implementation of a nonbinary gender marker in 2019. Massachusetts has joined a growing number of other states, as well as some countries, in formally recognizing that many people do not identify exclusively as male or female. The Commission thanks the RMV for implementing this change, on which our two agencies have partnered extensively over the past few years, along with the Massachusetts Transgender Political Coalition.

The Commission also thanks the RMV for immediately providing it with access to early data on the usage of the nonbinary gender marker in FY2021. The Commission's analysis of this data found that, just four months after the option went online and with little publicity on the change, the option had already been adopted by 432 residents across Massachusetts. The age range of those who have adopted a nonbinary marker is 16 years of age to 80 years of age, with an average age of 31. This highlights both that people of all ages are increasingly identifying as nonbinary, and that the issue is particularly important to youth and young adults. Finally, there was widespread geographic adoption of the marker, with residents of 180 cities and towns having elected to use the marker. The Commission looks forward to reviewing the data collected in FY2022 ahead of future quarterly meetings with the RMV in FY2023, while also exploring potential updates to the data collection process to ensure appropriate demographics are being collected.

The Commission also thanks the RMV for monitoring and responding to feedback it has received on the process of changing one's gender marker to the nonbinary "X." For example, due to limitations of the licensing system, all gender markers actually appear listed as "sex" on the actual license. The RMV quickly worked to clarify with applicants that, while these markers are informally referred to as "gender markers," it will appear as "sex" on IDs. This quick response to community feedback indicates the RMV's continued dedication to serving the LGBTQ community. The Commission encourages the RMV to continue monitoring these types of data and feedback to inform this important work and our progress towards shared goals.

2. Provide cultural humility 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 new nonbinary gender marker in December 2018. Following the 2018 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 positive first step in helping staff to best

serve LGBTQ clients. In FY2022, the Commission provided further recommendations to the RMV to consider how they might 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 understands that the COVID-19 pandemic and staff transitions have led to a change in priorities and have disrupted normal operations. Similarly, staff transitions within the Commission impeded our ability to coordinate additional trainings in FY22. In a May 2022 meeting, the Commission and the RMV committed to continuing discussions around trainings for RMV employees, particularly frontline service center workers, and exploring training options to integrate into employee onboarding.

3. Continue to explore initiatives to address barriers to ID access facing youth experiencing or at risk for homelessness.

The Commission and the RMV continue to discuss barriers to obtaining ID that face youth who are experiencing or at risk for homelessness. The Commission's recommendations for improving access include 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 RMV has actively continued to look at requirements for both REAL ID and Massachusetts ID under the 2016 law, and is exploring several potential initiatives. In FY 2023, the Commission and the RMV will explore potential exception processes that will assist in addressing inequities faced by LGBTQ+ youth in the Commonwealth. The Commission has previously provided testimony to the Joint Committee on Transportation regarding ID access for LGBTQ+ and QTBIPOC youth experiencing homelessness to keep the legislature informed of these challenges as well.

The Commission also recommends that the RMV consider these populations in community outreach initiatives, such as by coordinating with other state agencies serving vulnerable young people or by using their existing outreach staff to hold events that speak specifically to the needs facing LGBTQ+ youth, especially those at risk for or experiencing homelessness. Community organizations and members may be interested in learning more about the RMV's initiative for people experiencing homelessness, which allows organizations to register to be able to provide an affidavit as proof of residency.⁷³

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

The Commission had previously worked with the RMV on drafting a policy and guidance to promote nondiscriminatory services for LGBTQ young people, and hopes in FY 2023 to continue this discussion, especially given that some aspects of such guidance (such as serving nonbinary clients) have already been addressed in the interim. A concrete and holistic policy could help to ensure lasting, systemic change, and could be integrated into future trainings for RMV employees.

ENDNOTES

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Massachusetts Board of Library Commissioners

FY2023 Recommendations

1. Continue sharing resources for LGBTQ youth online and in libraries.
2. Continue working with the Commission to explore creating programming opportunities, trainings, and resources for librarians on LGBTQ youth issues.

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, increasingly including 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 reports that the continued funding of the library construction grant program will enable further 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% of 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.¹ 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.² 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. Continue sharing resources for LGBTQ youth online and in libraries.

Over the past few years, MBLC has partnered with the Commission on a major effort to bring more LGBTQ-inclusive reading lists into libraries. The Commission and MBLC worked together in June 2019 to create an LGBTQ-inclusive reading list for parents, families, and youth. National resources such as the American Library Association's Rainbow Project Book List served as a model,³ while the Commission and MBLC worked to expand this concept to include other resources beyond books that serve the state's LGBTQ communities.⁴ In addition to making the brochure available online, MBLC also shipped hard copies to every public library in the state, in time for Pride Month reading displays. The Commission received positive feedback from members of the public looking for such resources for themselves, their families, or their students.

Currently, MBLC is assisting the Commission as it authors a more in-depth guide for librarians on LGBTQ-inclusive books and resources. The Commission looks forward to continuing its collaborative work with MBLC in FY 2023 and creating opportunities to bring Massachusetts libraries together to discuss how best they can support LGBTQ youth.

Since 2021, the Commission and the Gender and Sexuality Alliance (GSA) Leadership Council partnered with the Department of Elementary and Secondary Education (DESE) for a book club discussion highlighting LGBTQ young adult literature. The Commission hopes to continue partnering with DESE on future book club initiatives and looks forward to working with MBLC to explore how to further broaden this collaboration.

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

The Commission looks forward to exploring new training and programming opportunities with MBLC in FY 2023, particularly as more in-person programs begin to occur once more in library and school settings. The Commission has previously worked with MBLC staff to conduct LGBTQ youth workshops, which received great feedback.

ENDNOTES

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Department of Housing and Community Development

FY2023 Recommendations

1. Continue to work with the Interagency Council on Housing and Homelessness and the Commission on Unaccompanied Homeless Youth to address the needs of LGBTQ youth.
2. Provide LGBTQ cultural humility 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 the safety and privacy of LGBTQ youth and/or those transitioning genders in shelters.
4. Continue to identify intake documents for which revisions could help address the needs of LGBTQ youth, and initiate planning for making updates as appropriate.

Background & Research

The Department of Housing and Community Development (DHCD) is responsible for providing safe and affordable housing options for Massachusetts residents, including oversight of regional networks of shelter agencies and partners, as well as housing stabilization and emergency assistance programs. Numerous constituencies within and outside of 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 described in depth in the research and recommendations on homelessness 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 Massachusetts Youth Count report, is that LGBTQ youth face unique barriers in accessing services and often feel unsafe using existing shelters.¹

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. Recent iterations of the 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.² 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.³

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%

identified as LGBTQ and 3% identified as transgender.⁴ 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. Continue to work with the 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 (UHY Commission) and the State Plan to End Youth and Young Adult Homelessness. DHCD is aware that the UHY Commission is assessing the needs of LGBTQ+ youth, and the Commission recommends that DHCD review the 2018 UHY Commission Report to inform its approach to supporting the LGBTQ+ youth it serves.⁵ The Commission looks forward to continuing engagement with DHCD to follow up on needs assessments from the UHY Commission for relevant information in considering housing needs for this population.

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

The Commission commends DHCD for taking steps to engage its staff in LGBTQ+ cultural humility trainings over FY22 which provoked excellent feedback from participants and calls for more training opportunities from staff, particularly those working directly with LGBTQ+ youth and their families. The Commission looks forward to continuing to brainstorm potential opportunities for staff training within DHCD and is interested in adapting its statewide agency training into an online version to make it accessible to DHCD. The Commission has provided shelter-specific trainings in LGBTQ+ competency for shelter staff that DHCD contracts with, and looks forward to continuing this work.

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

In 2019, in partnership with the UHY Commission, DHCD drafted shelter guidance around affirming gender identity for gender expansive youth and has been engaged in discussions with shelters around how to improve privacy and safety for youth. Along with this, DHCD has been engaged in developing an agency-wide nondiscrimination policy that will incorporate gender identity and LGBTQ-affirming language. The Commission looks forward to collaborating with DHCD and providing resources to help shape this policy to additionally incorporate an intersectional framework attentive to the specific needs of QTBIPOC youth while ensuring compliance with federal Housing and Urban Development (HUD) guidelines.

4. Continue to identify 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 is especially pleased to see that DHCD's recently launched Common Housing Application for Massachusetts Public-Housing (CHAMP) is inclusive of transgender and nonbinary youth. The Commission further encourages DHCD to continue examining how it can revise relevant program 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.

ENDNOTES

¹ Massachusetts Commission on Unaccompanied Homeless Youth. (2015). Massachusetts Coalition for the Homeless, Massachusetts Youth Count 2019. Retrieved from <https://www.mass.gov/doc/2019-massachusetts-youth-count/download>.

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MassHire Department of Career Services

FY2023 Recommendations

1. Promote job opportunities to LGBTQ youth.
2. Continue updating data collection methods to reflect best practices on LGBTQ-related data and evaluate that data to improve LGBTQ client experiences.
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.

Background & Research

MassHire creates and sustains powerful connections between businesses and job seekers by leveraging a network of 29 MassHire Career Centers and 16 MassHire Workforce Boards located across the Commonwealth. The central MassHire branch, MassHire Department of Career Services (MDCS), oversees workforce development activities, which includes providing access to quality education, skills training, and employment opportunities for job seekers, and partnering with businesses to meet their hiring and industry needs, at all MassHire locations. The Commission had previously worked with MassHire to update and revise its nondiscrimination policy to be LGBTQ-inclusive. Nondiscrimination and best practice guidelines were released to all MDCS staff and career centers in 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.¹

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% had a paid job or internship, with many more wanting but lacking such opportunities. 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 30.² 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 MassHire and the Commission intersect, and the Commission is looking forward to partnering with MassHire to ensure LGBTQ youth have access to quality employment opportunities.

One way to address LGBTQ-inclusive career services is by planning and creating career fairs that are specifically targeted toward LGBTQ youth. Several organizations offer LGBTQ-specific career and college fairs, but these are few in number and are sparsely spread throughout the country.³ The support of MassHire in establishing an LGBTQ youth-focused career fair might provide inclusive career options for many Massachusetts youth in need of them.

Expanded Recommendations

1. Promote job opportunities to LGBTQ youth.

Over the past few years, the Commission has recommended that MassHire explore statewide or regional job fairs by leveraging the expertise and connections of private sector members of the MassHire Workforce Boards. The Commission and MassHire have also discussed other ideas for promoting job opportunities to LGBTQ youth, such as conducting outreach to LGBTQ youth for existing MassHire services and events, including the summer jobs program. The Commission and MassHire have also discussed partnering with existing employment opportunity programs aimed at LGBTQ individuals, such as working with the LGBTQ Chamber of Commerce, which has hosted events in different parts of the Commonwealth. The Commission also suggests creating an outreach plan for reaching the LGBTQ community, as has been recently done at MRC, where outreach materials were jointly created, branded, and distributed with the Commission. The Commission looks forward to actively working in partnership with MassHire in FY 2023 to realize these goals.

2. Continue updating data collection methods to reflect best practices on LGBTQ-related data and evaluate that data to improve LGBTQ client experiences.

MDCS made commendable progress in 2021 on making its intake and data collection procedures more LGBTQ-inclusive. For example, in the past, clients were asked if they were male or female on a binary basis, and then, those who selected male were asked if they had registered with the selective service (draft), a federal requirement for males only. MDCS updated their system to (a) include a nonbinary gender marker and (b) ask the selective service question of everyone, with clients allowed to self-select whether the selective service requirement had applied to them. They have also begun to explore how their complaints system could be monitored to capture and respond on a systematic level to complaints that might be received about the treatment of LGBTQ clients in the career centers that they fund. Finally, they are considering including measure(s) to identify LGBTQ clients in their Customer Journey initiative, which is evaluating customer experiences across the career centers. The Commission looks forward to continuing to support MDCS as they work to make data collection more LGBTQ-inclusive, as well as reviewing and responding to the important data that may result from this work in FY 2023.

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

The Commission has been engaged in conversations with MDCS staff on offering LGBTQ cultural humility trainings through the training model developed in partnership with EOHHS. The Commission believes that such trainings are a necessary complement to changes currently being implemented as

MassHire seeks to broaden the accessibility of MassHire services to LGBTQ youth, and LGBTQ community members generally. The Commission looks forward to continuing this discussion in FY 2023.

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 MassHire to continue expanding and reinforcing its partnerships with social service providers, businesses, and other state agencies to offer resources aimed at addressing the MassHire readiness needs of LGBTQ young people. Both MassHire's work with guidance counselors and on creating diverse talent pipelines could offer opportunities to promote workforce development for LGBTQ youth. The Commission also recommends that MDCS make LGBTQ resources available to their career centers and ensure that jobseeker services staff and business services staff make appropriate referrals to LGBTQ-affirming service providers. 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.⁴ In 2020, the Commission added MassHire Career Centers to its online resource map, which will be moved over to its new resource database at the start of FY 2023. 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 MassHire to LGBTQ youth.

ENDNOTES

¹ Movement Advancement Project. (2013). A Broken Bargain for LGBT Workers of Color.

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GLOSSARY OF TERMS

The terms that people embrace as descriptive of their gender and sexual orientation, and those that they find offensive are relative to historical period, race, ethnicity, generation, cultural context, and geographical region.

Agender: literally “without gender”; used by people who understand themselves as genderless, gender neutral, unaligned with a specific gender, and/or having a gender that defies terminology

Asexual/Ace: an umbrella term used to describe a spectrum of identities characterized by having little or no interest in sex, and/or little or no interest in romantic relationships.

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

Binary sex/gender system: the idea that there are only two sexes/genders (male and female, or masculine and feminine) and that they are distinct, opposite forms of each other. This view is increasingly being challenged by the idea that both sex and gender are social constructions that operate along continuums, are fluid, and not necessarily congruent.

Bisexual: a person who identifies as having an emotional, sexual, spiritual, and/or relational attraction to people of more than one gender.

Consent: In a sexual context, consent means an agreement to participate in sexual activity by lawful adults. Consent must be freely given, meaning it was not obtained by force or coercion, under the influence of drugs or alcohol, or while unconscious or incapacitated, and must be fully informed. Consent also must be specific and reversible, so it only applies to activities that are wanted at the time they occur. Some models of consent require that it also be both explicit and enthusiastic. All sexual activities, not just heterosexual sex or sex involving intercourse, can be characterized as consensual or not.

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

Gay: an overarching term to refer to a broad array of sexual orientation identities other than heterosexual. Can also refer more specifically to the identity of attraction to others of the same gender.

Gender dysphoria: formerly known as Gender Identity Disorder (GID), and described as the extreme discomfort or distress resulting from a mismatch between one's sex assigned at birth and one's gender identity. Gender dysphoria is also the formal diagnosis for transgender identity in the Diagnostic and Statistical Manual, fifth edition (DSM 5). In order to be diagnosed with gender dysphoria, one must have

a marked incongruence between one's experienced/expressed gender and assigned gender for at least six months. In children, identification with a gender other than the one assigned at birth must be present and verbalized. The condition is associated with clinically significant distress or impairment in social, school, occupational, or other important areas of functioning. Not all members of the transgender community choose to take on the formal diagnosis, as there is still some stigma associated with a formal diagnosis.

Gender expression: how a person publicly presents or expresses their gender identity to others. This includes how they speak or act, wear their hair, dress, and otherwise present themselves to the world. Gender expression is not necessarily indicative of sexual orientation or gender identity.

Gender identity: The gender a person experiences and accepts as descriptive of themselves. Traditionally gender identities have been limited to man or woman. Currently there are many other additional gender identities, such as genderqueer and nonbinary. Gender identity is separate from sexual orientation.

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

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

Gender role: Duties associated with a person's social function; traditionally based on the sexual division of labor e.g. traditional woman – wife, mother, caregiver, emotional support; traditional man – husband, father, protector, financial provider.

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

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

Intersex: a person born with a combination of chromosomes, hormones, and primary and secondary sex characteristics that do not place them into either one of the two accepted sex categories (male / female) as defined by the medical establishment in our society.

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

Nonbinary: describes any gender identity which does not fit the male and female binary spectrum. A person who identifies as gender nonbinary may identify as both male and female, somewhere in between, have multiple genders, have a third gender entirely, or no gender at all, and may reject this binary construct altogether. A nonbinary gender marker on an ID would be one that is neither male nor female, but instead might be represented by an X or an N.

Pansexual: attracted to others regardless of gender, or attracted to others of any gender.

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

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

Queer: The term “queer” was reclaimed in the early 90's as an umbrella term for those who do not conform to rigid (heteropatriarchal) notions of gender identity and expression or sexual orientation. Because this term has historically been used derogatorily, some older people find its reclamation to be controversial. It is the preferred identity term for many younger people.

Questioning: a term used to describe a person who is exploring their sexual orientation and/or gender identity

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

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

Transitioning: a process of changing one's gender or sex to another one.

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

Medical transition refers to a process that utilizes hormonal treatments and/or affirming surgical interventions in affirmation of a person's gender identity. Such procedures are referred to as “**gender affirming**”. Not all transgender people desire to transition medically, due to various medical, social, financial, and/or safety reasons.

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

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

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

Transsexual: a term describing someone who undergoes the process of changing their birth- assigned sex, usually through a medical transition. Today, many consider the term outdated and offensive, preferring to use "transgender" as a more inclusive and affirming term.

Transvestite: outdated term to describe someone who wears the clothes of the "opposite" sex. Cross-dresser is currently the preferred term.

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