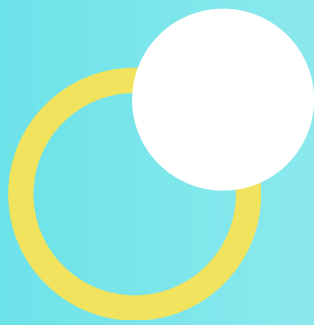


# REPORT & RECOMMENDATIONS

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

FISCAL YEAR 2025

JULY 1, 2024 – JUNE 30, 2025



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**The Commission sincerely thanks the contributions of its staff, members, and consultants:**

Shaplaie Brooks, Executive Director and lead co-editor

Rayna Hill, Legislative & Policy Manager, lead co-editor and author of ‘Eliminating Barriers to Service’ and agency recommendations

Craig Martin and Noemi Uribe, Commission Co-Chairs and co-authors of the Introduction Letter

Joan Halford, lead researcher and author of “Protecting LGBTQ Child Welfare & Well-Being”

Jason Wheeler, Safe Schools Director, lead author of “Uplifting Education” & education agency recommendations

Karina Sumano, author of “Broadening Pregnancy & Gynecological Health”

Sarah Prager, author of “Improving Sexual Health”

Dallas Ducar, author of “Addressing Pediatric Health”

Alexandra Gago, author of “Destigmatizing Public Health”

Max Tang, Social Work Fellow, author of “Supporting Mental Health”

Sean Hanwell, author of “Homelessness & Housing Instability”

Kimberly Rhoten, author of “Advancing Justice”

Karina Zeferino, author of “Expanding Inclusive Service Provision”

Leija Helling, author of “Understanding Environmental Justice”

Ivy Stanton, author of “Examining Economic Justice”

Alia Cusolito, Apollo Correia, Avery Barry, Gabriel Rivas Orellana, Jana Williams, Xóchitl Aguirre, Zach Steward, editors

Brenda Gonzalez, Gianna Medeiros, Megan Sutherland, Theo Zhang, editors & graphic design

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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 agency in 2006 (Act of Jul. 1, 2006, Ch. 139 §4, codified in Mass. Gen. Laws Ch. 3 §67). Thirty-two years after the creation of the original Governor’s Commission, it remains the first and only such commission in the country dedicated to uplifting LGBTQ youth voices in state government.

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

Greetings,

515 anti-LGBTQ bills have been introduced by policymakers in states across the nation; many have already passed across the South and Midwest. In our free country, states are legislating discrimination, dehumanization, terrorization, and the erasure of millions of queer, transgender, and gender expansive youth, as well as their caregivers, providers, and educators.

As a result, 50% of our queer and trans youth have seriously considered suicide in the past year. More than 70% of our LGBTQ youth experience anxiety, and 58% report depression. Despite these statistics, 1 in 2 LGBTQ youth in Massachusetts were unable to access the mental health care they desperately wanted. As discussed throughout the following annual report, when we look at the experiences of Black, Latiné, Asian & Pacific Islander, and Indigenous LGBTQ youth, we observe higher rates of victimization, sexual violence, policing, homelessness, foster care, and invisibility.

As the Commission releases its FY 2025 annual report, we condemn the fervent and disgraceful attacks from other states that seek to strip away the autonomy of LGBTQ youth and their caregivers. We stand firm in our charge to shine light on these inequities, advocate for the voices that are often silenced within our community, and fight for true change in the state of Massachusetts - which will serve as the blueprint for our country.

When our LGBTQ youth are affirmed; when they can enjoy equal access to sustainable livelihoods; receive nondiscriminatory and empowering education and health care; and are able to freely participate in civic and democratic processes within their schools and communities, everyone wins! Research shows that LGBTQ youth who are nurtured in schools and communities that intentionally serve as lighthouses of school connectedness, foster exponential positive effects on their livelihoods. In environments where LGBTQ youth are supported and cared for by family, loved ones, friends, and educators; are accurately gendered; engage in inclusive education; have access to life-saving health care; as well as see positive representations of themselves, we see higher rates of attendance, and they are able to thrive as whole beings.

As the state with the only Commission on LGBTQ Youth in the country, we believe it is our responsibility to be 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 a rise in anti-LGBTQ activity. When we overlook exclusive policy and legislation; when we neglect to bring diverse voices with lived experience to the table; when we fail to consider all identities in our provision of services, we have to admit that we are active participants in a rigged system.

More often than not, other marginalized intersections are not considered when addressing systemic barriers to services. Understanding these not-so-subtle nuances in identities is critical to servicing all youth and preparing them to thrive in a world built to work against them. Doing so often places our

young people in a never-ending cycle of oppression. When we look at youth holistically, we move beyond micro-level approaches to care and service provision onto a path that will create real structural change that benefits the whole person and community. Advocating and creating pathways to freedom and equity for the most marginalized person in the room not only liberates everyone else, it chips away at a broken system in order to rebuild better.

For 32 years, the Commission has had the honor of working with many advocates, legislators, parents, teachers, and administrators who care deeply for youth, and we commend their important work thus far. With their help, the Commonwealth has become a leader in model legislation and policies which have drastically improved outcomes for LGBTQ youth. This work includes 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. The Commission implores the Commonwealth to persevere in this critical work, and continue to cultivate brave and nurturing spaces and communities where all youth can thrive.

Within this FY 2025 report, we have collaborated with more than 20 state entities to report on their progress and, where necessary, provide new recommendations to improve the gaps in policy and service provision for LGBTQ youth in The Commonwealth . These recommendations are intended to amplify, the voices of the most marginalized young people in the LGBTQ community; especially Black, Brown, Indigenous, immigrant, disabled, neurodivergent, transgender, intersex, and gender expansive youth, as well as those in foster care, experiencing homelessness, are incarcerated, or have experienced sexual exploitation.

As the Commission continues advocating on the behalf of LGBTQ youth, we also look to renew our focus to hold ourselves, our colleagues, school communities & districts, legislators, and agencies accountable to proactive, consistent, and inclusive approaches to service provision that will 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. In doing so, we believe that the Commonwealth will become the standard.

Sincerely,

Craig Aarons-Martin  
Co-Chair  
He/Him/His

Noemi Uribe  
Co-Chair  
They/She

Shaplaie Brooks  
Executive Director  
She/Her/Hers



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# FY 2025 Executive Summary

## Introduction

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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 established as an independent agency by the Legislature in 2006 and tasked with providing expert advice and programming to the Commonwealth of Massachusetts on how to improve services and decrease inequities facing Massachusetts LGBTQ youth. In keeping with its legislative requirements, the Commission submits this annual report on the status of LGBTQ youth, as well as its policy recommendations, for the 2025 fiscal year beginning July 1, 2024.

This year’s report features thirteen core subject sections – nine of which have been re-published from FY 2024 with minor updates made to bring current to FY 2025 – on child welfare, education, health areas, criminal justice, environmental justice, economic justice, homelessness, and inclusive service provision. These sections include targeted, and oft intersectional, policy recommendations that reflect the work of the Commission over the past fiscal year. This report additionally features targeted recommendations to nineteen of the Commission’s state partners whom it collaborates with throughout the year to help improve policy, programming, and agency capacity.

The Commission develops these policy recommendations with input from its staff, Commission members, consultants, community partners, educators, providers, state agency partners, and, most importantly – youth. The Commission defines youth as “individuals under the age of 25” and so many of these recommendations cover a broad range of issues with an intersectional viewpoint that works to uplift the most marginalized voices within our Commonwealth so that *all* our young people have the opportunity to thrive.

## FY 2024 Listening Sessions

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As the Commission soon closes out the 2024 fiscal year, it looks back on the numerous opportunities it has had to engage with LGBTQ youth across the Commonwealth to receive input on its recommendations. This section of the executive summary provides a quick look at some of the themes discussed in a series of listening sessions and one-on-one interviews that have taken place this spring and will continue to occur throughout the upcoming fiscal year.

## Education

In April and May 2024, the Commission had the opportunity to host three listening sessions organized by its Legislative Team. These sessions took place in Springfield, Worcester, and Boston. The questions at these sessions covered experiences in education and health care. Additionally, the Commission invited Boston Youth Pride attendees in May 2024 to attend mini-listening session on their experiences in schools.

Participants in these sessions engaged with our Commission members and staff and shared some of the following concerns:

- Lack of access to LGBTQ-affirming or inclusive curriculum, materials, and books
- Lack of access to comprehensive or LGBTQ-affirming health education
- Separation of students into groups of “boys” and “girls” in health classes, leading nonbinary and trans students with a lack of information about puberty
- Bullying from their peers with a lack of accountability from administrators to support victims
- Feeling unsafe reporting bullying due to a fear and occurrences of retaliation
- Lack of support or participation for GSAs
- Lack of support from caregivers
- Lack of access to play sports on appropriate teams
- Lack of access to appropriate restroom spaces, and feeling unsafe using the restroom that matches their gender identity

Notably, every participant in these sessions (which so far have totaled over 25) reported that they have experienced bullying in their schools and do not feel as though the administration had an appropriate response to supporting them or their peers.

### Homelessness & Criminal Justice

The Commission has further been conducting listening sessions and one-on-one interviews with youth in other areas, noting that its general calls for listening session participants often fail to reach some of the most vulnerable youth in the state. Continuing into FY 2025, the Commission hopes to continue to engage youth experiencing homelessness, who have interacted with or are currently involved in the legal system, and youth transitioning out of the child welfare system. Some of the information shared with the Commission so far raises significant concerns at the state of LGBTQ youth across Massachusetts:

- Lack of access to affordable housing, particularly housing that is safe to habit or without constant need for repair
- Lack of accountability for landlords who do oversee affordable housing
- Lack of appropriate rental assistance (i.e. assistance with back payment on rent, brokers fees, timely payments from RAFT)
- Lack of access to short-term housing for individuals re-entering into the community
- Lack of access to safe shelters
- Significant delays with housing vouchers
- Lack of funding to effective community programming
- Lack of training and accountability for correctional facilities
- Lack of transparency and significant delays when requesting gender-affirming health care in prisons
- Discrimination, violence, and retaliation in correctional facilities and shelters

Further information on interviews with transition-aged foster youth will be released in a new report in FY 2025.

## Anti-LGBTQ Attacks in Massachusetts

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As discussed throughout this annual report, the nation has been seeing an unprecedented political barrage of attacks against LGBTQ youth, families, and educators for the last few years. As of May 22, 2024, 515 anti-LGBTQ bills have been filed across the country with bans against education materials, gender-affirming care, and books featuring LGBTQ characters or talking about race. It is a critical and alarming time for our LGBTQ youth in Massachusetts with 90% of youth experiencing mental distress because of the degrading rhetoric lobbied on social media, through news outlets, and in dozens of state assemblies. Now more than ever, LGBTQ youth need Massachusetts communities, educators, agencies, and policymakers to stand up and enshrine safety and freedom of the right to autonomy and queer joy. Already Massachusetts LGBTQ youth enjoy many protections that are not experienced by youth in surrounding states, but there is room for ongoing action.

Time and time again, the Commission hears from community members, advocates, and policymakers that there is little need to address anti-LGBTQ activity across the state, because it does not appear to be happening and the state's protections are strong. However, this is not entirely the case. Across the state, numerous challenges to LGBTQ freedoms are occurring with little explicit action from the state to support local schools, communities, families, and youth.

These areas include, but are not limited to:

Abington, Arlington, Andover, Barnstable, Bedford, Beverly, Boston, Brewster, Brookline, Bridgewater-Raynham, Bristol County, Clarksburg, Concord-Carlisle, Danvers, Dudley, Edgartown, Fitchburg, Florida, Foxborough, Greater Fall River, Hamilton-Wenham, Hanover, Ludlow, Mansfield, Medway, Mendon-Upton, Middleborough, Millbury, Milton, Nauset, Needham, Newton, Norfolk County, North Brookfield, Old Rochester, Pepperell, Plymouth, Revere, Rockland, Scituate, Somerville, South Hadley, and Sutton.

The attacks being seen on the ground by advocates and youth include book bans, LGBTQ flag removals in schools, graffiti, drag story hour protests, drag show bans, curriculum disputes, harassment at school committee meetings, doxxing against LGBTQ librarians and teachers, and much more. Furthermore, for months, healthcare providers at facilities, including Boston Children's Hospital, have been receiving constant security, bombing, and violent threats for the provision of gender-affirming care. Combining these with the alarming rise in racist hate crimes being seen across the state, the Commission has serious concerns for the safety of LGBTQ youth, families, providers, librarians, and educators in Massachusetts. The Commission urges the Commonwealth to take direct and explicit action to protect LGBTQ youth, educators, librarians, and caregivers.

## Summary of FY 2025 Recommendations

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### Protecting LGBTQ Child Welfare & Well-Being (2023)

Now in its 32<sup>nd</sup> year, the Massachusetts Commission on LGBTQ Youth voices its mission through the motto, “**Helping All Youth Thrive.**” The realization of this seemingly simple saying requires leaders to take a high-level view of the stunningly complicated issues affecting the well-being of today’s LGBTQ youth—without losing sight of the importance of their individual realities.

*What does it mean to serve **all youth**? And what does it mean for LGBTQ youth to **thrive**?*

From the wide-angle lens of international comparison to a snapshot of the current national climate, to a nuanced view of the complexities of youth-serving systems in our state, particularly the child-welfare system, many layers of consideration inform the most promising legislation to support the well-being of LGBTQ young people today.

Although the Commonwealth has made significant strides for LGBTQ youth, we continue to fall short, sometimes with tragic results, in many arenas that affect our young people. Equipped with a clear vision of goals for the well-being of LGBTQ youth, decision-makers can effect meaningful change. Legislative actions that support the well-being of LGBTQ youth in turn support the strength and vitality of our Commonwealth. When all youth thrive, Massachusetts thrives.

### FY 2025 Recommendations to the Governor & Legislature on Child Welfare

1. Create a program for universal basic income for foster care youth.
2. Protect youth in the foster care system from having their federal benefits stripped away.
3. Solidify parental rights for LGBTQ families.
4. Provide mandatory trainings for congregate care settings.
5. Create and provide training opportunities for young people and caregivers involved with the child welfare system.
6. Review and update quality assurance and improvement procedures.
7. Establish an independent foster care review office.
8. Explore the creation of an LGBTQ youth maltreatment code system within the Department of Children and Families.
9. Update Chapter 119, Section 89 of the Massachusetts General Laws to include the Commission on the Juvenile Justice Policy and Data Board as a voting member.
10. Codify the foster child bill of rights in state law.
11. Improve Massachusetts child abuse laws to explicitly include the withholding of gender-affirming care for LGBTQ youth.
12. Introduce the legislation needed to bring Massachusetts up to minimum standards of the United Nations Convention on the Rights of the Child.

## Belonging in Education: Supporting LGBTQ Youth in Schools (2024)

Following the Commission's report on child welfare and well-being, this report on education highlights key local and national findings that illustrate proven methods to create safer and supportive schools for LGBTQ youth, families, and educators.

*"School should be a place where all students feel seen, heard, and valued for who they are. As a trans and black student, I want a school that celebrates diversity, promotes equity, and ensures that everyone belongs. Education should empower us, not alienate us."*

*- 11th Grade Massachusetts Student*

The Commission and the Department of Elementary and Secondary Education (DESE) jointly sponsor the Safe Schools Program for LGBTQ Students, a program which offers direct support to districts across Massachusetts on policy, training, technical assistance, and student leadership.

### FY 2025 Recommendations to the Governor & Legislature on Education

1. Support efforts for all schools in the Commonwealth to receive comprehensive training and professional development to increase the capacity of educators and administrators to support LGBTQ students, including BIPOC LGBTQ students.
2. Provide professional development, mentorship, and support for advisors of GSAs, affinity spaces and similar student clubs, focusing on: creating consistent, affirming, resource-rich environments responsive to student needs; supporting youth leadership and advocacy; and providing structure to meetings.
3. Encourage administrators and educators to actively express their support for materials on race and LGBTQ topics and establish statewide guidelines and best practices for addressing challenged curricula and conducting book reviews.
4. Ensure that all subject areas are reflective of LGBTQ & BIPOC individuals, historical events, and concepts.
5. Invest in resources for family liaisons and provide professional development opportunities for all school staff related to family engagement and acceptance.
6. Collect data to better understand the experiences of LGBTQ BIPOC students, who are disproportionately represented and involved in multiple systems, and often lack comprehensive, aligned support.
7. Support education efforts to expand policies and update guidance surrounding support for transgender and nonbinary students.
8. Support an annual convening of education agencies, including the Department of Early Education and Care, Massachusetts Department of Elementary and Secondary Education, and Massachusetts Department of Higher Education, to collaboratively explore a continuum of support for LGBTQ students and families as they progress through the education systems in the Commonwealth.



## Destigmatizing Public Health (2023)

The public health crises facing LGBTQ youth are largely not because of individual risk factors, but rather systemic issues that affect how LGBTQ youth navigate the spaces in which they exist. LGBTQ youth often live in environments hostile to their existence, whether because of the current political climate, unsupportive families, or a lack of LGBTQ community and role models. The future is uncertain for many youths, and it can be difficult for them to envision a world where they are able to exist freely and safely as queer and trans adults. However, despite the hostility, LGBTQ youth continue to resist, challenge, and change the relationships, communities, institutions, and systems that act as oppressive forces.<sup>1</sup> Public health has an obligation to support and uplift LGBTQ youth as they resist unjust and oppressive structures.<sup>2</sup> In doing so, policymakers, providers, and educators can better pave the way for a future where all LGBTQ youth thrive.

When working to develop policies and programs to address public health concerns, it is essential to understand that many of the issues highlighted in this section are compounded by intersecting systems of oppression, including poverty, racism, homophobia, transphobia, and ableism that must simultaneously be addressed. Tackling such large structural issues may seem unfathomable, however, there are actions that can be taken in the meantime to continue providing support to LGBTQ youth and begin shifting the cultural norms that will eventually improve health outcomes for all communities.

### FY 2025 Recommendations to the Governor & Legislature on Public Health

1. Create and expand community-based public health programming that is accessible and engaging to youth with the most barriers to access, with specific attention to youth in rural communities.
2. Increase funding to organizations that support LGBTQ survivors of intimate partner violence.
3. Ensure that public schools, colleges, and universities have comprehensive anti-bullying, anti-cyberbullying, and anti-harassment policies.
4. Decriminalize sex work and increase resources to programs working with youth at risk of commercial sex trafficking.
5. Decriminalize consensual teen sex sexting and adjust the current age of consent laws for minors engaging in consensual sexual activity.
6. Continue to increase access to sexually transmitted infection screenings, prevention, and treatment.

## Supporting Mental Health (2023)

The personal is political – and that includes mental health. Across the Commonwealth, LGBTQ youth mental health is in crisis. Last year, LGBTQ youth reported alarmingly high levels of depression, anxiety, suicidality, and trauma, yet most who wanted mental healthcare did not receive it. In this report, the Commission discusses ways that allies across many fields can promote evidence-based, intersectional, and trauma-informed mental healthcare for LGBTQ youth, all while highlighting youths’ voices and strengths. From the classroom to the campaign trail, discrimination wears down LGBTQ youths’ physical, social, and mental health on an everyday basis; LGBTQ youth mental health is a community-wide issue that deserves community-based solutions – and everyone has a part to play. For this dedicated section on mental health, the Commission’s recommendations center around three key principles: recognize that discrimination causes trauma, invest in early intervention, and fuel systemic change rather than focusing only on individual therapy.

*“If I am depressed or anxious, it’s likely not because I have issues with my gender identity, but because everyone else does.” –*

*Youth from New England,<sup>1</sup> 2017*

### FY 2025 Recommendations to the Governor & Legislature on Mental Health

1. Fund more statewide research about mental health and suicide prevention treatment approaches for LGBTQ youth.
2. Support reforms of the mental healthcare and health insurance systems.
3. Promote services that address youths’ intersectional identities, including race/ethnicity, immigration, ability, involvement in juvenile justice or foster care, and rural residence.
4. Increase funding to hire and retain more MHPs in order to meet nationally-recommended ratios between MHPs and youth.

## Addressing Pediatric Health (2023)

The history of LGBTQ pediatric health is plagued by stigma, discrimination, and violence, and LGBTQ youth in the Commonwealth continue to face numerous challenges in accessing quality, culturally competent healthcare. With the proliferation of anti-trans legislation and stigma that has swept across the nation, it is undeniable that the access of LGBTQ children to appropriate and affirming health care has significantly decreased, even in Massachusetts. It is imperative that the Commonwealth continue to address priority needs identified in subsequent sections of this report, while also prioritizing addressing the multiple forms of oppression often experienced by individuals in uniquely adverse situations.<sup>1</sup> The Commonwealth must address the social inequities that create health disparities amongst marginalized and underserved communities, focus on social determinants of health, and move away from an individualistic model of care. Republishing from its FY 2024 report, the Commission dedicates this health section to research and recommendations in the specific areas of pediatric health, or the health care of youth under 18.

### FY 2025 Recommendations to the Governor & Legislature on Pediatric Health

1. Invest in access to culturally competent LGBTQ healthcare in rural and underserved communities.
2. Invest in substantial community-based, participatory, action-oriented research with non-white LGBTQ youth to better understand the needs of this population and improve SOGIE data collection standards.
3. Improve research on intersex youth communities and prohibit non-consensual unnecessary medical interventions on minors.
4. Expand coverage of gender-affirming care and increase reimbursement to incentivize care.
5. Dedicate funding to address intimidation and violence towards healthcare workers and healthcare centers.
6. Integrate gender-affirming health care into the modern health care environment, and combine with primary care, mental health, and community services.

## Broadening Pregnancy and Gynecological Health (2023)

This report provides background information and literature regarding issues that fall under the umbrella of pregnancy and gynecological health related to LGBTQ youth. The information details healthcare services such as gender-affirming care, contraceptives, fertility treatments, and abortion discussed in relation to LGBTQ youth and the general LGBTQ population. Background on menstruation and pregnancy is detailed below to capture the inequities LGBTQ youth and the general LGBTQ population experience with these two biological functions. Maternal mortality is also a topic of discussion as there is a lack of universal data collection on maternal deaths for LGBTQ birthing people.

The second part of this report demonstrates Massachusetts' efforts in expanding reproductive health care that could improve pregnancy and gynecological outcomes for LGBTQ youth and where some policies fall short. Healthcare coverage is an essential component that can provide LGBTQ youth patients access to healthcare providers and facilities. This is crucial for LGBTQ birthing people who need healthcare access during pregnancy and post-partum. LGBTQ youth may experience infertility due to hormone therapy or may not be able to conceive with a partner who is the same sex or has the same reproductive anatomy. Expanding access to fertility treatments for LGBTQ individuals assigned female at birth furthers reproductive rights for those who do not fall under the heteronormative ideals of what a "mother" or parent should be. For LGBTQ youth, doula services can provide a wide range of support whether it be for pregnancy-related reasons, abortion support, and even gender-affirming healthcare support. LGBTQ youth also deserve access to abortion care, birth control access, and access to menstrual products and the Commonwealth has the opportunity to further expand access through legislation.

### FY 2025 Recommendations to the Governor & Legislature on Pregnancy & Gynecological Health

1. Improve SOGI data collection efforts across state services as it relates to pregnancy service needs and mortality rates.
2. Create and fund community birthing centers across the Commonwealth and increase access to culturally competent doula services.
3. Expand LGBTQ cultural awareness, anti-bias, and racial equity trainings for public hospital providers and staff.

## Improving Sexual Health (2023)

The Commission was founded in the early 1990s to address the significant disparities in LGBTQ youth mental health occurring during the AIDS epidemic. Since then, the Commission has dedicated much of its work and resources to supporting LGBTQ youth sexual health through supporting policies increasing access to PrEP and PEP; advocating for comprehensive sexual health education; addressing factors leading to disparities around sexual victimization; and more. While Massachusetts remains a leader in many areas of LGBTQ legal protections, there still remain a concerning number of areas where the state has failed to stay ahead and ensure that the unique gaps in resources, education, and services for LGBTQ youth are addressed.

To this day, across the state and the nation, LGBTQ youth remain at a higher risk for STIs, HIV, and sexual violence. Furthermore, as discussed in the pregnancy section of this annual report, LGBTQ youth are often left out of conversations around national and statewide conversations involving pregnancy, abortion access, and gynecological health, but often face significant disparities in access and care. Compounding these issues, LGBTQ youth frequently encounter barriers to accessing contraceptives, affirming medical care, and inclusive sexual health education. Across the nation, 29 states and D.C. mandate sexual health education in schools, though only 7 states require curricula to include information on sexual orientation and gender identity - Massachusetts, which has not updated its education standards since 1999, mandates neither.<sup>1</sup>

As highlighted in numerous areas throughout this report, sexual health goes beyond just conversations around HIV, AIDS, and education. The following recommendations highlight solutions for critical gaps in Massachusetts policies and services, while also taking a broader look at how LGBTQ youth are affected by poor sexual health policies across the state.

### FY 2025 Recommendations to the Governor & Legislature on Sexual Health

1. Ensure that all youth have access to age-appropriate, LGBTQ-inclusive, and consent-based sexual health education, and that educators are provided with implementation support.
2. Support and increase HIV & STI prevention and treatment services for LGBTQ youth, and awareness campaigns across the state.
3. Prohibit medical providers from performing non-consensual examinations on unconscious patients.
4. Increase access to critical reproductive and sexual health items, such as contraceptives and menstrual products.
5. Continue to explore paths to increase access to abortion services, and address barriers resulting from the proliferation of anti-abortion centers in the state.

## Homelessness & Housing Instability (2024)

In the United States, rates of homelessness and housing insecurity reached a record high in 2023, making homelessness and housing insecurity a major public health crisis that requires effective policy and program interventions. Currently, there is no single definition of youth homelessness defined federally, making it difficult to assess the extent of youth homelessness and develop appropriate responses and resources. For this report, the Commission has defined LGBTQ youth as individuals under the age of 25 who identify as lesbian, gay, bisexual, transgender, queer, questioning, and nonbinary. Additionally, the Commission has utilized the Massachusetts Unaccompanied Homeless Youth Commission's definition of youth homelessness. This definition states that youth experiencing homelessness are individuals who are not in the physical custody of a parent or legal guardian, and who lack a fixed, regular, and adequate nighttime residence.

This section provides an understanding of LGBTQ youth homelessness in the Commonwealth of Massachusetts and includes legislative priorities and recommendations defined by the Commission on LGBTQ Youth to support the goal of eradicating youth homelessness in the Commonwealth.

### FY 2025 Recommendations to the Governor & Legislature on Homelessness & Housing Instability

1. Improving access to state IDs for youth experiencing homelessness and gender-expansive youth.
2. Increasing funding for services to expand inclusive drop-in centers, shelter spaces, and living programs for transition-aged youth to better support LGBTQ youth experiencing homelessness or housing instability.
3. Codifying a bill of rights for youth experiencing homelessness.
4. Improve access to rental assistance and stabilization.
5. Mandate LGBTQ cultural engagement trainings and LGBTQ-inclusive nondiscrimination policies and procedures in shelters.
6. Evaluate and improve coordinated entry tools to center an equitable approach to increase access to housing opportunities for QTBIPOC youth in the Commonwealth.
7. Address issues occurring from youth shifting between Continuums of Care.
8. Improve multicultural, LGBTQ-affirming housing resources for immigrants and refugees.

## Advancing Justice (2024)

The Commission on LGBTQ Youth defines 'youth' as individuals younger than 25 years old. In formulating recommendations regarding LGBTQ youth within Massachusetts' criminal legal system, it is important to note that the Commission's report covers both juvenile and adult legal systems. Further, this section will rely on the phrase "criminal legal system" instead of "criminal justice system" throughout to more accurately describe the inequitable and often harmful U.S. institutions of policing, prosecution, courts, and corrections. This preference stems from a critical examination of the criminal legal system's historical, discriminatory roots and its ongoing disproportionate impact on marginalized communities, particularly people of color as well as individuals experiencing poverty. The U.S. criminal legal system since its inception has been and continues to be deeply intertwined with racism and perpetuates inequality and injustice, evident in practices like racial profiling, disparities in bail accessibility, and harsher sentencing of Black and Latinx individuals compared to their white counterparts. Furthermore, the criminal legal system's failure to address or mitigate crimes of poverty, alongside the imposition of fines and long-lasting financial consequences post-incarceration, highlights its inefficacy in promoting fairness. By referring to it as the "criminal legal system," we acknowledge its fundamental flaws and the need for reform, emphasizing that justice, in its truest sense, remains elusive for many *caught up* within this system.

### FY 2025 Recommendations to the Governor & 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 legal systems.
2. Disrupt the school-to-prison pipeline by removing police from schools.
3. Limit the use of force by law enforcement and correctional officers and establish community-based response systems to reduce police intervention.
4. Decriminalize consensual sexual relations among parties close in age and support education rather than criminal discipline.
5. Eliminate common night-walking laws and increase funding for programs serving LGBTQ youth at-risk of sexual exploitation.
6. Improve conditions of confinement for incarcerated LGBTQ and intersex individuals.
7. Provide increased legal support for undocumented youth.
8. Raise the age of the juvenile legal system to include 18-to 20-year-olds.
9. Increase transitional and permanent housing resources for formerly incarcerated LGBTQ youth.
10. Support legislative initiatives to improve the Massachusetts legal system, and support diversion of youth.
11. Actively involve justice-involved youth in government decision affecting them, ensuring their experiences directly inform policies and programs designed to serve their needs.

## Expanding Inclusive Service Provision for Foreign-Born LGBTQ Youth (2023)

In FY 2024, the Commission published a first-of-its-kind dedicated section on research and recommendations to improve policies, services, and programs for LGBTQ foreign-born Massachusetts residents, including first-generation, undocumented, asylee, and refugee youth. The Commission uses the term ‘foreign-born’ throughout this report to encompass the experiences of those who are legal residents and undocumented residents, as well as those who may have only temporarily migrated to the state. As detailed throughout this section, there are many reasons that LGBTQ individuals and families may immigrate to the U.S., including to escape persecution, violence, and discrimination in their country of origin. While Massachusetts has made great strides in recent years towards improving its service provision for these communities, further steps should still be taken to ensure that all LGBTQ youth can thrive.

### FY 2025 Recommendations to the Governor & Legislature on Foreign-Born LGBTQ Youth

1. Improve the availability of multilingual, LGBTQ-affirming services for foreign-born residents, and increase funding for existing programs.
2. Establish an LGBTQ Immigrant & Refugee Task Force.
3. Address the concerning lack of SOGIE data collection at the state level.
4. Protect and support undocumented youth.



## Understanding Environmental Justice (2023)

Research examining the environmental justice needs of LGBTQ communities is still emerging, but a growing body of evidence indicates that environmental justice is a key element of the complex web of inequities that impact the health and well-being of LGBTQ youth, particularly LGBTQ youth of color and Indigenous, immigrant, disabled, and low-income LGBTQ youth. The necessity of examining the undue environmental burdens placed on LGBTQ youth is undeniable; exposure to environmental stressors such as air pollution and toxic chemicals exacerbates the health and economic inequalities LGBTQ communities already face. Those who hold multiple marginalized identities, such as QTBIPOC youth, experience compounding effects from multiple overlapping systems of oppression.

Developing a more complete picture of the burdens and injustices faced by LGBTQ youth in Massachusetts, a population which itself holds great diversity, requires bringing intersectionality to the forefront and understanding the interactions between the multiple social, economic, environmental, and institutional systems that impact LGBTQ youth. As environmental justice and climate justice become increasingly high policy priorities in Massachusetts under the leadership of Governor Maura Healey, we must make sure that the needs of diverse LGBTQ communities are meaningfully incorporated into environmental and climate policymaking.

In this section of the Commission's annual report, the environmental justice needs of LGBTQ youth in Massachusetts will be explored.

### FY 2025 Recommendations to the Governor & Legislature on Environmental Justice

1. Expand existing policies and programs addressing environmental inequities to include and address the unique impacts on LGBTQ youth across the Commonwealth.
2. Promote QTBIPOC youth voice in environmental justice initiatives, research, working groups, and task forces.
3. Improve access to quality health care, affordable housing, and stable income.

## Examining Economic Justice (2024)

LGBTQ youth in Massachusetts face several barriers to economic success, ranging from lack of educational and career readiness resources to discrimination based on their LGBTQ identity. LGBTQ youth have diverse identities and needs that must be addressed in education to sufficiently prepare them for the workforce. LGBTQ youth are overrepresented in the foster care system due to a lack of supportive homes, are more likely to age out of the foster care system than their cisgender and straight peers and are more likely to experience homelessness when aging out of the foster care system. Youth in the juvenile justice system, including LGBTQ youth, lack quality instruction, educational materials, and support in transitioning out of the system to employment. LGBTQ youth who are immigrants, children of immigrants, or refugees may face language barriers to education and employment, which limit their access to employment opportunities. In general, LGBTQ high school students lack appropriate resources on career readiness and navigating being LGBTQ in the workplace.

Once they transition from education to the labor force, LGBTQ youth experience higher unemployment rates than their cisgender and straight peers due to several factors, and often face discrimination based on their race and gender identity, which makes it difficult to obtain employment and maintain job stability. As a result, LGBTQ youth can experience homelessness or housing instability at a higher rate than their cisgender and straight counterparts, which makes it difficult to obtain work or job stability. In Massachusetts in general, there is a concentration of job opportunities in the metro Boston area. However, there is limited access to public transportation from suburban and rural areas, a shift from remote work to in-person or hybrid work, and a lack of accessible public transportation for youth with disabilities. This makes it difficult for those who already face a lack of career opportunities based on their location, especially those in Western Mass and rural areas, to obtain employment above entry-level, minimum wage positions. For LGBTQ youth who do not have the financial support of their families based on their identity, it is not possible to cover the expenses for commuting into Boston for work or renting an apartment near public transportation.

The MA legislature must engage in initiatives to remove barriers to employment, foster career readiness, and to support LGBTQ youth's transition to the labor force so that the Commonwealth is a place where all youth can thrive - both holistically and economically.

### FY 2025 Recommendations to the Governor & Legislature on Economic Justice

1. Improve access to LGBTQ-affirming job and professional development opportunities in rural areas.
2. Improve independent living support for transition-age foster youth.
3. Fund employment programming designed to support LGBTQ youth experiencing homelessness.

## Eliminating Barriers to Service (2023)

Supporting and affirming LGBTQ youth in Massachusetts requires an integrated and comprehensive effort by all state systems, leaders, educators, providers, and advocates. In the development of the Commission's FY 2024 annual report, it noted many overarching themes of gaps in data collection, a greater need for mandatory and comprehensive trainings, and expanded policy development across the state. Throughout this report, the Commission has highlighted numerous areas in its core sections and below agency sections that Massachusetts must address to better support the overall well-being of LGBTQ youth and families.

This section provides an overview of the Commission's recommendations on thematic areas applicable to the whole state, as well as suggested revisions to existing Massachusetts laws. With this section, the Commission advises the state on recommendations that broadly intersect the core sections of the Commission's annual report and the below agency recommendations to affirm and support LGBTQ youth. The Commission appreciates the ongoing collaboration opportunities with its community and agency partners, legislators, and youth into FY 2025.

### FY 2025 Recommendations to the Commonwealth of Massachusetts

1. Improve and standardize SOGIE data collection practices to allow for more cross-agency data analysis and develop a plan to update all relevant state forms asking about sex, gender, and sexual orientation demographics.
2. Mandate that all state agencies develop a nondiscrimination policy, and a plan to review all relevant internal policies to ensure LGBTQ-inclusivity.
3. Ensure that all agencies are providing mandated LGBTQ cultural awareness trainings.
4. Develop a Youth Risk Behavior Survey at the middle-school level and conduct an assessment on the needs of parents and elementary school educators.
5. Codify provisions to allow residents to change gender markers on birth certificates.
6. Update the state plumbing code to allow for the creation of multi-stall all gender restrooms.
7. Eliminate archaic homophobic and transphobic language in the Massachusetts General Laws.

# Protecting LGBTQ Child Welfare & Well-Being

## Introduction: Toward a Commonwealth in Which *All Youth Thrive*

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*(first published in FY 2024 Annual Recommendations Report, minor updates made to bring current to FY 2025)*

Now in its 32<sup>nd</sup> year, the Massachusetts Commission on LGBTQ Youth voices its mission through the motto, “**Helping All Youth Thrive.**” The realization of this seemingly simple saying requires leaders to take a high-level view of the stunningly complicated issues affecting the well-being of today’s LGBTQ youth—without losing sight of the importance of their individual realities.

What does it mean to serve *all youth*? And what does it mean for LGBTQ youth to *thrive*?

From the wide-angle lens of international comparison to a snapshot of the current national climate, to a nuanced view of the complexities of youth-serving systems in our state, particularly the child-welfare system, many layers of consideration inform the most promising legislation to support the well-being of LGBTQ young people today.

Although the Commonwealth has made significant strides for LGBTQ youth, we continue to fall short, sometimes with tragic results, in many arenas that affect our young people. Equipped with a clear vision of goals for the well-being of LGBTQ youth, decision-makers can effect meaningful change. Legislative actions that support the well-being of LGBTQ youth in turn support the strength and vitality of our Commonwealth. When all youth thrive, Massachusetts thrives.

## FY 2025 Recommendations to the Governor and Legislature on Child Welfare

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### 1. Create a program for universal basic income for foster care youth.

The Commission recommends that the legislature pass *An Act providing for a universal basic income for youth aging out of foster care* ([S.114](#)), which would provide youth transitioning out of foster care with a \$1,000 per month cash stipend for 5 years. Youth transitioning out of the foster care system face significant challenges in finding stability, as discussed in this section and subsequent sections throughout this annual report. By establishing a universal basic income (UBI) for youth transitioning out of foster care, as being piloted in California,<sup>2</sup> the state can help mitigate risk factors such as housing instability or involvement in the criminal legal system. The Commission advises policymakers and administrators to ensure that - should this program become a reality - there is a clear plan on how to directly transfer the cash assistance and make youth aware of the existence of the program.<sup>3</sup>

**2. Protect youth in the foster care system from having their federal benefits stripped away.**

In a 2021 study from The Marshall Project and NPR,<sup>4</sup> it was detailed that 10% of foster youth across the country are entitled to Social Security benefits, with 36 states - including Massachusetts - then accessing these benefits, often without ever notifying the child or families.<sup>5</sup> In 2018, Massachusetts took a reported \$6.31 million from youth in the foster care system. Historically, child welfare agencies - including DCF - accessed Supplemental Support Income (SSI) and Social Security Disability Insurance (SSDI) to cover the cost of placements, particularly given that youth were not able to build up assets over \$2,000 to maintain eligibility for these benefits. In 2023, DCF advised the Commission that it is currently working with the Disability Law Center and Fidelity Investments to set up ABLE accounts for youth eligible for SSI and SSDI, and that it has halted this practice. In order to ensure that this practice continues, the Commission strongly recommends that the Legislature pass *An Act Protecting Benefits Owed to Foster Children* ([S. 65 / H.157](#)).

**3. Solidify parental rights for LGBTQ families.**

Despite the significant strides that Massachusetts has made over the last couple of decades to support LGBTQ families, there still remain gaps in state law to ensure that all families have the same legal protections. The Commission strongly recommends and prioritizes the passage of *An Act to Ensure Legal Parentage Equality* ([S. 947 / H.1713](#)), also known as the Massachusetts Parentage Act (MPA), which would update and strengthen legal parentage laws in the Commonwealth. The MPA clarifies how the state establishes parentage for children in families who are born through assisted reproduction or surrogacy, or to same-sex parents who are not married, as well as would recognize de facto parentage.<sup>6</sup>

**4. Provide mandatory trainings for congregate care settings.**

The Commission strongly recommends that the State provide mandatory trainings for congregate care workers, and increase accountability to ensuring that workers are providing LGBTQ-affirming services. Furthermore, the Commission recommends that the State provide trainings and resources specifically for youth so that young people understand their rights, as well as the formal process for complaints if they experience mistreatment while in a congregate care program.

**5. Create and provide training opportunities for young people and caregivers involved with the child welfare system.**

Expanding on the above recommendation, the Commission further recommends that the State creates a strategic plan to create more opportunities to support and educate youth and their caregivers involved with the child welfare system. Family preservation is an integral component to ensuring that LGBTQ youth thrive in the Commonwealth, yet very few LGBTQ-affirming resources currently exist to support caregiver education.

Furthermore, far too many youths involved with the child welfare system are not given the resources needed to understand their rights, nor is there an accessible process of accountability to ensure that DCF is appropriately preparing youth to transition out of care. The Commission recommends that stakeholders

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look into how the State might provide more support for youth, including the development of an app that allows young people to better track any requests made to DCF, provide easily accessible information on DCF policies, and access to resources they have through DCF.

### **6. Review and update quality assurance and improvement procedures.**

In many of the conversations that the Commission engages in with state agencies as it relates to trainings or accountability processes, agencies often note their inability to mandate trainings or hold their contracted providers accountable to providing LGBTQ-affirming services. However, many agencies have a system of quality assurance and improvement procedures to ensure that the providers they contract are providing the contracted services. Thus, the Commission recommends that all youth-serving state agencies examine how they already hold their contracted providers accountable to services that they must provide and see where updates could be made to increase accountability.

### **7. Establish an independent foster care review office.**

The Commission supports and prioritizes the creation of an independent foster care review office ([S.66 / H.158](#)) outside the Department of Children & Families to ensure that all cases are appropriately receiving impartial reviews. Currently, state law requires that a review of all DCF cases takes place every six months to ensure that every child is receiving appropriate care and services. However, these reviews take place within DCF, leaving advocates to continuously raise tremendous concerns over the quality and consistency of the review process.

### **8. Explore the creation of an LGBTQ youth maltreatment code system within the Department of Children and Families.**

Expanding on the above recommendation, the Commission recommends that the state explore the creation of a maltreatment code system for use in the child welfare system to better support social workers in tracking and addressing critical cases and incidents, with a specific maltreatment code being assigned to LGBTQ youth. Such a system would also provide clearer information on the child's case as it is reviewed to better ensure that all youth are receiving appropriate access to resources and care. The Commission understands that there are other states, such as Georgia,<sup>7</sup> that have implemented a maltreatment code system that provides multiple benefits, including indicating and categorizing levels of imminent risk – used by social workers to better prepare and support youth in their caseload – as well as better categorizing a case's eligibility for family preservation services; and providing the state and researchers with helpful data to better understand critical trends and gaps in case. Furthermore, proper coding of cases minimizes child abuse and neglect (CAN) registries for parents and families by supporting service intervention rather than a removal, as having a CAN registry can negatively impact caregivers' economic status and ability to retain employment.

However, despite the unique experiences faced by LGBTQ youth who may be in the child welfare system, or may potentially become involved in the system, no state has any LGBTQ-specific codes to support youth, providers, and families. Without these codes, collecting more comprehensive qualitative and quantitative data on LGBTQ youth maltreatment experiences is incredibly difficult.<sup>8</sup>

**9. Update Chapter 119, Section 89 of the Massachusetts General Laws to include the Commission on the Juvenile Justice Policy and Data Board as a voting member.**

As discussed further in this annual report, the Juvenile Justice Policy and Data Board (JJPAD) evaluates juvenile justice system policies and outcomes to make recommendations on areas of improvement. Risk factors for juvenile justice system involvement is involvement in the child welfare system, which also is a factor for childhood trauma. However, even though LGBTQ youth often face numerous disparities in both the child welfare and juvenile justice systems, there remains no formal and dedicated voice for LGBTQ youth on JJPAD or its Childhood Trauma Task Force (CTTF). The Commission urges the legislature to address this concerning gap in representation by passing *An Act Updating the Juvenile Justice Policy and Data Board* ([S. 78](#)) which is currently pending in the Senate Committee on Rules.

**10. Codify the foster child bill of rights in state law.**

The Commission was pleased to see the development of the Foster Child Bill of Rights developed by DCF's Youth Advisory Board which includes guidance that every child should be treated with respect without regard to gender identity and sexual orientation. The Commission supports *An Act Establishing a Bill of Rights for Children in Foster Care* ([S. 68](#) / [H.164](#)) which would require DCF to present a copy of these rights to youth, and their attorneys.

**11. Improve Massachusetts child abuse laws to explicitly include the withholding of gender-affirming care for LGBTQ youth.**

With the significant rise in public transphobia across the state, the Commission has serious concerns about the wellbeing of trans and gender expansive youth in the home, and advises that the state examine current laws around child abuse and welfare to ensure that the unique situations faced by LGBTQ youth are being addressed. In particular, the Commission recommends that the state examine the possibility of codifying gender-affirming child welfare protections in state law to better support youth and families.

**12. Introduce the legislation needed to bring Massachusetts up to minimum standards of the United Nations Convention on the Rights of the Child.**

As discussed further below, the United States remains the only United Nations member state that has failed to ratify the most-ratified human rights treaty in world history: The United Nations Convention on the Rights of the Child (CRC). <sup>1</sup> In a 2022 Human Rights Watch evaluation of all 50 U.S. states, Massachusetts - like most other states - earned a 'D' in its protections for youth in the Commonwealth. In order to bring Massachusetts up to the minimum standards of the convention, the Commission recommends that the state abolish corporal punishment in all settings, including private schools, alternative care settings, and penal settings; and increase the minimum age of juvenile jurisdiction from 12 to 14.

## Research: Defining What it Means for Youth to Thrive

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The development of effective policies to support LGBTQ young people begins with an understanding of the youth themselves. For many, their lived reality involves intersectionality—multiple layers of identity.<sup>9</sup> An LGBTQ young person, already a member of a vulnerable group, may belong to multiple groups, including racial, ethnic, linguistic, religious, cognitive, and ability-related minorities. Many of the Commonwealth’s LGBTQ young people identify with multiple groups, and this intersectionality hold significant implications, both for opportunity and for oppression. Diversity merits positive recognition as a source of strength for our society. However, as detailed further in several of the subsequent sections of the Commission’s report, the harsh realities of minority stress experienced by LGBTQ youth<sup>10</sup> can be compounded when youth identify with additional minority groups. A recent report from The Trevor Project illustrates this challenge,

“LGBTQ youth of color may have parents or caregivers who have concerns about their child facing further discrimination and victimization on top of their racial/ethnic identity, and may feel that withholding support for their sexual orientation is in the best interest of their safety.”<sup>11</sup>

Leaders are called to recognize the complexities of identity as they consider effective, culturally relevant policies. Specifically, throughout this report, we seek to illuminate the underserved needs of QTBIPOC (Queer, Trans, Black, Indigenous People of Color) youth in the Commonwealth. Further, we believe that to truly serve all youth implies that the voices and realities of young people themselves must inform the decisions made in their names.

Though at first glance, an understanding of well-being may seem self-evident, some analysts believe that a lack of consensus on what children and youth actually need to thrive is hampering the United States in the development of children’s rights policies.<sup>10</sup> Child development experts worldwide, however, do concur that a holistic view of well-being for children and youth involves physical, medical, social, emotional, psychological, moral, and educational dimensions, which necessarily involve environmental, cultural, and artistic components.<sup>11</sup> Dimensions of well-being promote thriving youth and thriving youth see hopeful futures for themselves as adults. Later sections of this report address each of these domains in detail.

Of all the dimensions of wellbeing, emotional health continues to demand special attention as a leverage point for policymakers. Longstanding research underscores the specific importance of emotional health for LGBTQ youth, particularly in our politically polarized and often hostile climate. The research on emotional support for LGBTQ youth has evolved significantly in recent decades. Social scientists have developed models to foster family acceptance, even among unsupportive and reticent adults.<sup>12</sup> Specific supportive behaviors have been correlated with positive emotional outcomes for LGBTQ youth.<sup>13</sup> Indeed, the ongoing presence of a single supportive adult can make an enormous difference to a vulnerable young person.

When the Commission on LGBTQ Youth was formed in 1992, in the wake of alarming suicide trends among gay and lesbian youth, policy discussion focused primarily on reducing harm. Today, although harm



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reduction remains a priority, leaders have broadened the scope of their work to help LGBTQ young people realize the totality of their potential, both as individuals and as important contributing members of society.<sup>14</sup> The focus has expanded from surviving to thriving.

### The International Context: Massachusetts As Compared Internationally

LGBTQ youth are first and foremost young people. Contrary to popular opinion, the sobering reality for children in the United States is that they lack most of the basic human rights that children enjoy in other nations. The United States remains the only United Nations member state that has failed to ratify the most-ratified human rights treaty in world history: The United Nations Convention on the Rights of the Child (CRC).<sup>12</sup> Adopted in 1989, the United Nations CRC offers a minimum standard for the legal protection of children and youth in domains that affect their well-being including child marriage, juvenile justice, child labor, corporal punishment, and education, among other critical arenas.

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The United States remains the only United Nations member state that has failed to ratify...The United Nations Convention on the Rights of the Child (CRC)...[which] offers a minimum standard for the legal protection of children and youth in domains that affect their well-being including child marriage, juvenile justice, child labor, corporal punishment, and education, among other critical arenas.

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Given the impact of state-level laws on children’s rights in our country, the Human Rights Watch recently evaluated the laws of the individual 50 United States against four of the key protections of the United Nations Convention on the Rights of the Child: child marriage, corporal punishment, child labor, and juvenile justice.<sup>13</sup> Most states demonstrate overwhelming noncompliance with internationally accepted children’s rights standards. Only four states earned a C in the evaluation, and Massachusetts, which ranked fifth, earned a D. This evaluation merits significant attention because it underscores key areas in which our state can make legal changes to bring the rights of all our children, including LGBTQ youth, up to the baseline level of other countries.

Although our nation has not ratified the United Nations Convention on the Rights of the Child, our Commonwealth can and should consider the specifics of the CRC as part of its legislative roadmap. To align with the rights in the United Nations CRC, Massachusetts would need to abolish corporal punishment in all settings raise the minimum age for agricultural work from zero to 15, raise the minimum age for hazardous agricultural work from 16 to 18, increase the minimum age of juvenile jurisdiction from 12 to 14, and explicitly prohibit the transfer of any child under 18 to adult courts for any reason. Corporal punishment, which disproportionately harms LGBTQ youth, remains legal in Massachusetts in private schools, alternative care settings, and penal settings.

Further, QTBIPOC youth are overrepresented and mistreated in our juvenile justice system,<sup>14</sup> a system that requires change in all 50 states to be brought to the minimum international standard articulated in the United Nations CRC. Juvenile justice, education, and labor rights are all addressed more specifically in subsequent sections of this report.

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One important measure on which Massachusetts only recently became compliant with the United Nations CRC is child marriage. In July 2022, Massachusetts passed [MA Gen L Ch. 207 § 7 \(2021\)](#) to raise the minimum age for marriage to 18 without exception, effectively ending child marriage—a protection and victory for all children. Beyond a consideration of the standards set by the United Nations Convention, other global indicators put the realities of LGBTQ youth in Massachusetts in perspective. The United States continues to rank at the bottom of developed countries for child poverty. In a comparison of 26 OECD (Organization for Economic Co-operation and Development) countries, the U.S. rates of poverty are substantially higher and more extreme than those found in the other 25 nations.<sup>15</sup> Among developed countries, the average poverty rate stands at 10%; in the United States 17% of children live at or below the poverty line—a stark contrast.<sup>16</sup> At 12%, the child poverty rate in Massachusetts is lower than the national average, however Massachusetts fares worse than 21 other states because of the Commonwealth’s high cost of living.<sup>17</sup> Though in Massachusetts poverty does not affect LGBTQ youth uniquely, it does affect them profoundly.

Recent international research that evaluates the social acceptance of LGBTQ people offers another helpful lens for contextualizing the situation of youth in Massachusetts. Social acceptance of LGBTQ people is correlated with their well-being and economic vitality. Using a sophisticated Global Acceptance Model, research at UCLA ranked social acceptance of LGBTI people in 175 countries and locations.<sup>18</sup> This study found that although support of LGBT and intersex people is on the rise worldwide, some nations, including the United States, have become more polarized. In this evaluation, the United States ranked 23<sup>rd</sup> overall for social acceptance among world nations. Canada, just a few hours’ drive from the Statehouse in Boston, ranked 5<sup>th</sup>.

Beyond human rights and social acceptance, recent international comparative research has also identified the economic power of LGBTQ rights. Drawing from data sets worldwide, including data from the United States, research demonstrates a positive effect between LGBT inclusion and economic development.<sup>19</sup> When decision-makers work to improve the lives of LGBTQ people, including youth, their jurisdictions benefit economically.

## The National Context: Massachusetts as a Potential Beacon for a Troubled Nation

The Commission on LGBTQ Youth, the only commission of its type among all 50 states for more than 30 years, offers Massachusetts decision-makers expertise that uniquely positions the Commonwealth to lead the way in the nation and beyond with effective policies to better serve LGBTQ youth. Sadly, that leadership is needed more than ever. In the United States, from Supreme Court threats to LGBTQ rights on Capitol Hill to the daily microaggressions LGBTQ youth endure at school and at home, the challenge has grown more crucial while the nation has grown more volatile.

An explosion of proposed anti-LGBTQ rights laws in the United States in recent months reflects and amplifies hostility toward LGBTQ

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“LGBTQ youth are not inherently prone to suicide risk because of their sexual orientation or gender identity but rather placed at higher risk because of how they are mistreated and stigmatized in society.”

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youth. As of the week of April 24, 2023, 469 anti-LGBTQ bills have been introduced across the United States – the highest number of anti-LGBTQ ever on record. Many of these pieces of proposed legislation specifically target transgender youth.<sup>20</sup>

The current political climate and the very existence of these proposals stigmatize and harm the well-being of young people. Even in states where anti-LGBTQ legislation has not been proposed, youth are experiencing collective trauma.<sup>21</sup> Indeed, throughout the nation, the pervasive sense of reality is that LGBTQ rights are conditional and can be rescinded.

In a December 2022 survey from The Trevor Project, 90% of LGBTQ youth in Massachusetts stated that the recent national and community rhetoric attacking LGBTQ youth had negatively affected their well-being. In its analysis of the poll results, The Trevor Project notes that “LGBTQ youth are not inherently prone to suicide risk because of their sexual orientation or gender identity, but rather placed at higher risk because of how they are mistreated and stigmatized in society.”<sup>22</sup> The mental health toll on youth of the current national environment underscores the need for Massachusetts policymakers to bolster laws that protect our LGBTQ young people and for educators, providers, and agencies to examine their own responsibilities in serving LGBTQ youth.

### The State Context: Anxiety, Vulnerable Youth, and Failing Systems

Narrowing the focus from international and national perspectives to a state-level view, recent data specific to Massachusetts reveal unsettling levels of anxiety and distress--despite the state’s history of efforts to support LGBTQ youth. As highlighted in the MYRBS analysis section, new data from the 2021 Massachusetts Youth Risk Behavior Survey indicates that at least 1 in 5 (21.9%) Massachusetts youth identify as LGB, with 5.3% identifying as transgender or questioning. The 2022 U.S. National Survey on LGBTQ Youth Mental Health by State reveals that in Massachusetts last year, 41% of LGBTQ youth, including 51% of transgender and nonbinary youth, seriously considered suicide in the past year. Further, 11% of LGBTQ youth, including 15% of transgender and nonbinary youth, attempted suicide in the past year. These feelings do not come unaccompanied, 71% of LGBTQ youth, including 78% of transgender and nonbinary youth, reported experiencing symptoms of anxiety symptoms, and 51% of LGBTQ youth, including 64% of transgender youth, reported experiencing symptoms of depression.

As noted above, the Commission recommends that the legislature codify the Massachusetts Parentage Act, which would update the Commonwealth’s outdated parentage laws by allowing same-gender non-biological parents to be legally recognized as parents, as well as would recognize de-facto parentage which would reduce instances of youth being placed in the child welfare system.<sup>23</sup>

### Among the Most Marginalized: LGBTQ Youth in the Child Welfare, Juvenile Justice, and Mental Health Systems

Though the well-being of all LGBTQ young people in the state merits concerted ongoing attention, LGBTQ young people involved with the child welfare, juvenile justice, and mental health systems are among the most vulnerable youth in our state. The state agencies that serve youth in crisis demand particular

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attention, as national data indicates that QTBIPOC youth are often the most underserved among youth in the child welfare and juvenile justice systems.<sup>24</sup>

Often, youth involved in one system are actually involved in multiple systems;<sup>25</sup> these young people may be labeled as multisystem-involved youth, dual-system-involved youth, or crossover youth. The effects of entering these systems cascade as children develop. Pre-adolescent children who enter the child welfare system disproportionately enter the mental health system; and adolescents who enter the child welfare system often become enmeshed in the juvenile justice system as well as the mental health system. Research underscores that multisystem-involvement compounds negative outcomes for all young people perhaps in part because the goals of each of these systems can be at odds and because inadequate tracking and communication exists among the systems. The situations of multisystem-involved youth, especially and including LGBTQ youth, remain largely understudied. What is known is that the systems meant to help youth often harm already vulnerable LGBTQ youth, too often with negative and tragic outcomes. The subsequent sections of this report dedicated to juvenile justice and mental health delve further into approaches to support LGBTQ multisystem-involved youth.

### LGBTQ Youth Aging Out of Foster Care: An Acutely Vulnerable Population

Of the many underserved LGBTQ youth in Massachusetts, LGBTQ youth aging out of foster care, often referenced as transition-aged foster youth, merit special focus. On their 18<sup>th</sup> birthdays, youth in foster care exit the child-welfare system unless they sign a voluntary placement agreement to remain until they are 23. In 2022, 2,761 of the young people aging out of foster care, or 73%, chose to remain in care – DCF’s annual report for FY 2023 has yet to be released as of May 2024. Many of these transition-aged young people have lingered in care for years without finding permanent homes, and as such, they are uniquely vulnerable; transition-aged foster youth can easily fall into homelessness and too often become victims of trafficking and predation. A subsequent section of this report addresses agency-specific internal policy recommendations for the Department of Children and Families.

### The Massachusetts Child Welfare System

Recent years have seen several major reports declare a state of emergency regarding the Massachusetts child welfare system, including this Commission’s own report, “LGBTQ Youth in the Massachusetts Child Welfare System: A Report on Pervasive Threats to Safety, Wellbeing, and Permanency,” released in July 2021.<sup>26</sup> Another report, “Failing Our Kids: Measures of the Broken Child Welfare System in Massachusetts,”<sup>27</sup> released by the advocacy group Friends of Children, asserts:

*“Children and youth involved with DCF, among the most vulnerable in our society, have very little presence in our legislative chambers, our newsrooms, and our boardrooms. And they have no direct say whatsoever in our voting booths. A total of 13,045 unique children were in foster care during FY2022, a staggering number of young lives ... Children have no money and no power. They are functionally voiceless in the policy decisions that most affect their lives ... children in DCF custody in Massachusetts would do better to live in almost any other state.”*

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With a \$1.2 billion annual budget, the Massachusetts Department of Children and Families (DCF) remains one of the worst-performing state child welfare agencies in the nation based on comparisons of federally mandated data on several critical measures: the average length of time in foster care; the percentage of children in foster care for more than five years; children experiencing four or more foster care placements while in DCF custody; and the percentage of children adopted by relatives.<sup>28</sup>

Across the nation, LGBTQ youth, and QTBIPOC youth in particular, are disproportionately represented in the child welfare system and experience disproportionate negative outcomes, including more placement changes, a longer duration in the system, a lower rate of adoption, and negative and frightening outcomes when aging out of the child welfare system.<sup>29</sup> As of DCF's most recent FY 2024 Quarter 2 report, approximately 374 youth (6%) aged 3-17 identified as LGBQ, though a further 1,002 were marked as 'not listed' or 'other' which could suggest higher numbers if the youth identify with a sexual orientation not listed; 136 youth aged 3-17 identified as transgender or otherwise under the gender expansive umbrella, making up approximately 2% of DCF 3-17 youth. For youth in DCF care over the age of 18, approximately 13% identify as LGB, and 4% under the gender expansive umbrella.<sup>30</sup>

For child advocates, particularly those working with LGBTQ youth, the state child welfare system is mired in complexity. From the moment LGBTQ children and youth enter the Massachusetts child welfare system, the system fails to fully serve them—by failing to even collect complete and accurate data on the reasons they are entering the system. Although DCF should be credited for positively improving its collection of SOGIE data, the agency must also mandate the collection of more complete information on why LGBTQ youth are entering the system in the first place and ensure that workers are appropriately trained on how to appropriately ask SOGIE questions. National research indicates that family rejection of LGBTQ youth for their sexual orientation and/or gender identity may in fact lead to their overrepresentation in child welfare systems. Massachusetts policymakers need more data to better serve youth and accurately report on the misfortunes they face.

Once in the child welfare system, LGBTQ youth typically experience higher risks of bullying and physical violence due to serious difficulty finding foster placements that are affirming. Involvement with a system that is meant to help them only worsens their well-being. The Commission's 2021 report, "LGBTQ Youth in the Massachusetts Child Welfare System: A Report on Pervasive Threats to Safety, Wellbeing, and Permanency," further examines the harms to the well-being of LGBTQ youth caught in this system.

## The Need for True Oversight, Accountability, and Transparency for the Child Welfare System

Perpetuating alarming failures are a lack of adequate oversight, accountability, and transparency among the systems serving our most vulnerable youth. The recent Friends of Children report, "[Ten Myths about Child Welfare Oversight in Massachusetts](#)"<sup>33</sup> details the misconceptions about the current child welfare system that enable the system to evade change. Many of the key roles leading the child welfare system, including the Secretary of the Office of Health and Human Services, the DCF Commissioner, and juvenile court judgeships are gubernatorial appointments, and as such the Governor has outsize influence over the Massachusetts child welfare system as compared to other states. Apart from the Governor and the

## CHILD WELFARE

Executive Office of Health and Human Services, other accountability mechanisms for DCF have little to no authority over DCF. In Massachusetts, the Office of the Child Advocate (OCA) is directed to provide oversight and accountability for state agencies serving the Commonwealth's most vulnerable youth. However, as discussed in the OCA recommendations below, the Commission has serious concerns about the OCA's commitment to impartial and transparent accountability for the child welfare system.

In Massachusetts, the child welfare Ombudsman is an employee of DCF charged with investigating complaint reports against DCF, leading to concerns from the Commission about the appropriate impartiality of the role. Additionally, foster case review occurs internally through DCF, leading to little external accountability to ensure that the well-being of youth in foster care is being protected. To better address these concerns, the Commission recommends that the state implement an independent foster care review office - used by many other states across the U.S. - which would provide an opportunity to objectively assess each child welfare case and make impartial recommendations to all relevant stakeholders regarding the safety and well-being of youth in DCF. For LGBTQ youth, who are among the most vulnerable youth in foster care, the establishment of independent foster care review is paramount to protecting their well-being. Furthermore, as noted in the above recommendations, the Commission recommends that the state explore the creation of a more expansive maltreatment coding system to provide clearer categorizations of maltreatment, with a specific code for LGBTQ youth.

In Massachusetts, Juvenile Court judges make decisions regarding the custody of children and youth, the termination of parental rights, guardianship, and adoption. However, due to several MA Supreme Judicial Court rulings, the legal standard to overcome DCF decisions is high, and Juvenile Court judges in Massachusetts have limited recourse on DCF's actions. Additionally, it is the Commission's understanding that the juvenile courts are suffering from a shortage of public defenders to represent children, youth, and parents when the court has granted custody to DCF;<sup>34</sup> these attorneys are hired by the Committee for Public Counsel Services which the Commission has newly issued recommendations to for FY 2024. Further, many issues exist regarding the quality of the defense and the support youth and families receive from their assigned attorneys. Worse still, required hearings are not always held in a timely fashion, further distressing youth in custody.

Additionally, the lack of transparency in Massachusetts resulting from weak or nonexistent public meeting and public records laws further perpetuates the dysfunction of systems serving vulnerable children. Citizens, advocates, and the media often cannot access records related to the content of important meetings, nor can the public access voting records in many state-agency hearings. The COVID pandemic has also compromised transparency. The deleterious effects of the pandemic on the well-being of LGBTQ youth, particularly system-involved youth, continue to alarm those who serve them. However, all too often in recent months, officials have claimed the COVID pandemic as a smokescreen for failing to address issues in state government agencies that existed long before the pandemic. The Commission recommends that Massachusetts examine how it can increase state and local government transparency to better offer avenues of accountability on behalf of youth.

## Conclusion

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The Commission appreciates the ongoing work of youth, families, advocates, agencies, and legislators to comprehensively address systemic barriers that prevent all youth from thriving in the Commonwealth. However, as discussed in this section, and throughout this annual report, the state must broaden its understanding of what it means to *thrive*, and the role of state government and agencies within this framework.

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# COMMISSION ON LGBTQ YOUTH EMOTIONAL WELLBEING AND CHILD WELFARE



## ABOUT

*"HELPING ALL YOUTH  
THRIVE"*

In order to best serve our youth in complicated times, leaders must understand all youth. Understanding the intersectionality of identity of our LGBTQ youth gives insight into their mental stressors.



## RECOMMENDATIONS

- 1** Codify the foster child bill of rights in state law.
- 2** Improve Massachusetts child abuse laws to explicitly include the withholding of gender-affirming care for LGBTQ youth.
- 3** Create a program for universal basic income for foster care youth.

## LEGISLATION

S.114: Universal Basic Income for Transition-Aged Youth

S.68/H.164: Bill of Rights for Children in Foster Care

S.947/H.1713: Massachusetts Parentage Act

# 90%

Of LGBTQ youth in Massachusetts claim that recent national rhetoric has negatively affected their well-being

# 51%

of Massachusetts transgender and nonbinary youth seriously contemplated suicide

# 510

Anti-LGBTQ laws have been introduced as of 2023, specifically targeting LGBTQ youth



# Belonging in Education: Supporting LGBTQ Youth in Schools

## Introduction

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Following the Commission's report on child welfare and well-being, this report on education highlights key local and national findings that illustrate proven methods to create safer and supportive schools for LGBTQ youth, families, and educators.

*"School should be a place where all students feel seen, heard, and valued for who they are. As a trans and black student, I want a school that celebrates diversity, promotes equity, and ensures that everyone belongs. Education should empower us, not alienate us."*

*- 11th Grade Massachusetts Student*

The Commission and the Department of Elementary and Secondary Education (DESE) jointly sponsor the Safe Schools Program for LGBTQ Students, a program which offers direct support to districts across Massachusetts on policy, training, technical assistance, and student leadership.

## FY 2025 Recommendations to the Governor and Legislature on Education

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- 1. Support efforts for all schools in the Commonwealth to receive comprehensive training and professional development to increase the capacity of educators and administrators to support LGBTQ students, including BIPOC LGBTQ students.**

The Commission recommends that schools at all levels provide training for all staff and educators on empathy building, inclusive curriculum, skill development for support, student leadership and development, and policy creation. This training should specifically address the unique needs of BIPOC LGBTQ students and include current information on the role of schools in preventing sexual violence against LGBTQ students.

Moreover, the Commission advises that these trainings include interactive components on how to intervene in bullying incidents and educate youth on preventing bullying and discrimination, with special attention to supporting neurodivergent and disabled students. Additional recommendations on bullying are detailed in the public health section of this annual report.

- 2. Provide professional development, mentorship, and support for advisors of GSAs, affinity spaces and similar student clubs, focusing on: creating consistent, affirming, resource-rich environments responsive to student needs; supporting youth leadership and advocacy; and providing structure to meetings.**

It is essential for advisors of all student clubs to possess knowledge and skills in best practices for supporting youth leadership, running effective meetings, and creating supportive environments for young people. However, this is especially important for advisors of identity-based clubs, such as GSAs,

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who are responsible for creating co-curricular spaces that foster belonging and community for marginalized students. Therefore, the Commission recommends providing training, mentorship, and support for GSA advisors in these areas, as well as allocating dedicated planning time during their workday specifically for club-related activities.

**3. Encourage administrators and educators to actively express their support for materials on race and LGBTQ topics and establish statewide guidelines and best practices for addressing challenged curricula and conducting book reviews.**

As the trend of attacking school-based content related to race and LGBTQ+ topics continues throughout the Commonwealth, a concerted effort should be made to develop strategies and best practices for addressing challenges related to curricula and books, and to provide support and resources to administrators, educators, and librarians. The Commission recommends that administrators proactively voice their support of LGBTQ materials, in line with the Principles for Ensuring Safe and Supportive Learning Environments for LGBTQ Students<sup>1</sup>. Furthermore, as discussed throughout this annual report, schools and libraries are seeing an unprecedented increase in book challenges, particularly against LGBTQ and BIPOC affirming books and materials. The Commission recommends that the state determine thoughtful processes for reviewing any books and curricula that are challenged.

**4. Ensure that all subject areas are reflective of LGBTQ & BIPOC individuals, historical events, and concepts.**

The Commission recommends that policymakers and educators broaden their focus on gender, sexuality, and race inclusive curricula and materials by ensuring that all state subject frameworks include LGBTQ and BIPOC individuals, historical events, and social concepts. In particular, the Commission highlights the necessity of updating arts, and music curricula frameworks to include LGBTQ and BIPOC contributions. The Commission supports An Act Relative to LGBTQ+ Inclusive Curriculum (S.259/H.498), though highlights the limitations of the bill as its current filed draft only targets inclusivity in history curriculum. Additionally, the Commission advises that schools - preK-12 and colleges - should provide resources and professional development opportunities for educators to support instruction in these areas. This includes integrating LGBTQ topics and narratives across all subjects and grade levels to foster a more inclusive and supportive educational environment for all students.

**5. Invest in resources for family liaisons and provide professional development opportunities for all school staff related to family engagement and acceptance.**

Family engagement and LGBTQ acceptance are crucial for a positive school climate, leading to improved student outcomes such as higher academic achievement, better attendance, and enhanced social-emotional well-being. Schools that actively promote LGBTQ acceptance create safer and more inclusive environments, reducing bullying and discrimination. Specialized training should be provided on best practices in family engagement, particularly for diverse families, including those with LGBTQ members. Additionally, mandatory professional development for school staff should cover cultural

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competence, family engagement strategies, and LGBTQ acceptance. Schools should review and update their policies to explicitly support family engagement and LGBTQ inclusion, provide guidance on effective implementation, and integrate LGBTQ-inclusive content into the curriculum to emphasize diversity and acceptance in all subjects.

- 6. Collect data to better understand the experiences of LGBTQ BIPOC students, who are disproportionately represented and involved in multiple systems, and often lack comprehensive, aligned support.**

Education agencies should prioritize collecting comprehensive data to better understand the unique experiences of LGBTQ BIPOC students, who are disproportionately represented and often involved in multiple systems. These students frequently lack comprehensive and aligned support, which can impact their academic and social-emotional well-being. By gathering detailed and nuanced data, education agencies can identify the specific needs and challenges faced by these students, enabling the development of targeted interventions and resources. This data-driven approach will help create more equitable and supportive educational environments for LGBTQ BIPOC students.

- 7. Support education efforts to expand policies and update guidance surrounding support for transgender and nonbinary students.**

Education agencies should support efforts to expand policies and update guidance to better support transgender and nonbinary students. This includes implementing comprehensive policies that protect the rights and well-being of these students, ensuring access to gender-affirming facilities and resources, and providing professional development for staff on gender inclusivity and sensitivity. By creating a safe and inclusive environment, education agencies can promote the academic and social-emotional well-being of transgender and nonbinary students, fostering a school climate of belonging that values and respects all identities.

- 8. Support an annual convening of education agencies, including the Department of Early Education and Care, Massachusetts Department of Elementary and Secondary Education, and Massachusetts Department of Higher Education, to collaboratively explore a continuum of support for LGBTQ students and families as they progress through the education systems in the Commonwealth.**

Support an annual convening of education agencies, including the Department of Early Education and Care, the Massachusetts Department of Elementary and Secondary Education, and the Massachusetts Department of Higher Education, to collaboratively explore and develop a continuum of support for LGBTQ students and their families as they move through the education systems in the Commonwealth. This convening should focus on identifying and addressing the unique challenges faced by LGBTQ students at each educational level, ensuring seamless support and resources from early education through higher education. By fostering collaboration and sharing best practices, these agencies can create a cohesive and inclusive educational environment that promotes the well-being and success of LGBTQ students throughout their academic journeys.

## Research: Uplifting LGBTQ Youth in Schools

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*"The attacks on LGBTQ content has made me feel invisible and unwelcome in my own school. It's disheartening to see parts of my identity erased from the curriculum, making it harder for me and my friends to learn about and understand ourselves and each other. These attacks not only affect our education but also our mental health and sense of belonging."*

*-10th Grade Massachusetts Student*

### Policy

An analysis of Youth Risk Behavior Survey data from 22 states between 2005-2015, indicated that lesbian, gay, bisexual, and questioning youth, especially cisgender boys 15 and younger, experienced lower rates of bullying victimization in states with general or enumerated anti-bullying laws.<sup>2</sup> Additionally, a 2020 study found that LGBTQ-focused policies were more strongly associated with student perceptions of teacher support<sup>3</sup> and GLSEN's 2021 National School Climate Survey found that students in schools with anti-bullying policies that protect sexual orientation and gender expression experienced less anti-LGBTQ remarks and victimization, missed school less often due to feeling unsafe, and were more likely to feel they belonged at school.<sup>4</sup> Given this, it is imperative that educators and school administrators make known state laws that mandate district non-discrimination policies to include gender identity and sexual orientation<sup>5</sup> so that students and families are aware of their rights and protections.

### District Policies

In 2022, the Commission published a special report on LGBTQ inclusive education policy, which examined whether more than 1,700 Massachusetts public schools include LGBTQ-specific language in their 2021-2022 student/caregiver handbooks. The review found that about one-fifth of include "gender identity" as a protected class in their handbooks. In 2023, a follow-up review examined



THE REVIEW FOUND THAT ABOUT ONE-FIFTH OF PUBLIC SCHOOLS DID NOT INCLUDE "GENDER IDENTITY" AS A PROTECTED CLASS IN THEIR HANDBOOKS

whether district-level policies of Massachusetts public schools include guidance around supporting transgender/nonbinary students. These policies provide language beyond the required inclusion of "gender identity" in the district's anti-discrimination statutes, or the commonplace anti-bullying

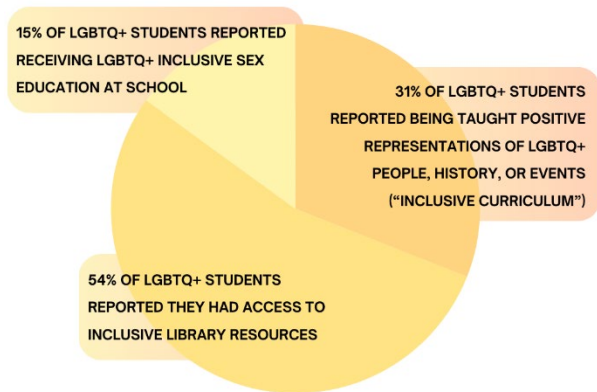
provision that acknowledges the disproportionate rates of bullying among LGBTQ students. This review was able to locate 1,842 of 1,851 (99%) Massachusetts public schools' district policies for the 2022-2023 school year. 358 of 1,842 schools (19.4%) are subject to specific district-level policies related to gender identity and supporting trans/nonbinary students; these policies are maintained by 25 public school districts and 8 public charter schools/districts across the Commonwealth.

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Several studies, as described above, found a correlation between lower bullying rates and the existence of school anti-discrimination and harassment policies,<sup>1, 2, 3</sup> it is important to note that some studies found no correlation.<sup>1, 6</sup> This means that enumerated policies that are inclusive of sexual orientation, gender identity, and gender expression are useful, but cannot be the only mechanism in place to support LGBTQ students in our schools. LGBTQ-inclusive curriculum and a positive school climate for marginalized students are among other areas that require the attention of policymakers, school administrators, educators, and support staff.

### LGBTQ-Inclusive Curriculum

GLSEN's 2021 National School Climate Survey found that LGBTQ students in schools with LGBTQ-inclusive curriculum experienced a variety of positive outcomes compared to LGBTQ students in schools without LGBTQ-inclusive curriculum. For instance, they were less likely to hear homophobic comments, had less absenteeism as a result of feeling unsafe or uncomfortable, they felt an increased sense of belonging to their school communities, and reported better mental health experiences (higher self-esteem, lower rates of depression, and lower rates of suicidality).<sup>3</sup> Massachusetts-specific data from the same survey found that in the Commonwealth, only 31% of LGBTQ students surveyed were taught positive representations of LGBTQ+ people, history, or events ("inclusive curriculum"), 54% said they had access to inclusive library resources, and 15% of LGBTQ+ students in Massachusetts reported receiving LGBTQ+-inclusive sex education at school.<sup>7</sup>



However, mere inclusion of LGBTQ perspectives, people, topics, etc. is not sufficient to make the type of liberatory educational change the Commission advocates for. Intersectional curricular inclusion of queer and trans perspectives (i.e., curricular content that examines the intersections of race, class, gender, sexuality, ability, immigration status, etc.) is required to work towards schools as liberatory environments for all LGBTQ students,<sup>8</sup> including populations such as BIPOC LGBTQ students, LGBTQ students who are immigrants, disabled LGBTQ students, and LGBTQ students with multiple marginalized identities. As such, administrators should proactively voice their support of and seek out intersectional LGBTQ-affirming curriculum and educational materials, as supported by the Principles for Ensuring Safe and Supportive Learning Environments for LGBTQ Students.<sup>9</sup>

*"An intersectional LGBTQ-inclusive curriculum is critical and includes experiences of all students. It helps us better understand and appreciate the complexities of our world and fosters empathy for many students. Inclusive curriculum ensures that every student feels represented and respected."*

*-12th Grade Massachusetts Student*

Furthermore, policymakers and educators should ensure that the contributions of LGBTQ people be included in all subject areas through the statewide frameworks, and that BIPOC perspectives and

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histories are represented accurately in all subject areas. An Act relative to LGBTQ inclusive curriculum 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."

Intersectional LGBTQ-affirming curriculum refers not only to classroom content, but also to books available in the library and posters, bulletin boards, and other visual displays found around the school. For example, according to GLSEN, LGBTQ students who reported seeing Safe Space stickers and posters in their schools were more likely to report having one or more supportive adults at school, as well as had more positive mental health outcomes.<sup>3</sup> Given the efficacy of this approach, it is concerning that some schools and school committees have provided unclear or oppositional guidance to staff about affirming displays, such as a recent (unanimously rejected) proposal to the Pembroke School Committee that would've prohibited educators from displaying Pride flags or other activist symbols in their classrooms.<sup>10</sup> Such an example from the Pembroke School Committee is only one instance among dozens of challenges that Massachusetts school districts have seen in the last couple of years.

Given the national climate of anti-LGBTQ legislation, policy, and rhetoric, it is critical that the state respond to the rise of anti-LGBTQ efforts in Massachusetts. Earlier this year, the Boston Globe conducted a survey of 291 public school districts in Massachusetts about book challenges they've experienced over the last five years. They found that eight books account for almost a third of all challenges received, and a majority of these eight texts are graphic novels that address issues of gender and sexuality.<sup>11</sup> For instance, in December 2023, police officers searched a classroom in a Great Barrington middle school after a complaint from a school staff member about an LGBTQ educator teaching the book *Gender Queer*, alleging it was pornographic.<sup>12</sup> Furthermore, in July 2023, the Joint Task Force for Intellectual Freedom (which includes members from a variety of library associations around Massachusetts), conducted a survey to understand the impact of book challenges. They found nearly 25% of school and public librarian respondents reported being harassed on social media, 22% reported being harassed via email, and 18% reported being harassed in-person regarding book or program challenges. Additionally, 48.5% of school library respondents reported reconsidering displays, books, or featured items due to negativity and controversy around book challenges.<sup>13</sup> The Safe Schools Program for LGBTQ Students provided support to several districts in the 2023-2024 school year around the issue of book bans. However, some school districts do not have a clear review policy; school committees and superintendents should assist school districts and determine thoughtful processes for reviewing any books that are challenged.

### School Climate

An extensive review of literature on protective factors for LGBTQ youth in schools revealed seven support systems that have positive impacts on LGBTQ youth's socioemotional, behavioral, and educational outcomes: family, curriculum, school professionals and teachers, peers, school policies, GSAs and programs, and school climate.<sup>14</sup> School climate is defined as "the quality and character of school life...based on patterns of students', parents', and school personnel's experience of school life and reflects norms, goals, values, interpersonal relationships, teaching and learning practices, and

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organizational structures”<sup>15</sup> Educators, administrators, and policymakers should actively work towards creating positive school climates for all marginalized students because LGBTQ youth experience lower risk of suicidality and fewer depressive symptoms when in schools with positive climates.<sup>16</sup>

Specific attention should be paid to the needs and experiences of BIPOC LGBTQ youth in creating a positive school climate. Recent GLSEN research on LGBTQ youth of color in K-12 public schools demonstrates that BIPOC LGBTQ youth experience feeling a lack of safety in school because of their sexual orientation, *and* race or ethnicity. For example:

- 54.9% of Latine students felt unsafe at school because of their sexual orientation, 44.2% because of their gender expression, and 22.3% because of their race or ethnicity<sup>21</sup>
- Latine LGBTQ students born outside the US were more likely to feel unsafe about their race/ethnicity than those born in the US (29.1% vs 21.8%)<sup>21</sup>
- 65% of Native LGBTQ students felt unsafe at school because of their sexual orientation, 51% felt unsafe because of their gender expression, and 19.7% felt unsafe because of their race or ethnicity<sup>32</sup>
- Feelings of unsafety based on race/ethnicity differed significantly among Native students. 5.9% of students who identify as white and Native felt unsafe because of race/ethnicity, compared to 18.9% of students who identified as only Native, and 34.4% of other multiracial Native students.<sup>32</sup>
- 51.6% of Black LGBTQ students felt unsafe because of their sexual orientation, 40.2% because of their gender expression, and 30.6% because of their race or ethnicity<sup>31</sup>
- 30.4% of Black LGBTQ students reported missing at least one day of school in the last month because they felt unsafe or uncomfortable<sup>31</sup>

These intersections of oppression, based specifically on sexual orientation, gender expression, and race/ethnicity, and their cumulative impacts are experienced differently or not at all by white LGBTQ students and thus deserve specific consideration. Educators and administrators should engage in consistent professional development (i.e., trainings, workshops, professional learning communities, etc.) related to gender, sexuality, race, ethnicity, and their intersections, including self-reflection and skill building for supporting BIPOC LGBTQ students.

Additionally, inclusive policies should be crafted with BIPOC and other marginalized LGBTQ youth in mind, striving to create safe, affirming, and celebratory educational environments for the most marginalized students. According to the National Education Association and Centers for Disease Control and Prevention respectively, culturally responsive and racially inclusive education benefits *all* students<sup>17</sup> and in schools with LGBTQ supportive policies and practices, *all* students experience less emotional distress, less violence and harassment, and less suicidal thoughts and behaviors.<sup>18</sup> If Massachusetts schools are welcoming for BIPOC, disabled, poor, and/or immigrant LGBTQ youth, they will be welcoming for all students. However, not much is known about the specific experiences of BIPOC LGBTQ youth in the Commonwealth. As such, administrators and policymakers should dedicate resources to collecting data on these students’ experiences with school climate in Massachusetts so that they can be better understood and addressed.



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Although BIPOC LGBTQ youth have a higher chance of being at risk for negative mental and physical health outcomes than white LGBTQ youth, it is critically important to note that Black LGBTQ+ youth (and BIPOC LGBTQ+ youth in general) are not only victims, but are fully agentic, even when intentionally deciding to conceal their queer and trans identities at school for safety and security. One study found that when able to exist in spaces outside of those governed by whiteness, cisnormativity, heteronormativity, etc., such as in ballroom spaces, Black LGBTQ+ youth can access “a radical Black LGBTQ+ creative imagination” (p. 113) that is transformative for themselves and others.<sup>19</sup>

Another primary area of concern in current literature is LGBTQ youth’s experience with sexual violence and the role schools play in not only in interrupting this violence, but also in supporting survivors. LGBTQ youth experience higher rates of sexual violence than their heterosexual and cisgender peers, with transgender and gender non-conforming students at the highest risk.<sup>20,21</sup> A survey of 39,126 LGBTQ youth between the ages of 13-24 in the U.S. found that 11% of LGBTQ youth who were in a relationship in the past year experienced physical dating violence victimization and that physical dating violence victimization in the past year was associated with nearly 4 times rate of suicide attempts in the past year. LGBTQ youth with multiple marginalized identities, including being BIPOC and/or poor, were at increased risk to experience dating violence.<sup>22</sup>

To best support the most at-risk LGBTQ+ students, educators and school staff need intersectional training around gender, sexuality, sexual violence, and sex trading. This training should include “trauma-informed, healing-focused, and affirming approaches; having an understanding of sexual exploitation; responding in a nonjudgmental and non-pathologizing manner; and deconstructing and challenging dominant narratives and expectations of gender and sexuality (p. 506).”<sup>23</sup> A recent study of high school youth in Minnesota found that for 9th and 11th graders who completed the Minnesota Student Survey (similar to the youth risk behavior survey), 1.2% of cisgender boys, 1.3% of cisgender girls, and 5.9% of trans and gender diverse youth reported trading sex (exchanging sexual services for money, food, drugs/alcohol, shelter, etc.). Of the trans and gender diverse students who traded sex, over three quarters (75.9%) reported a lifetime suicide attempt, and 86.2% reported non-suicidal self-injury. Trans and gender diverse young people who reported trading sex were more likely to be BIPOC (23.3% Native, 10% Black), to identify as LGBTQ (26.7% pansexual, 25% bisexual), and have experienced unstable housing. Cisgender and transgender youth who reported trading sex attended metropolitan and non-metropolitan schools at equal rates.<sup>19</sup>

One study found that LGBTQ students recommend the following for schools to better address and prevent sexual violence: (1) access to gender-neutral spaces such as bathrooms and locker rooms; (2) LGBTQ competency training for all school staff; (3) enforcement of school policies regarding sexual violence, anti-bullying, etc.; (4) mental health support that is LGBTQ competent; and, (5) comprehensive sexual health education that includes information about LGBTQ identities and experiences and sexual violence.<sup>16</sup> As mentioned throughout this report, incorporating these recommendations into school policy, practice, and culture benefits all students, not only those who are LGBTQ. In FY 2024, the Commission was pleased to see updates from the Massachusetts Plumbing Board making long-awaited and much-needed updates to the state’s plumbing code which will better allow for the creation of gender-neutral bathrooms in new and existing buildings.

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### School Supports for LGBTQ Students

Another factor associated with a decrease in sexual violence for LGBTQ students is the presence of Gender-Sexuality Alliance (GSA) clubs in schools. Research demonstrates that the existence of GSAs is associated with reduced rates of forced sex for lesbian, gay, bisexual students.<sup>17</sup> Additionally, GSAs empower LGBTQ youth to build resilience, hope, and positive support networks, and tend to actively improve school culture. GLSEN found that students with active GSAs experienced nearly half as much in-person victimization for their sexual orientation or gender expression as their peers.

Given the positive impact that GSAs can have on mental health outcomes for LGBTQ youth it is critical that all LGBTQ have access to GSAs or other spaces that fulfill similar goals. GLSEN studies found that Black and Latine students who attended majority-white schools were more likely to have a GSA than those in majority-Latine schools.<sup>24</sup> Given this disparity, the Commission recommends that the State looks to invest more intentional support and resources to create safe and supportive spaces, as well as to foster and develop LGBTQ student leadership in schools that are not majority-white. Furthermore, the State should provide more intersectional professional development opportunities for educators to better foster learning on how to be effective advisors of school clubs.

However, we must look beyond simply whether youth have access to or attend GSA meetings but pay attention to the specific happenings of those meetings to have a greater understanding of mental health outcomes for LGBTQ young people. For example, youth reported feeling greater positive affect and decreased negative affect after GSA meetings where they were more behaviorally engaged, compared to meetings where they were less engaged. Furthermore, youth reported less negative affect after meetings where their GSA advisor was more involved and responsive.<sup>25</sup> However, GSA advisors report receiving no training or mentorship of how to serve in this role.<sup>26</sup> Furthermore, the Commission has received reports from students and educators about GSAs, particularly those in smaller schools, struggling with attendance and engagement, as well as support from school administration.

A longer number of years as an advisor, increased time given to the GSA on a weekly basis, and more structured meetings yielded greater increases in advocacy from LGBTQ students in the GSA during the year.<sup>23</sup> In addition, although research shows that GSAs are effective mental health interventions, many school staff are minimally compensated for advising GSAs (if they are compensated at all), creating issues with retaining advisors and keeping clubs operational.<sup>23</sup> As such, schools should give GSA advisors time during their work day to devote to the GSA, as well as provide professional development and mentorship related to supporting LGBTQ youth, youth leadership development, and how to structure GSA meetings.

In addition to in-school, in-person supports for LGBTQ students such as GSAs, research on the impact of COVID on the mental health of LGBTQ youth demonstrates the effectiveness of alternative supports provided by schools. Between 2019 and 2021, rates of substance use among LGB youth decreased. While more research is needed, these findings suggest in-person social experiences and peer influence may have a greater impact on substance use than mental health factors.<sup>27</sup> We interpret these findings

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not as a call for a decrease of in-person social interaction, but as a reminder that LGBTQ youth (and all youth) need a variety of potential entry points into social interaction and relationships in order to make the best and healthiest choices for themselves.

Through the isolation of COVID-19, we learned the importance of “synchronous, text-based online platforms to enable LGBTQ youth to feel safe to seek support while at home” (p. 480).<sup>28</sup> While we are no longer confined to our houses, there are many LGBTQ youth who are still living with unsupportive parents and who would benefit from resources similar to those offered during COVID such as In-person and online mental health supports, text-based mental health-focused platforms, and virtual communities.<sup>29</sup> Therefore, schools should have both in-person and text-based online support options / communities available to students so that LGBTQ youth in a variety of settings with differing social and support needs can be well-resourced.

## Athletics

LGBTQ youth who participate in school sports demonstrate increased well-being and higher rates of school belonging. However, LGBTQ youth report wanting to participate in sports, but avoid doing so because of homophobic comments and feeling unsafe.<sup>30</sup> Participation in sports has been linked to higher self-esteem and school belonging and less depressive symptoms. Notably, the same research suggests that gender expansive youth do not always know that local and state policies already protect them.<sup>26</sup>

LGBTQ students reported their desire for increased coed sport options, gender-inclusive changing facilities / safer changing facilities, the ability to wear uniforms that are gender-affirming, and increased LGBTQ competency training for physical education teachers.<sup>31</sup> Coaches and administrators can play a supportive role by ensuring that policies are clear, publicly known, and enforced. For example, MIAA has developed a supportive policy that asserts that students should be able to participate in the sports team that aligns with their gender identity.<sup>32</sup> Administrators and athletic staff should make sure this policy is adhered to.

## Training and Professional Development for Educators

The Safe Schools Program for LGBTQ Students will provide over 150 trainings to schools by the end of the 2023-2024 school year, as well as over 175 technical assistance requests.

*“This workshop [from the Safe Schools Program for LGBTQ Students] significantly enhanced my understanding of the challenges faced by LGBTQ students, and LGBTQ students of color. I feel more equipped to recognize and address these issues within my classroom and school community.”*

*- Massachusetts Educator*

Training and professional development (PD) for educators, administrators, and staff is critical to making safer school environments for LGBTQ students. One study found that training elementary school educators on LGBTQ-inclusive practices leads to lower rates of discipline for all students. This same study found that while schools with higher rates of low-income BIPOC students were less likely

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to offer LGBTQ-inclusivity trainings for their staff, these schools also saw a decrease in disciplinary rates when trainings did occur.<sup>29</sup> Providing professional development for schools serving low-income BIPOC students is a priority for the Safe Schools Programs for LGBTQ Students for the 2024-2025 academic year.

Current literature demonstrates that educators need increased opportunities for training that addresses the needs and experiences of LGBTQ youth.<sup>33</sup> As mentioned throughout this report, an intersectional approach to LGBTQ justice is critical. Data shows that students of color often feel unsafe at school because of their sexual orientation, gender identity, *and* race/ethnicity.<sup>20, 34, 35</sup> The Safe Schools Program for LGBTQ Students recommends training for all educators in the Commonwealth that highlights the experiences of BIPOC LGBTQ students. To provide the best care for all LGBTQ students, educators must be able to support BIPOC LGBTQ students in culturally competent and sustainable ways.

According to research, key elements of successful gender and sexuality-focused PD for educators include having the entire school and community involved, active learning such as small group work and activities, and having a curriculum that occurs over an extended period of time.<sup>36</sup> While it is not always possible for schools to adopt longitudinal training programs, the Safe Schools Program for LGBTQ Students operates with a goal of developing sustainable and lasting relationships with schools and districts so that training is offered on an annual basis and technical assistance is sought out as needed.

Survey evaluations collected by the Safe Schools Program for LGBTQ Students following professional development sessions for schools and districts show that participants learn to better understand the experiences of LGBTQ youth and often walk away with concrete tools and strategies to support LGBTQ youth in their classrooms and schools. This knowledge acquisition is demonstrated through written comments provided by educators:

- "The session provided **practical strategies** and **resources** that I can immediately implement to create a more **inclusive and supportive environment** for all students, particularly those who identify as LGBTQ."
- "I learned valuable **communication techniques** to better **engage with students and parents** on sensitive topics related to gender identity. "
- "The workshop clarified our **school's policies and legal obligations** regarding the protection of LGBTQ students. I feel more confident in my role and my ability to uphold these policies — while also **advocating** for students."
- "I left the workshop feeling empowered to take the needed steps in promoting a **safe and affirming** school culture. The training inspired me to **take on initiatives** that support LGBTQ students."

In addition to receiving professional development on the aforementioned topics, educators should also be trained on the current trends and challenges facing LGBTQ+ youth, trans youth in particular, and the ways the political climate can contribute to increased stress and other mental health challenges.<sup>29</sup> At the time of writing this report in May 2024, the American Civil Liberties Union is

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tracking 515 anti-LGBTQ bills in state legislatures across the U.S., 203 of which are related to restricting student and educator rights.<sup>37</sup> The impact of the current political climate on LGBTQ youth and supportive educators is significant.

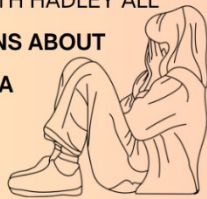
### Anti-Bullying

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. Data on anti-LGBTQ bullying from the 2021 MYRBS (2023 MYRBS data is not yet available) demonstrates the continued need to address this bias in schools to protect vulnerable students, prevent the negative health consequences of bullying, and improve educational outcomes. However, 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, as mentioned above, 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 thus the specific experiences and needs of BIPOC LGBTQ youth, the Commission recommends that these trainings be approached using an intersectional antiracist framework.

Beyond staff training, students also need more education to prepare them to prevent and respond to bullying, bias, and mistreatment. The Commonwealth should also strengthen existing requirements that schools provide age-appropriate instruction on bullying prevention, to ensure that the state is monitoring evidence-based instruction at every level.

IN A SERIES OF LISTENING SESSIONS THAT WERE HOSTED BY THE COMMISSION IN APRIL AND MAY 2024, **20 STUDENTS** ATTENDING A K-12 SCHOOL FROM SPRINGFIELD TO MEDFORD TO SOUTH HADLEY ALL **EXPRESSED SIGNIFICANT CONCERNS ABOUT BULLYING FROM THEIR PEERS AND A SIGNIFICANT LACK OF RESPONSE FROM SCHOOL ADMINISTRATION**



Furthermore, in a series of listening sessions that were hosted by the Commission in April and May 2024, 20 students attending a K-12 school from Springfield to Medford to South Hadley all expressed significant concerns about bullying from their peers and a significant lack of response from school administration. Additionally, several students at the sessions shared that even though they had reported bullying several

times to their schools, little to no action was taken by the school - nor did the school support the student when they faced significant retaliation from their peers for reporting the bullying. Schools must have clear antibullying policies that address these noted issues and ensure that a system of transparency and accountability is in place.

## Early Childhood Education, Higher Education, and a Continuum of Care

The Commission envisions an education system in the Commonwealth, including early childhood education (ECE) through higher education, where LGBTQ students feel safe, affirmed, and have what they need to do their best learning. While it is important to focus on providing safe and welcoming K-12 school environments for LGBTQ students and families, it is also critical that attention be given to early childhood and higher education to work towards seamless transitions for students and families as they move from ECE to K-12 to higher education in the Commonwealth.

Much of the rhetoric being used in current attacks on LGBTQ-inclusive education claims that young children are being taught about gender and sexuality in ways that are not age appropriate. However, according to the Mayo Clinic, children can label their own gender around the age of 3.<sup>38</sup> This is not to suggest that all transgender people know they are trans at the age of 3. Rather, it is to demonstrate that children are aware of and thinking about gender during early childhood years, thus it is developmentally appropriate for ECE programs to engage with age-appropriate material on topics of gender. One of the Commission’s goals for the 2024-2025 academic year is to deepen relationships with ECE centers and providers around Massachusetts to continue to provide training and technical assistance for educators, administrators, students, and families.

While many strides have been made at colleges and universities across the country, trans and nonbinary students, as well as BIPOC LGBTQ students, still report lower rates of belonging and have lower graduation rates. However, there is incredible work being done at higher education institutions in the Commonwealth by faculty and staff to support these students to have equitable educational opportunities as they are afforded to white and/or non-LGBTQ students. To bridge the gaps between ECE, K-12, and higher education, the Commission advocates for an annual convening of the Department of Early Education and Care, the Massachusetts Department of Elementary and Secondary Education, and the Massachusetts Department of Higher Education to develop and sustain a continuum of support for LGBTQ students and families as they move through the education system in Massachusetts.

## Acknowledgments & Citations

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# UPLIFTING EDUCATION



## ABOUT

This report highlights key findings both locally and nationally that illustrate what is proven to create safer, more supportive schools for LGBTQ+ youth, educators, and families so they can access joy, well-being, and successful futures.

**56%**

of LGBTQ students reported hearing homophobic remarks from teachers and staff

## RECOMMENDATIONS

- 1** Advise administrators and educators to proactively voice support of LGBTQ materials, and establish statewide process guidelines for challenged book reviews.
- 2** Ensure that all subject areas are reflective of LGBTQ & BIPOC individuals, historical events, and concepts.
- 3** Mandate annual professional development for all educators.

**70%**

of LGBTQ+ students report being the victim of bullying

**82%**

of LGBTQ+ youth report not feeling safe in school due to their physical appearance

## LEGISLATION

S.259/H.498: LGBTQ+ Inclusive Curriculum

S.311/H.549: Educator Diversity

S.346: Mental Health Supports for K-12 Schools



# Destigmatizing Public Health

## Introduction

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*(first published in FY 2024 Annual Recommendations Report, minor updates made to bring current to FY 2025)*

The public health crises facing LGBTQ youth are largely not because of individual risk factors, but rather systemic issues that affect how LGBTQ youth navigate the spaces in which they exist. LGBTQ youth often live in environments hostile to their existence, whether because of the current political climate, unsupportive families, or a lack of LGBTQ community and role models. The future is uncertain for many youths, and it can be difficult for them to envision a world where they are able to exist freely and safely as queer and trans adults. However, despite the hostility, LGBTQ youth continue to resist, challenge, and change the relationships, communities, institutions, and systems that act as oppressive forces.<sup>1</sup> Public health has an obligation to support and uplift LGBTQ youth as they resist unjust and oppressive structures.<sup>2</sup> In doing so, policymakers, providers, and educators can better pave the way for a future where all LGBTQ youth thrive.

When working to develop policies and programs to address public health concerns, it is essential to understand that many of the issues highlighted in this section are compounded by intersecting systems of oppression, including poverty, racism, homophobia, transphobia, and ableism that must simultaneously be addressed. Tackling such large structural issues may seem unfathomable, however, there are actions that can be taken in the meantime to continue providing support to LGBTQ youth and begin shifting the cultural norms that will eventually improve health outcomes for all communities.

## FY2025 Recommendations to the Governor and Legislature on Public Health

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**1. Create and expand community-based public health programming that is accessible and engaging to youth with the most barriers to access, with specific attention to youth in rural communities.**

The Commission recommends that Massachusetts continue to explore and develop accessible programming for youth to eliminate public health disparities, with particular attention to youth in rural areas, Deaf and hard of hearing youth, multilingual youth, and QTBIPOC youth. As detailed below, Massachusetts employs a wide array of programming services to support public health, including harm reduction, prevention, and recovery services, as well as support for survivors of intimate partner violence and sexual exploitation. The need for trauma-informed and culturally aware is essential, particularly for QTBIPOC youth who often lack sufficient access to programs that are both LGBTQ-affirming, multilingual, and anti-racist. Additionally, by creating more peer-led education programs, it is more likely that youth will become engaged and build skills needed to address public health disparities in their own communities.

Furthermore, the Commission recommends that Massachusetts improve the accessibility of holistic and community-based substance use reduction, prevention, and recovery programs. The Commission supports *An Act Relative to Preventing Overdose Deaths and Increasing Access to Treatment* ([S.1242/H.1981](#)), which would allow for the creation of a 10-year pilot program establishing overdose

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prevention centers - also known as supervised consumption sites or harm reduction sites - to increase access to health and education services. In Massachusetts, Somerville is exploring and has released a proposal to open the state's first overdose prevention site.

### **2. Increase funding to organizations that support LGBTQ survivors of intimate partner violence.**

The Commission recommends that Massachusetts continue to increase funding to organizations that support LGBTQ youth who are survivors of intimate partner violence and ensure that laws and services currently in place are working as intended to protect and support survivors, rather than placing an undue burden on them. As further explained below, LGBTQ survivors of intimate partner violence most desire support from services that are respectful, safe, and affirming.

### **3. Ensure that public schools, colleges, and universities have comprehensive anti-bullying, anti-cyberbullying, and anti-harassment policies.**

Despite the adverse physical, emotional, mental, social, and educational outcomes that can occur from youth who are victims of bullying, confusion remains on the recourse that many students and educators have to address incidents of bullying. The Commission recommends that public schools, college, and universities examine their anti-bullying and anti-harassment policies to ensure that: 1) there is a clear and detailed plan that supports victims of bullying, and offers training and appropriate consequences for perpetrators of bullying; 2) there is a clear definition of the role of school staff and educators on addressing bullying, and recurring scenario-based professional development trainings are available on an annual basis; 3) there is a clear and impartial review process to examine disciplinary incidents occurring from bullying; 4) bullying policies include anti-cyberbullying provisions with lessons available for students and educators on appropriate technology usage.

### **4. Decriminalize sex work and increase resources to programs working with youth at risk of commercial sex trafficking.**

As highlighted in several sections of this annual report, the Commission continues to recommend the decriminalization of sex work for youth over the age of 18 to better address public health disparities, increase housing access, and reduce criminal legal system involvement for LGBTQ youth. By decriminalizing sex work, resources are better diverted to effectively address supporting youth at risk of commercial sexual exploitation and trafficking. As noted below, the incorrect conflation of sex work and sex trafficking sets up ineffective and inefficient programs to often treat incidents of consensual sex work as trafficking, while also sometimes simultaneously punishing sexually exploited victims as criminalized sex workers.

Additionally, the Commission advises that the state invest more resources to programs specifically working with youth at risk of commercial sexual exploitation, with particular attention to LGBTQ youth and cisgender boys who are often left out of conversations around sexual exploitation and trafficking. Furthermore, the Commission recommends that the state broaden its understanding of how to reduce incidents of youth exchanging sex to meet their financial or material needs. For example, programs providing gender-affirming care products have the potential to reduce risk of engaging in sex work - and thus also decreasing risks of commercial sexual exploitation - by supporting trans and gender expansive youth who may engage in sex work for funds to purchase items such as wigs, binders, packers, and makeup. Programs that already receive funding to address human sexual exploitation, or funding to

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support youth at risk, should explore plans to increase funding to services that provide gender-affirming products to LGBTQ youth.

### **5. Decriminalize consensual teen sex sexting and adjust the current age of consent laws for minors engaging in consensual sexual activity.**

As discussed more thoroughly below, there are a number of ways to address sexual exploitation and inequitable penalties against youth who are victims of exploitation. Currently, while Massachusetts does not have explicit laws against sexting, child pornography laws do prohibit the exchange of sexually explicit images of minors - no matter the age of the recipient. Therefore, teens under the age of 16 who engage in consensual sexting with another teen could potentially face legal ramifications for their decisions. The Commission recommends that the legislature adjust legal protections to appropriately support minors as technology and teen dating culture shifts, rather than criminalizing teens who engage in sexting without fully understanding any legal consequences that may occur.

Furthermore, the Commission additionally recommends that the legislature better understand and address any gaps in legal protections that may exist for victims of revenge porn and sexual deepfakes, particularly for those who are adults. Presumably, child pornography laws would protect and provide legal support for victims of revenge porn or deepfakes under the age of 16, however, legal supports for those over the age of consent remain unclear.

### **6. Continue to increase access to sexually transmitted infection screenings, prevention, and treatment.**

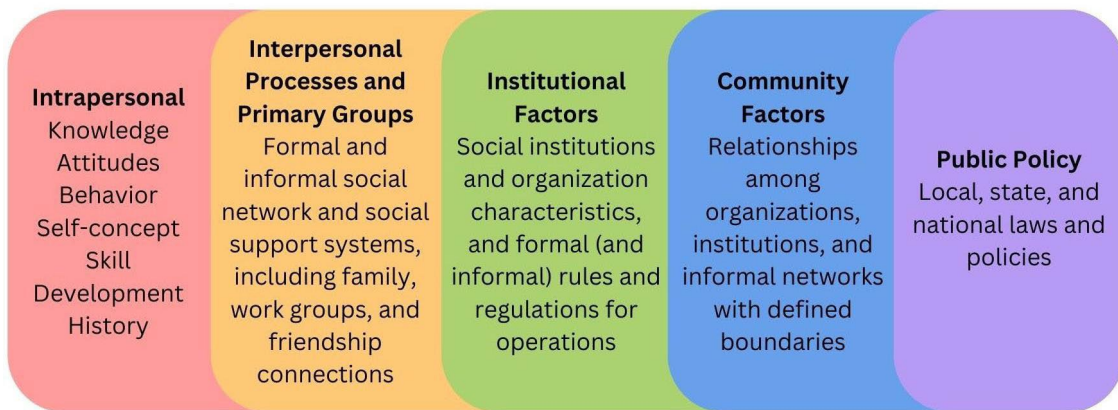
The Commission appreciates the dedication that Massachusetts policymakers, agencies, and advocates have given to increasing access to PrEP and PEP for LGBTQ youth across the state; HIV rates have continued to lower for Massachusetts youth aged 0-29 over the last decade. However, other STI transmission rates have risen for youth across the Commonwealth, and barriers to accessing prevention and screening for HIV continues to occur. The Commission recommends that the state boost its partnerships with community organizations to create more grantee and sub-grantee agreements to increase access to screening and prescriptions for PrEP and PEP. While the focus should be holistic, we are seeing a rise in STI rates in the LGBTQ community across the Commonwealth and therefore resources should not be diverted from meaningful STI screening, prevention, and treatment.

## **Research: Destigmatizing Public Health & Interventions**

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The social-ecological model, sometimes known as the socioecological model or SEM, is becoming one of the most popular models of public health intervention strategy within the field. Proposed in 1998 by McLeroy, Bibeau, Steckler, and Glanz,<sup>4</sup> the SEM proposes that health is not solely an individual concern, but rather a series of interwoven factors that influence an individual at interpersonal, institutional, community and societal levels. While public health traditionally focused on changing individual behaviors to promote health, practitioners began to realize that individual health could not be achieved without creating a supporting environment in which individual behaviors occur.<sup>5</sup> When creating public health interventions, it is often simply not enough to alter an individual's behavior, but rather taking a holistic approach that investigates and remedies higher-order concerns may serve as a better and more sustainable solution

### Social-Ecological Model of Public Health



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### Data Limitations

Unfortunately, when it comes to the health outcomes of LGBTQ youth, there are glaring data gaps in most surveys and studies. Few, if any, surveys include data about intersex youth outside of a biomedical and medicalized context. Aromantic, asexual, and pansexual youth are largely left out of survey data, although some organizations have begun to include a more inclusive array of sexualities for study participants to choose from. Most studies have a very small number of non-white participants. Data regarding disability and neurodiversity is rarely, if ever, collected in surveys. Many data sets simply do not consider the intersecting identities that LGBTQ youth may hold nor the intersecting systems of oppression that LGBTQ youths may live under. LGBTQ youths are often treated as a monolith, rather than a group of unique individuals with their own identities, risk factors, and protective factors.

To combat these gaps, public health research must be deliberate in its data collection. There are several professional and non-profit organizations that have produced recommendations, including the Juvenile Justice Policy and Data Board,<sup>7</sup> the Human Rights Campaign,<sup>8</sup> and the National LGBTQIA+ Health Education Center.<sup>9</sup> Beyond just collecting SOGIE (sexual orientation and gender identity/expression) data, it is also extremely important to collect data regarding program participation.

#### Which youths are engaging in public health programming?

#### Which youths are falling through the cracks?

Without capturing this vital data, it is incredibly difficult to understand whether interventions and resources are appropriately serving LGBTQ youth. Without knowing this information, public health practitioners cannot successfully implement improved interventions. Of course, not every intervention will be appropriate for every youth, but programming and community resources should be designed with the needs of the youth with the most barriers to access in mind. Keeping them at the core of any public health intervention will allow the maximum number of youth to be supported.

## Intimate Partner Violence

Intimate partner violence, also known as relationship violence, dating violence, or domestic violence, affects an alarming percentage of LGBTQ youth. Intimate partner violence is a serious public health issue that can have long-term negative effects on survivors' physical, emotional, mental, and social well-being. For youth, experiencing intimate partner violence at a young age can affect "lifelong health, opportunity, and well-being"<sup>10</sup> and make youth survivors more vulnerable to intimate partner violence as adults.

According to the 2021 Massachusetts Youth Risk Behavior Survey (MYRBS), an annual survey that examines the health behaviors of youth in grades 9 through 12, 17.8% of LGBTQ youth have experienced sexual dating violence within the last twelve months, and 13.9% of LGBTQ youth experienced physical dating violence within the last twelve months.<sup>11</sup> Among LGBTQ youth of color, 17.8% have experienced sexual dating violence within the last twelve months, with the highest rates among Hispanic/Latinx (25.0%) and multiracial Hispanic/Latinx (20.3%) respondents; and 13.8% have experienced physical dating violence within the last twelve months, with the highest rates among Hispanic/Latinx (27.8%) and multiracial non-Hispanic/Latinx (20.0%) respondents.<sup>12</sup>

For trans and gender expansive individuals, the numbers of intimate partner violence and sexual assault are even higher. According to the 2015 U.S. Transgender survey (more detailed data having yet to be released from the 2022 version), which collects data for transgender and gender-nonconforming individuals ages 16 and up, 47% of transgender and gender-nonconforming individuals have ever experienced sexual assault during their lifetime.<sup>13</sup> Nonbinary people assigned female at birth (58%), trans men (51%), and American Indian (65%), Middle Eastern (59%), and Multiracial (58%) individuals had the highest rates of experiencing sexual assault.<sup>14</sup> Additionally, transgender and gender-nonconforming individuals who had participated in sex work (72%), had ever been unhoused (65%), and are disabled (61%) had the highest rates of experiencing sexual assault.<sup>15</sup> Furthermore, 54% of respondents to the survey indicated that they have experienced some form of intimate partner violence in their lifetimes.<sup>16</sup> Transgender and gender-nonconforming individuals who had participated in sex work (77%), had ever been unhoused (72%), are undocumented (68%), or are disabled (61%) had extremely high rates of experiencing intimate partner violence.<sup>17</sup>

Like with sexual assault, American Indian (73%), Middle Eastern (62%), and Multiracial (62%) trans and gender-nonconforming individuals had the highest rates of experiencing intimate partner violence.<sup>18</sup> For youth attending 2- and 4-year undergraduate institutions, transgender and gender expansive individuals consistently experience intimate partner violence at higher rates than their cisgender peers. According to the National College Health Assessment, conducted by the American College Health Association, 10.8% of trans and gender-nonconforming undergraduate students have experienced emotional or verbal intimate partner violence, 3.8% have experienced physical intimate partner violence, and 5.7% have experienced sexual intimate partner violence.<sup>19</sup>

## Types of Intimate Partner Violence and Interventions

Intimate partner violence is often depicted as physical violence, but intimate partner violence can manifest in a variety of forms beyond the physical. For young people in particular, intimate partner



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violence often presents as emotional, verbal, or psychological abuse, with an increasing amount of harassment and violence taking place on digital platforms.<sup>20</sup>

Intimate partner violence is a multi-faceted issue that requires intervention on numerous fronts. Generally, these interventions occur at the individual or interpersonal levels of the SEM, with the long-term goal of shifting cultural norms and values around intimate partner violence perpetration and victimization. The majority of successful youth intimate partner violence interventions fall under one of three categories: 1) school-based dating violence interventions, 2) community-based gender equity interventions, or 3) parent-focused relationship-building interventions.<sup>21</sup> Additionally, results from meta-analyses show that long-term programs with multiple sessions and multiple methods of engagement are more successful than single-day, single-method interventions.<sup>22</sup> By far the most popular type of intervention is a school-based dating violence intervention, which may take the form of group education, peer mentorship, and/or bystander intervention training.<sup>23</sup>

These interventions have shown promising results, such as reductions in physical, psychological, and sexual violence perpetration; increased knowledge of the different types of intimate partner violence; decreased acceptance of intimate partner violence; improved conflict resolution skills; and a greater likelihood to act as active bystanders in situations of bullying or dating violence.<sup>24,25,26</sup> Oftentimes, relationship skill-building and relationship violence prevention will be built into comprehensive sexuality education programs, which have also shown promising results, including increased awareness of intimate partner violence as a serious issue, decreased tolerance of abusive behaviors by peers, improved communication skills, decreased intimate partner violence perpetration, and increased positive bystander behaviors.<sup>2</sup> Unfortunately, there is no consistency across Massachusetts as to what kind of dating violence intervention students receive; some school districts have adopted the 3R's (Rights, Respect, Responsibility) programming, which is a comprehensive sexuality education curriculum that includes education on consent and healthy relationships.<sup>28</sup> Although this program is one of the premier comprehensive sexuality education curriculums, it has yet to be implemented at a state-wide level; as highlighted in the sexual health section of this annual report, the Healthy Youth Act ([S.268/H.544](#)) is an opportunity for Massachusetts legislators to ensure that Massachusetts youth have access to medically accurate, inclusive, culturally appropriate sexual health education.<sup>29</sup>

### Intimate Partner Violence Definitions

#### Physical Abuse:

Physical assault including punching, kicking, slapping, or choking; physical assault with a weapon; harming loved ones or pets; threats of suicide or self-harm; denying medical care or medication; forced consumption of alcohol and/or other drugs.

#### Emotional, Verbal, and Psychological Abuse:

Threats of physical assault, with or without a weapon; destroying physical property; humiliation, constant criticism, name-calling; isolation from or controlling contact with family and friends; gaslighting; forced outing; purposeful misgendering.

#### Sexual Abuse, Sexual and Reproductive Coercion:

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Refusing to use safer sex supplies including condoms, dental dams, or PrEP; sabotaging birth control or preventing the use of birth control; pressure to engage in a particular sex act; using alcohol and/or other drugs to facilitate sexual intercourse; sexual assault; becoming volatile when denied sex.

Financial Abuse:

Stealing money or paychecks; controlling how much, when, and where money is spent; prohibiting, limiting, or controlling work opportunities.

Digital Abuse:

Revenge porn and sextortion; sending threats via text, email, or social media DM; using a tracking device or service to monitor location; monitoring texts, emails, or social media DMs; becoming volatile when denied constant digital contact; stealing or demanding passwords.

Stalking:

Showing up uninvited and unannounced to home, school, or work; using a tracking device or service to monitor location; constant text messages, emails, or social media DMs; sending unwanted gifts.

In addition to school-based education, studies have shown that access to LGBTQ-inclusive support resources are key in supporting survivors of intimate partner violence.<sup>30</sup> According to a survey of queer and trans Massachusetts survivors, survivors want support from resources where they feel respected, safe, and comfortable, and where they will not have to explain their identities or face discrimination from a service provider.<sup>31</sup> Black survivors and trans survivors, in particular, expressed a desire for LGBTQ-specific resources, stating that they appreciate when support resources understand their identities and offer culturally competent support.<sup>32</sup> Although LGBTQ individuals tend to experience intimate partner violence at slightly higher rates than the general population, there are few organizations that are dedicated to serving LGBTQ individuals, and fewer still that can offer culturally humble support services to LGBTQ survivors of color. Additionally, many intimate partner violence or sexual violence support resources are located in larger cities, making them largely inaccessible to LGBTQ youth who lack consistent access to transportation and/or who are living in more rural areas of the state. Oftentimes, these organizations are chronically under-funded and do not receive enough support at the state level. This prevents organizations from doing targeted outreach to underserved populations.

Organizations with LGBTQ Youth-Specific Resources	Programs with LGBTQ Youth-Specific Resources	Hotlines with LGBTQ Youth-Specific Resources
The Network/La Red	Fenway Violence Recovery Program	The National Domestic Violence Hotline
love is respect	Start Strong	The National Sexual Assault Hotline
One Love	RESPECTfully	LGBT National Youth Hotline



## Sexually Transmitted Infections and PrEP Interventions

Sexually transmitted infections (STIs – also known as sexually transmitted diseases or STDs) have long been considered a public health crisis, particularly for the 15 to 24 age group. According to the Centers for Disease Control and Prevention, nationally, youths ages 15 to 24 make up almost half of new STI infections each year.<sup>33</sup> In Massachusetts, chlamydia and gonorrhea are the two most common STIs for this age group, although public health officials closely monitor rates of HIV, Hepatitis A-B-C, and syphilis, as well.<sup>34</sup> If left untreated, STIs can cause several long-term health conditions, making STI prevention and treatment of particular interest to public health officials. Unfortunately, although STIs are largely preventable and treatable, many LGBTQ youths are not able to access STI testing, treatment, or prophylactic measures. LGBTQ youth of color, transgender youth, low-income LGBTQ youth, and LGBTQ youth at the intersection of these identities, are at an increased risk for STI infection and lack of access to testing and treatment.<sup>35</sup> According to the 2021 Massachusetts Youth Risk Behavior Survey, only 6.8% of LGBTQ youth have ever been tested for an STI other than HIV (including gonorrhea and chlamydia).<sup>36</sup> Among high school-age LGBTQ youth of color, only 10.9% of respondents have ever been tested for an STI other than HIV.<sup>37</sup> Testing rates were lowest amongst Asian (6.5%) and multi-racial non-Hispanic/Latinx (11.6%) respondents.<sup>38</sup>

There are a number of reasons why STI rates remain so high among youths aged 15 to 24. One such reason is a lack of knowledge about STIs and how to prevent them.<sup>39</sup> Like with intimate partner violence, LGBTQ youth are simply not receiving the quality education that they need to be able to make informed and safe decisions about their sexual health. LGBTQ youth are at a particular disadvantage, as only 6.7% of youth nationally report receiving LGBTQ-inclusive sex education in school.<sup>40</sup> In Massachusetts, only 40.2% of LGBTQ youth have ever received education in school about how to correctly use a condom.<sup>41</sup> While school is not the only place that youth may learn about safer sex practices, this lack of education likely contributes to low rates of prophylactic use. Among Massachusetts LGBTQ youth of color, only 38.9% of respondents used a condom during the last time they had sexual intercourse.<sup>42</sup> Condom use was lowest among Hispanic/Latinx (28.6%) and multiracial Hispanic/Latinx (16.3%) respondents.<sup>43</sup>

At the individual and interpersonal levels, the most effective intervention has been comprehensive sexuality education that includes not only information about STIs, barrier methods, PrEP, and testing, but also information and skill building around how to negotiate safer sex with a partner.<sup>44</sup> However,

Having access to free or reduced-price safer sex supplies allows LGBTQ youth to make decisions about their sexual health, without being limited by monetary cost.



individual knowledge, but also due to structural access issues. As on, LGBTQ youth may know how and when to use particular the cost of these prophylactic measures to be prohibitive.<sup>45</sup> s for free at a local community health clinic or youth program, safer sex supplies LGBTQ youth are looking for, such as dental

er sex supplies allows LGBTQ youth to make decisions about y monetary cost.

be equally as prohibitive.<sup>47</sup> LGBTQ youth, particularly, low-income youth, unhoused youth, undocumented youth, and rural youth, may lack consistent access to healthcare.<sup>48</sup> LGBTQ youth who are still on their parents' health insurance may be reluctant to seek STI testing and treatment due to fear of being outed to their parents or due to the stigma of receiving STI testing.<sup>49,50</sup> In Massachusetts, all youth over the age of thirteen have the right to receive STI testing

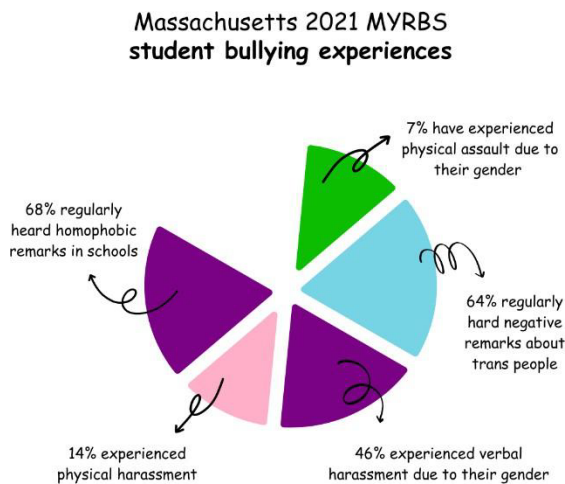
without parental consent.<sup>51</sup> However, this service is not widely advertised, and many youths may not take advantage of this important service. LGBTQ youth may also avoid seeking testing or treatment due to prior negative experiences with a healthcare provider.<sup>52</sup> If healthcare providers are unwilling to acknowledge the identities of their LGBTQ patients or simply make assumptions about the kinds of sex their LGBTQ patients are having, LGBTQ youths are unlikely to feel comfortable discussing STI risk reduction and testing options.<sup>53</sup> One possible solution to this is offering STI testing outside of a traditional healthcare setting, such as through mobile testing vans, community-based testing sites, or mobile technologies and telehealth.<sup>54</sup> Further ensuring that clinics have youth-focused services and LGBTQ-competent clinicians can increase the likelihood that LGBTQ youth are able to access testing and treatment options on their own terms in a safe space.<sup>55</sup>

Pre-Exposure Prophylaxis (PrEP) is another widely underutilized and highly successful HIV prevention method. PrEP is approved for use by the FDA for anyone over twelve years of age weighing 77 pounds or more.<sup>56</sup> PrEP, since it must be prescribed by a health care provider, can be particularly difficult for youth to access – although 93% of healthcare providers are aware that PrEP exists, only 64.8% prescribe PrEP to adolescents.<sup>57</sup> Additionally, although the rates of PrEP use have not been studied specifically for LGBTQ youth, studies of the general LGBTQ population indicate that PrEP use is lowest among Black, Hispanic/Latinx, and Asian individuals and cisgender women.<sup>58</sup> Stigma and discrimination may prevent LGBTQ youth from accessing PrEP or continuing PrEP once they have started a regimen.<sup>59</sup> LGBTQ youth of color may face additional medical discrimination due to their race or ethnicity, and a lack of culturally-relevant materials about PrEP may increase mistrust in the drug.<sup>60, 61</sup> Digital, peer-led interventions via social media platforms have proven successful in increasing PrEP use, positive attitudes towards using PrEP, and adherence to a PrEP regimen.<sup>62</sup> Digital interventions are additionally helpful for advertising locations to acquire PrEP, particularly community-based locations.<sup>63</sup>

It is equally important that any PrEP materials should be culturally relevant, community-created, avoid stigmatizing language, and include identity-labels that are commonly used by the priority populations.<sup>64</sup> By using inclusive language and avoiding negative language about PrEP use, LGBTQ youth will be more likely to seek out PrEP, adhere to a PrEP regimen, and discuss PrEP use positively with friends and other LGBTQ youth.<sup>65</sup>

## Bullying and Cyberbullying Interventions

Bullying and cyberbullying are another significant issue faced by LGBTQ youth and a major concern for public health practitioners. Like intimate partner violence, bullying and cyberbullying can have severe and lifelong consequences. Bullying can lead to adverse physical, emotional, mental, social, and educational outcomes, as well as increase the likelihood of substance use, suicidal ideation, and experiencing violence later in life.<sup>66</sup> Bullying can take the form of verbal, physical, or psychological aggression, with an increasing amount of bullying occurring digitally. As further discussed in the education section of this annual report, in Massachusetts, 54% of LGBTQ students have experienced verbal harassment due to their sexuality, 17% have experienced physical harassment, and 8% have experienced physical assault.<sup>67</sup>



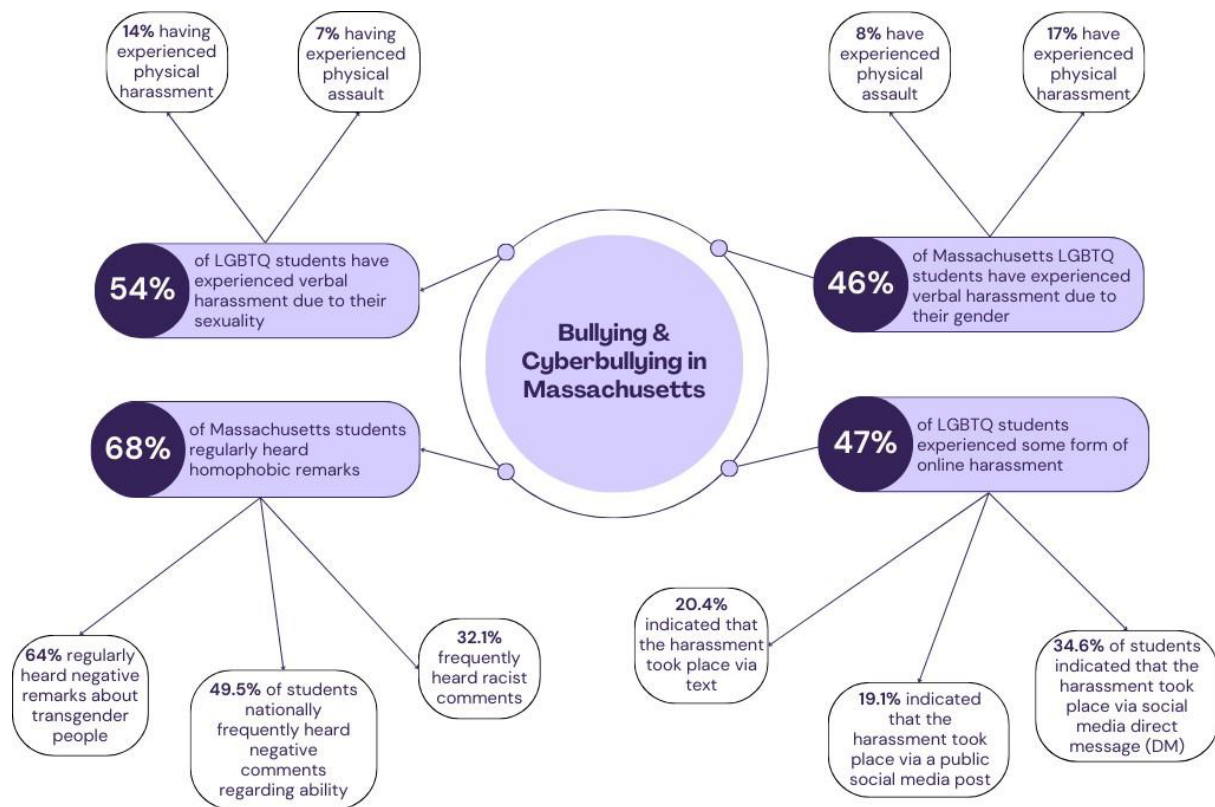
Additionally, 46% of Massachusetts LGBTQ students have experienced verbal harassment due to their gender, with 14% having experienced physical harassment and 7% having experienced physical assault;<sup>68</sup> 68% of Massachusetts students regularly heard homophobic remarks, and 64% regularly heard negative remarks about transgender people.<sup>69</sup> Furthermore, 49.5% of students nationally frequently heard negative comments regarding ability, and 32.1% frequently heard racist comments.<sup>70</sup>

When it comes to cyberbullying nationally, in 2021 47.1% of LGBTQ students experienced some form of online harassment, with 34.6% of these students indicating that the harassment took place via social media direct message (DM), 20.4% indicating that the harassment took place via text, and 19.1% indicating that the harassment took place via a public social media post.<sup>71</sup>

Individuals who were out as transgender or perceived as transgender faced significant amounts of mistreatment and harassment. Initial findings from the 2022 U.S. Transgender Survey indicates that - nationally - 60% of 16 and 17 year-olds who were out or perceived as transgender experienced one or more form of mistreatment or negative experience in their K-12 schools. In the 2015 U.S. Transgender Survey: Massachusetts State Report, 73% of respondents experienced verbal, physical, and/or sexual mistreatment or harassment at some point between kindergarten and Grade 12, with 11% of respondents reporting that they had to leave the school due to the severity of the incidents.<sup>72</sup> For slightly older individuals in college or vocational school, around 24% of respondents experienced some kind of verbal, physical, or sexual harassment during their time at their institution.<sup>73</sup> LGBTQ youth of color were particularly vulnerable to identity-based bullying. According to GLSEN’s National School Climate Survey, LGBTQ Native American and Indigenous students had the highest rates of in-person victimization for both sexual orientation (86.0%) and gender expression (82.8%), followed by LGBTQ Middle Eastern and North African (MENA) students (67.7% and 61.5%, respectively) and LGBTQ Latinx students (63.4% and 60.9%, respectively).<sup>74</sup> LGBTQ Native American and Indigenous students experienced the highest rates of in-person victimization based on race and ethnicity (63.8%), followed by LGBTQ Asian American and Pacific Islander (AAPI) students (62.8%) and LGBTQ Black students (55.2%).<sup>75</sup> Online, LGBTQ Native American and Indigenous students experienced victimization based on sexual orientation (60.8%) and gender expression (59.7%) at significantly higher rates than any other racial or ethnic group.<sup>76</sup>

Regarding digital technology, social media is a multi-faceted and complex tool that can affect LGBTQ youth both positively and negatively. According to the Trevor Project’s 2021 National Survey on LGBTQ+ Youth Mental Health, LGBTQ youth stated that social media had both “positive (96%) and negative (88%)” effects on their mental health, though this variable has not yet been updated in subsequent surveys.<sup>77</sup> On one hand, social media allows youth to connect with LGBTQ peers when they may otherwise have no safe physical space to engage with their community. For example, youth may use social media to explore their identities, chat with other LGBTQ youth, or find reprieve from a stressful home or school situation.<sup>78</sup> LGBTQ youth living in rural or remote areas, in particular, expressed that social media was a vital tool to avoid feelings of isolation.<sup>79</sup> Additionally, meta-analysis has shown that positive social media use can lead to a reduction in mental illness symptoms and improvement in overall well-being.<sup>80</sup> On the other hand, social media allows bullies easy access to vulnerable youth.

There are a number of interventions that can be taken to both prevent bullying and cyberbullying, as well as mitigate their negative long-term effects. Because bullying and cyberbullying involve so many actors (the bullies, the bullied, and the bystanders), these issues are often tackled through interventions at multiple levels of the SEM. Fostering an inclusive school climate is widely regarded as a crucial primary component to bullying prevention. This can be done through a variety of methods, including supporting GSAs, implementing anti-bullying policies and inclusive practices, and providing anti-bullying training to students, faculty, and staff. Although teachers are in a prime position to intervene and prevent bullying, very few have received LGBTQ-specific training or support.<sup>81</sup> Nationally, 69.6% of students reported that they did not report an incident of harassment or bullying due to a lack of confidence in school staff responding appropriately to the report.<sup>82</sup> Nationally, only a third of teachers have received training in how to support LGBTQ students and only a quarter have received a similar training regarding transgender students, leaving the majority of teachers unaware of how to appropriately support students who may come forward to report bullying.<sup>83</sup>



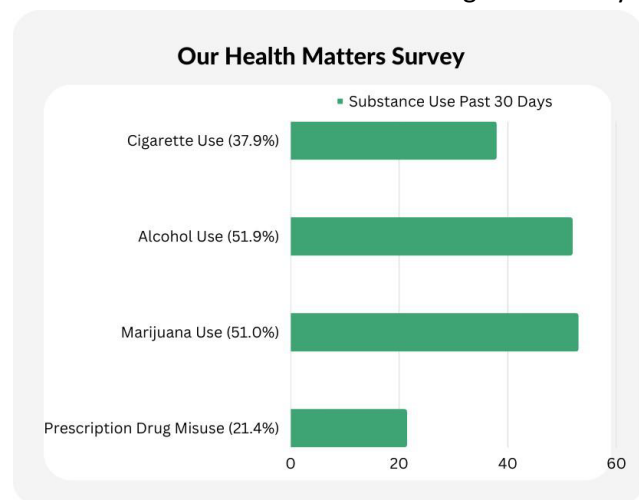
This lack of knowledge is multiplied for LGBTQ students of color, who feel even less supported due to having to explain both their sexual orientation and/or gender identity, as well as their racial and/or ethnic identity to faculty and staff members before receiving assistance.<sup>84</sup> The Massachusetts Department of Elementary and Secondary Education (DESE) and the Commission jointly host the Safe Schools Program for LGBTQ Students, which supports schools through curriculum development, professional trainings, and management of the Massachusetts Gender and Sexuality Alliance (GSA) Student Leadership Council.<sup>85</sup> Although the training content and length varies from school to school, students whose teachers received Safe Schools Program training did report feeling more supported.<sup>86</sup>

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However, Massachusetts students indicated that they wish that faculty and staff received more intersectional training, stating that faculty and staff members were often not aware of the specific vulnerabilities faced by students with multiple marginalized identities.<sup>87</sup> This issue became more prominent at institutions where faculty and staff members do not share similar identities to their students.<sup>88</sup>

Likewise, GSAs have been shown to have a profoundly positive impact on LGBTQ youth, particularly trans and gender expansive youth, and serve as protective factors against a variety of public health concerns.<sup>89,90</sup> GSAs have been shown to make schools safer for LGBTQ students by creating positive changes to school climate, allow students to more easily identify safe and supportive faculty and staff members, and lower the frequency of absenteeism due to harassment or discrimination.<sup>91</sup> The Safe Schools Program has already done an excellent job creating, promoting, and engaging local GSAs, but there are still many public high schools that do not have GSAs, and even fewer public middle and elementary schools that have GSAs. Although more difficult, it would also be worthwhile for programs to explore doing outreach to private and charter schools to promote the creation of GSAs at their institution. Another important factor to consider is that GSAs have historically served larger numbers of white youth, while community-based organizations have historically served larger numbers of youth of color.<sup>92</sup> Ensuring that all LGBTQ youth have spaces to explore their identities and connect with other LGBTQ youth will be key in fostering inclusive school environments.

Furthermore, it is extremely important to have comprehensive anti-bullying policies, as well as comprehensive LGBTQ inclusion policies in place in schools, as these play a key role in promoting a school climate that is welcoming towards LGBTQ students.<sup>93,94</sup> This is equally important in both K-12 education settings, as well as higher education. For example, many colleges and universities have recently begun streamlining the process for submitting a name change in university systems, making it easier for transgender and gender expansive students to have their names recognized. Many institutions have begun requiring mandatory diversity and inclusion training to both new students and new employees. All schools that receive federal funding are required to have a Title IX policy, which prohibits discrimination on the basis of sex, and the majority of schools have some kind of anti-discrimination or equity policy that covers conduct not addressed under Title IX. By implementing policies like these, schools, colleges, and universities can ensure that their campus climates are inclusive of and welcoming to LGBTQ youth.



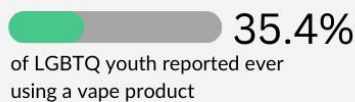
### Substance Use and Interventions

Substance use is a major public health crisis in Massachusetts. In 2022 alone, there were 1,340 deaths due to opioid overdose, and almost 10% of deaths in youths under the age of 25 were caused by opioid overdose.<sup>95</sup> Although there is no data regarding the gender identities or sexualities of these individuals, it is likely that several of them were LGBTQ youth. Beyond opioids, public health practitioners have been pushing for more regulation on the tobacco and alcohol industries for decades, in the hopes of mitigating both the short-term consequences (such as drunk driving), as well



as the long-term (such as lung cancer from secondhand smoke) for youths and adults. Substance use and substance use disorders stem from a variety of factors including victimization (experiencing harassment, discrimination, or physical violence), a lack of support for LGBTQ identity (at home, in the community, or at school), psychological stress due to personal experiences or current events, and a lack of secure and stable housing.<sup>96</sup> Transgender and gender expansive youth are particularly vulnerable to these factors due to increased victimization and discrimination.<sup>97</sup> In regard to tobacco products, 17.0% of Massachusetts LGBTQ youth in grades 9-12 report having ever smoked a cigarette, while 35.4% reporting having ever used a vape product.<sup>98</sup> Likewise, 24.5% of LGBTQ youth reported drinking alcohol within the last 30 days, and 32.4% of LGBTQ reported ever having used marijuana.<sup>99</sup>

### LGBTQ+ Youth Substance Use in Massachusetts (Grades 9-12)



Among Massachusetts LGBTQ youth of color ages 13 to 25 who responded to the Our Health Matters Survey, 37.9% reported having smoked cigarettes within the last 30 days, with 13.9% of those respondents reporting smoking 10-19 days out of the past 30 days.<sup>100</sup> In regard to alcohol, 51.9% of respondents reported binge drinking in the last 30 days.<sup>101</sup> Similarly, 53.0% of respondents reported smoking marijuana within the past 30 days, with 13.2% of those respondents reporting smoking 40 or more times during the past 30 days.<sup>102</sup> 21.4% of respondents reported misusing prescription drugs within the last 30 days.<sup>103</sup> For controlled substances, 18.5% of youth had ever used MDMA (ecstasy), 19.2% of youth had ever used cocaine, 13.6% had ever used methamphetamine, and 10.1% had ever used heroin.<sup>104</sup> Respondents to this survey ages 13-18 had the lowest rates of substance use.<sup>105</sup> However, though access to medications like buprenorphine can be beneficial to LGBTQ youth, a 2022 study reported that patients who were younger, Black, and/or female were less likely to receive buprenorphine treatment.<sup>106</sup>

Despite a higher than average risk, LGBTQ youth have a number of protective factors that can reduce their risk of substance use.<sup>107</sup> For example, fostering a supportive and inclusive school environment, including positive teacher-student mentoring relationships, is associated with lower rates of tobacco, alcohol, and marijuana use.<sup>108</sup> Youth-focused organizations, whether in-school (like GSAs) or community-based, foster connections between LGBTQ youths and give LGBTQ youths the opportunity to engage with their peers in a sober space.<sup>109</sup> These organizations can also be used to foster youth-adult mentorship relationships, as well. Additionally, research has shown that the higher the number of LGBTQ specific school and community resources available to LGBTQ youth, the lower the rate of substance use among LGBTQ youth.<sup>110</sup> Whether or not youths actually use the resources, just knowing that there is a strong community network and that there are supportive resources readily available serves as a key protective factor against substance use.<sup>111</sup>

When asked, LGBTQ youth of color additionally expressed interest in community-based healing, LGBTQ youth-specific treatment and healing spaces, and more holistic/less medicalized treatment

options.<sup>112</sup> Low-income youth and undocumented youth in particular may have trouble accessing traditional, clinic-based substance use disorder recovery care.<sup>113</sup> While not studied specifically for LGBTQ youth, both peer-led substance use recovery and prevention programming are highly successful and more effective than adult-led programming.<sup>114</sup> Youths expressed that they found “peer-led sessions more enjoyable,” and were more willing to actively engage with peers, rather than adults.<sup>115</sup> Youths additionally stressed the importance of culturally-competent treatment options, as well as interventions that promote harm-reduction.<sup>116</sup> For example, ensuring that LGBTQ youth have access to community-based safe consumption sites and needle exchange programs can reduce the number of overdoses, as well as the number of cases of HIV and Hepatitis C.<sup>117</sup> These have shown great promise in many cities and towns across Massachusetts, but are oftentimes inaccessible to young people, especially those who are still in school or who live in more rural areas of the state, including parts of central Massachusetts.<sup>118,119</sup> Many youths already engage informally with harm-reduction strategies, so ensuring that prevention and recovery programming support this goal is important to ensuring that youth actually participate in the programs.<sup>120</sup>

### Commercial Sexual Exploitation & Sex Work

Traffickers often target marginalized individuals who have previously experienced violent victimization, who lack strong family or friend support, or who are experiencing financial hardship.<sup>121</sup> Some youth are exploited by romantic partners, while others are exploited by family members or employers.<sup>122</sup> Youth who have experienced intimate partner or sexual violence, bullying or discrimination, and involvement in the child welfare system are particularly vulnerable.<sup>123</sup> Additionally, unhoused youth, transgender youth of color, and youth with substance use disorders are at an increased risk for sexual exploitation.<sup>124</sup> Some LGBTQ youth may fall into one or all of these categories, increasing their risk of commercial sexual exploitation. Although there is little data regarding the number of LGBTQ youths who experience commercial sexual exploitation each year, experts estimate that it is likely extremely underreported.<sup>125</sup> An estimated 19-41% of unhoused LGBTQ youth have experienced commercial sexual exploitation.<sup>126</sup> Among LGBTQ youth of color, Black youth of any gender are most likely to be criminalized and arrested for being sexually exploited.<sup>127</sup> Additionally, while LGBTQ youth likely make up a high percentage of sexually exploited minors, there are very few services that focus on the particular support needs of LGBTQ youth.<sup>128</sup>

However, when considering interventions to address sexual exploitation and trafficking for youth over the age of 18, it is essential to avoid conflating exploitation/trafficking with sex work. As noted throughout this report, the Commission defines ‘youth’ as under 25, but when discussing sex work, the Commission is discussing youth 18 and over; any instance of youth under 18 trading sexual contact for a fee is trafficking, and interventions should be targeted accordingly while centering minors with support and resources rather than punitive measures. While the age of consent in Massachusetts is set at 16, federal law defines youth under 18 as victims of trafficking.<sup>129</sup> The Commission understands the reality that there are minors exchanging sexual contact with other minors for money or goods, which is a nuanced conversation currently outside of the scope of this report, and is legally still unlawful. Per Massachusetts law ([MGL c.265, § 23](#)) - as noted later in the criminal justice section of this report - it is unlawful for persons under 16 to engage in sexual intercourse, even if the other person is also under the age of 16.<sup>130</sup>

The Commission finds it necessary to define the differences between the terms trafficking and sex work, as many advocacy materials and media use the terms interchangeably, which inaccurately

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captures and conflates the disparate realities faced by those engaging in sex work over the age of 18.<sup>131</sup> Sex work, by definition, is consensual, though many individuals who engage in sex work may also be victims of trafficking and exploitation.<sup>132</sup> LGBTQ youth over the age of 18 may engage in sex work to meet their needs due to financial necessity, particularly if they have been kicked out of their home due to their gender identity or sexuality or have been unable to find employment due to harassment or discrimination.<sup>133,134</sup>

According to the 2015 U.S. Transgender Survey (not yet shared in the 2022 version), among transgender and gender-nonconforming individuals aged 16 and older, 12% reported ever having done sex work (including, but not limited to, dancing in clubs, virtual webcam work on platforms such as OnlyFans, or filming pornography for wide release) for income during their lifetimes.<sup>135</sup> Among survey participants who reported participating in income-based sex work, 50% were trans women, 23% were nonbinary people assigned female at birth, and 19% were trans men. Individuals living with HIV (32%), undocumented individuals (29%), and Black trans women (24%) reported participating in sex work for income within the past year at the highest rates.<sup>136</sup> Reaching out for support if they have a bad experience with a client may be particularly difficult for older LGBTQ youth, due to a fear of criminal persecution or a fear of not being believed.<sup>137</sup>

Historically, sexually exploited youths have been treated as perpetrators and criminals in the juvenile justice system, rather than victims and survivors in need of care.<sup>138</sup> This practice stems from a culture of control, where both sexually exploited youth and adults engaging in sex work were viewed as deviants in need of reform.<sup>139</sup> Decriminalizing sex work has long been thought to be a major part of the solution to end sex trafficking and commercial sexual exploitation. By decriminalizing sex work, youth who are experiencing commercial sexual exploitation will be able to come forward, report any abuse, and receive care without fear of being criminally prosecuted.<sup>140</sup> Furthermore, youth who are engaging sex work to meet their needs will be able to report any violence they experience from their clients, rather than being silenced out of fear of prosecution for engaging in sex work. Decriminalization further destigmatizes sex work and helps youth who may have had to participate in survival sex work resist further marginalization.<sup>141</sup>

Furthermore, despite having laws that punish youth under 16 for engaging in consensual sexting, Massachusetts does not have any laws that protect victims over the age of 16 against revenge porn (the purposeful, non-consensual spreading of explicit images by the receiving party), sextortion (extortion for money with threats of sharing explicit images), or sexual deepfakes (edited photos or videos that falsely show a person engaging in a sex act).<sup>142</sup> For example, minors who consensually send explicit images to each other will likely face equal punishment as a minor who purposefully and non-consensually shares another minor's explicit images, or an adult who digitally exploits minors.<sup>143</sup> Even worse, victims of revenge porn and digital commercial sexual exploitation are usually punished to the same, or sometimes even greater, extent as the perpetrator.<sup>144</sup> Although these kinds of laws may not seem directly related to commercial sexual exploitation, they foster a hostile environment around sexuality and make youth feel uncomfortable or even unsafe coming forward to reveal sexual exploitation or sexual violence for fear of punishment and criminalization.

When examining interventions to prevent commercial youth sexual exploitation and support survivors/victims, there are notable gaps in Boston when it comes to trauma-informed health care and access to mental health services that specialize in supporting commercially sexually exploited youth.<sup>145</sup> Care providers need more training, as well as more funding, to appropriately and adequately support



sexually exploited youth;<sup>146</sup> training service providers on how to better support survivors of sexual exploitation is also key to ending stigma.<sup>147</sup> Instead of taking a carceral view of youth commercial sexual exploitation, a cultural shift must occur in how providers view survivors/victims of sexual exploitation and how victims/survivors are supported and connected with resources, rather than criminalized and punished.<sup>148</sup> Furthermore, it is important to involve survivors/victims in intervention creation, as survivors/victims have largely been left out of leadership positions and have been further exploited as talking-points for organizations, rather than uplifted and supported.<sup>149</sup> Without considering the needs of victims/survivors, it will be impossible to create successful outreach programs.

## Engaging LGBTQ Youth

LGBTQ youth have a right to be involved in the creation of the programs meant to support their well-being. No matter the public health issue, it is important that the voices and opinions of LGBTQ youth are included in any kind of program development and implementation. LGBTQ youth know best what resources they need and how they can best be supported, oftentimes more so than the adults in their lives who may be unaware or uninformed about the issues faced by LGBTQ youth.<sup>150</sup> Peer health education programs, whether for dating violence, substance use, or bullying, have been highly successful.<sup>151</sup> Peer education finds its success in the fact that peer-to-peer education is often less awkward, and peer educators understand the current social, cultural, and political landscape that youths navigate on a day-to-day basis.<sup>152</sup> Beyond peer support, peer education programs and youth-led advocacy allow peer health educators to become content experts for a particular public health topic, increase communication with parents and other adults, and inspire peer educators to play a role in their community's long-term wellness.<sup>153</sup>

There are already a number of models for incorporating youths into advocacy efforts, from peer health education programs to youth representatives and councils.<sup>154</sup> For example, the International Planned Parenthood Federation passed a resolution in 2001 that strongly encouraged member organizations to aim for at least 20% youth participation in their leadership structures.<sup>155</sup> Across Massachusetts, some examples - though not the only - of this model would be the Start Strong program hosted by the Boston Public Health Commission, a high school peer leadership program designed to promote healthy relationships and change attitudes towards teen dating violence through peer education.<sup>156</sup> Advocates for Youth, a youth-led and adult-supported sexual health and reproductive justice advocacy group, continues to lead the charge on today's most relevant and pressing reproductive justice issues.<sup>157</sup> Lastly, Winthrop CASA, a local organization that supports youth through community engagement, has a public health Youth Advisory Board that helps develop CASA's programming.<sup>158</sup> The Commission highlights the important need of funding and supporting LGBTQ-specific youth groups and advocacy organizations, as there remain very few in the more rural and underserved areas of the state.

The following table illustrates some of the organizations that are currently serving LGBTQ youths in Massachusetts, from social clubs and family support networks to advocacy groups and legal counsel. Many of these organizations rely on peer education, peer mentorship, or youth leadership council models.

Local and National LGBTQ Youth Support Resources	
Advocates for Youth	Hispanic Black Gay Coalition (HBGC)
AIDS Action Committee Massachusetts	It Gets Better Project
AIDS Project Worcester (APW)	Lesbians of Color Symposium (LOCS)
BAGLY (The Boston Alliance of Gay, Lesbian, Bisexual and Transgender Youth)	MAP (Massachusetts Asian + Pacific Islanders) for Health
Boston Area Transgender Support (BATS)	Out Now
Boston GLASS	Peer Health Exchange
Cape and Islands Gay & Straight Youth Alliance (CIGSYA)	PFLAG
Gender-Sexuality Alliances (GSAs)	Roxbury Youth Works
Generation Q	Safe Homes/The Bridge
Getting to Zero MA	Start Strong
GLAD (GLBTQ Legal Advocates & Defenders)	The Trevor Project
GLBT Youth Group Network of MA	Winthrop CASA (Community Actions for Safe Alternatives)
GLSEN	Youth on Fire

Finally, as we have learned throughout the COVID pandemic, expanding programming and support services to a virtual format can have a significant impact on youth who would otherwise be unable to engage with critical resources.<sup>159</sup> Rural LGBTQ youth and LGBTQ youth with disabilities, in particular, may find virtual resources particularly helpful. Moving forward, public health professionals should embrace the technology that was developed and improved upon over the course of the pandemic to better serve diverse populations of LGBTQ youth. Ultimately, LGBTQ youth are the future, but without support, it can be hard for them to envision a world with them in it. Public health has the opportunity to support LGBTQ youth as they resist, challenge, and change the structures that prevent them from fully attaining physical, mental, and emotional wellness.

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# COMMISSION ON LGBTQ YOUTH

# PUBLIC HEALTH



## ABOUT

The public health crises facing LGBTQ youth are largely not because of individual risk factors, but rather systemic issues that affect how LGBTQ youth navigate the spaces in which they exist. Despite hostility, LGBTQ youth continue to resist, challenge, and change the relationships, communities, institutions, and systems that act as oppressive forces. Public health has an obligation to support and uplift LGBTQ youth as they resist unjust and oppressive structures. In doing so, policymakers, providers, and educators can better pave the way for a future where all LGBTQ youth thrive.



# 53%

of LGBTQ students have experienced verbal harassment due to their sexuality

# 6.8%

of LGBTQ youth have ever been tested for an STI other than HIV

# 17.8%

of LGBTQ high school students have experienced sexual dating violence in the past year

## RECOMMENDATIONS

- 1** Create and expand community-based public health programming that is accessible and engaging to youth with the most barriers to access.
- 2** Increase funding to organizations that support LGBTQ survivors of intimate partner violence.
- 3** Ensure that public schools, colleges, and universities have comprehensive anti-bullying, anti-cyberbullying, and anti-harassment policies.

## LEGISLATION

S.1242/H.1981: Overdose Prevention Centers

S.619/H.1085: Access to HIV Prevention Medication





# Supporting Mental Health

## Introduction

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*(first published in FY 2024 Annual Recommendations Report, minor updates made to bring current to FY 2025)*

The personal is political – and that includes mental health. Across the Commonwealth, LGBTQ youth mental health is in crisis. Last year, LGBTQ youth reported alarmingly high levels of depression, anxiety, suicidality, and trauma, yet most who wanted mental healthcare did not receive it. In this report, the Commission discusses ways that allies across many fields can promote evidence-based, intersectional, and trauma-informed mental healthcare for LGBTQ youth, all while highlighting youths’ voices and strengths. From the classroom to the campaign trail, discrimination wears down LGBTQ youths’ physical, social, and mental health on an everyday basis; LGBTQ youth mental health is a community-wide issue that deserves community-based solutions – and everyone has a part to play. For this dedicated section on mental health, the Commission’s recommendations center around three key principles: recognize that discrimination causes trauma, invest in early intervention, and fuel systemic change rather than focusing only on individual therapy.

*“If I am depressed or anxious, it’s likely not because I have issues with my gender identity, but because everyone else does.” –*

*Youth from New England,<sup>1</sup> 2017*

## FY 2025 Recommendations to the Governor on Mental Health

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### **1. Fund more statewide research about mental health and suicide prevention treatment approaches for LGBTQ youth.**

The Commission strongly recommends that the state fund more in-depth, community-based research on mental health and suicide prevention treatment approaches for LGBTQ youth, particularly those in oft underserved communities, such as rural youth, undocumented youth, disabled youth, and QTBIPOC youth. There is a significant crisis for mental health care across the country, and numerous efforts to mitigate the crisis are underway - however, it is essential that policymakers understand the unique needs of LGBTQ youth and the desperate need for affirming and accessible mental health care. By conducting further needs assessments, the state can better understand potential innovative methods of addressing the mental healthcare crisis, and building capacity within communities.

### **2. Support reforms of the mental healthcare and health insurance systems.**

The Commission recommends that the legislature support and pass effective reforms to recruit more trauma-informed and culturally-responsive mental health professionals to support intersectional mental health support and to reduce the costs of mental health services. Furthermore, the Commission advises policymakers to invest in non-clinical community-based programs, such as peer support programs, mental health advocate programs, mental health first aid trainings, and mental health literacy campaigns. Additional potential areas of investment

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would be telehealth or online programs, peer summer camps, and programs based on art, movement, and activism.

### **3. Promote services that address youths' intersectional identities, including race/ethnicity, immigration, ability, involvement in juvenile justice or foster care, and rural residence.**

As detailed below, there remains limited access to LGBTQ-affirming, trauma-informed, and culturally competent care for QTBIPOC youth, as well as access for youth who are undocumented and/or have disabilities. More research needs to occur to better understand access for youth in the juvenile justice and child welfare systems in Massachusetts, but the significant mental healthcare crisis likely affects these populations critically. The Commission recommends that the Commonwealth allocates more funding to LGBTQ youth and family services, and encourages programs to make concerted efforts to ensure that their programs are affirming and welcoming for all youth.

### **4. Increase funding to hire and retain more MHPs in order to meet nationally-recommended ratios between MHPs and youth.**

As discussed throughout this report, mental healthcare is in a state of crisis. The Commission recommends that the Commonwealth continue to prioritize and invest in mental health professionals, and ensure that K-12 schools, higher education, juvenile justice programs, and the child welfare system are able to provide effective and affirming mental health services for youth in their care. The Commission urges the legislature to explore innovative ways to invest in mental healthcare professionals, including at the student level by providing funding opportunities and easing barriers to access for BIPOC and LGBTQ social work students to licensure.

## Data & Theories

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Against the backdrop of an ever-changing society following the COVID-19 pandemic, growing social and political hostility, and a growing shortage of affordable and accessible mental healthcare, the state of LGBTQ youth mental health continues to deteriorate. Overall, more and more youth have been experiencing anxiety and considering suicide over the last three years of the global pandemic. Additionally, more youth are experiencing depression than in 2020, while suicide attempt rates have stayed relatively level.<sup>2</sup> Most alarmingly, in 2021, 1 in 2 LGBTQ youth in Massachusetts were not able to get mental healthcare when they wanted it.<sup>3</sup>

In the Trevor Project's most recent survey on LGBTQ youth mental health, 71% of 13-18 year-old LGBTQ participants in Massachusetts reported experiencing anxiety, while 51% felt symptoms of depression.<sup>4</sup> Meanwhile, 41% of participants reported seriously considering suicide in the last year, and 11% reported attempting suicide (vs. 14% nationwide). Across the US, more than 1 in 3 youth have experienced physical threats or harm based on their identities – and youth who were victimized attempted suicide at over twice as often as peers who were not.<sup>5</sup> Finally, the US Census Bureau's Household Pulse Survey recently found that LGBTQ adults ages 18-29 were nearly twice as likely as non-LGBTQ peers to report having symptoms of anxiety (61% of adults) and depression (50%).<sup>6</sup>

## Data Limitations

While LGBTQ youth face mental health challenges across the board, there are clear disparities for BIPOC, multiracial, and gender expansive (transgender and non-binary) LGBTQ youth. For instance, in the Trevor Project’s 2023 National Survey, Indigenous, Middle Eastern/North African (MENA), and multiracial LGBTQ youth were the top three reporters of anxiety, depression, and threats and acts of physical harm. Gender expansive youth across the Commonwealth and the country also reported significantly higher rates of anxiety, depression, and suicidality – for instance, 64% of gender expansive youth. Finally, over half of Indigenous and gender expansive youth reported high levels of trauma symptoms.

It is also important to acknowledge that many youth remain invisible in research. No recent national and state-level survey about LGBTQ mental health exists that is disaggregated by intersex status, immigration status, geographical location, disability, or involvement with child welfare or juvenile justice. When data collection is monolithic, it paints over critical needs, leading authorities to assume that entire populations do not need support. Going forward, the Commission urges local and state agencies to collect and discuss disaggregated youth demographics.

## The Role of Minority Stress: How Oppression Impacts Mental Health

*Why are mental health concerns so widespread among LGBTQ youth, and how can allies support them?*

To understand LGBTQ youth’s inner worlds, decision-makers should first look at the world in which they live. To begin, 2023 saw 510 anti-LGBTQ bills filed across the US, with the majority targeting gender expansive people.<sup>7</sup> This is only the latest escalation in a mounting barrage of anti-LGBTQ political and social rhetoric over the last decade – and it takes a toll. Even though Massachusetts is considered a safe haven for LGBTQ policy, the majority of LGBTQ youth in the Commonwealth reported to the Trevor Project that recent politics had negatively impacted their well-being sometimes (49%) or a lot (41%). Across the US, the overwhelming majority of gender expansive youth have worried about local or state laws denying transgender people’s access to medical care (93%), bathrooms (91%), and sports (83%).<sup>8</sup>

“It feels like the human rights that all people are entitled to are a joke for LGBTQ people at this point. It no longer feels like a matter of how this could happen, and more like what will they take next? It’s terrifying knowing that people in power want to hurt you just for being who you are, and that they can hurt you because a lot of people agree with them.”  
– Rosie, 16

Many youth also feel unsafe in their classrooms, neighborhoods, and homes. In 2021, 61% of Massachusetts LGBTQ youth did not feel they lived in an affirming home, and nearly 1 in 2 did not attend an affirming school. Meanwhile, 32% of youth had experienced threats or acts of physical harm because of their sexual orientation or gender identity during their lifetime, while 67% had faced discrimination.<sup>9</sup> Considering the hostility that youth face in their homes, communities, and country, it is no surprise that LGBTQ youth mental health is in crisis. For decades, researchers have shown that anti-LGBTQ cultural, political, and societal conditions have the power to erode LGBTQ people’s physical,<sup>10</sup> mental,<sup>11</sup> and financial health, an experience often called minority stress. Many studies have explored how minority stressors (like bullying, negative media depictions, and hostile legislation) are directly related to mental health challenges (like depression,<sup>12</sup> anxiety, PTSD, and suicide

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attempts.<sup>13</sup>) For instance, in the year after marriage equality was passed in Massachusetts, there was a statistically significant drop in medical and mental health-related care visits among gay and bisexual men.<sup>14</sup>

### Three Key Principles of Support: Trauma-Informed Services, Early Intervention, and Collaboration

The realities of minority stress shape the Commission’s recommendations in three key ways. First, all supporters of LGBTQ youth should recognize that discrimination is not simply “stressful”; it is also a form of trauma. Therefore, all of our recommendations should be implemented in a trauma-informed way, expecting that any youth being served may have experienced trauma. Clinical, school, and community-based providers should follow the Substance Abuse and Mental Health Services Administration (SAMHSA)’s six principles of LGBTQ trauma-informed care: 1) center survivors’ voices and desires in services, 2) build collaborative relationships, 3) demonstrate trustworthiness and transparency, 4) create safety by proactively communicating an affirming stance, 5) recognize and discuss cultural, historical, and gender influences on youths’ identities and experiences, and 6) promote peer support.<sup>15</sup>

Second, the Commission’s recommendations include investing in early intervention, rather than reacting only after youths’ mental health issues become obvious. While LGBTQ children begin experiencing more bullying than their peers by age 9, it does not become obvious that they suffer from more mental health and substance use challenges until early adolescence (i.e. age 12 or 15).<sup>16</sup> This delayed impact of bullying on youth health is minority stress in action. This is why youth should be supported early in life, such as through inclusive curriculum and peer support spaces, even when adults assume that youth do not yet know they are LGBTQ. Preventative support in schools and communities will decrease the lifelong impacts of minority stress and help bridge the massive gap in access to needed professional mental health support.

Finally, the Commission follows current research recommendations by taking a sociopolitical, holistic approach to LGBTQ youth mental health instead of an individualistic or pathologizing approach. That is, LGBTQ youths’ mental health challenges can be seen as natural human responses to their experiences in school, home, community, and society – not just “personal issues.” Therefore, all support efforts should be anti-oppressive: they should fuel systemic change that tangibly reshapes services, schools, communities, policies, and laws rather than focusing only on individual mental health support.

### Research: Supporting LGBTQ Youth Mental Health

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In addition to early intervention and anti-oppressive, trauma-informed services, the Commission also urges decision-makers and allies to pay attention to youths’ intersectional identities. Key identities to consider include race/ethnicity, immigration status, disability/neurodivergence/Deafness, involvement in child welfare and juvenile justice systems, and rural residence.

### Race & Ethnicity: Taking an Anti-Racist, Intersectional Approach

Queer and transgender BIPOC (QTBIPOC) youth do not just experience minority stress through LGBTQ-phobia, but also through racism – which “is not an abnormal experience, but an everyday occurrence.”<sup>17</sup> For instance, GLSEN’s 2021 National School Climate Survey found that nearly 81% of LGBTQ youth heard racist remarks in

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school at least “sometimes.” Meanwhile, many QTBIPOC youth have reported being harassed or assaulted based on their race or ethnicity – either at school (over 1 in 2 youth) or online (over 1 in 4).<sup>18</sup>



Racism is not just interpersonal. Systems such as housing and employment create and maintain generational inequities in income and health, leading to minority stress. Mental healthcare and social service systems are not exempt. Research shows that BIPOC youth across the board do not get the mental healthcare they need more often than their white peers, partially due to barriers like cost, insurance, parent and youth work or childcare responsibilities, and transportation. Importantly, youth may also avoid or distrust providers who use Eurocentric theories and treatment models that focus on the individual, “other” non-white clients’ values or experiences, and ignore or misaddress issues of power, culture, poverty, race, and racism.<sup>19</sup> For example, mounting evidence shows that Black and Latine male youth are significantly more likely than their white peers to be misdiagnosed with disruptive behavioral disorders rather than trauma, ADHD, or autism, partially due to clinician bias.<sup>20</sup>

In addition to the double burden of everyday oppression, some QTBIPOC people report feeling doubly isolated. That is, they feel unseen and unprotected in both LGBTQ and racial/ethnic affinity spaces.<sup>21</sup> One well-known example is the “no fats, no femmes, no Asians” line that Asian men who date men report encountering on dating apps, on top of the stigma that they face in cultural affinity spaces.<sup>22</sup> Double isolation is also more common among youth who have limited access to LGBTQ and racial/ethnic spaces, such as youth in the juvenile justice system, the child welfare system, or rural areas.

Given the everyday, systemic, and isolating nature of intersectional oppression, it is not surprising that research shows that QTBIPOC youth have elevated rates of anxiety, depression, suicidality, school discipline, and substance use. These challenges can be seen as a human response to long-term exposure to multiple forms of traumatic discrimination.

Given all of these unique challenges, allies in mental healthcare, youth services, and policy should recognize that QTBIPOC youth may not automatically feel safe simply because a support effort is LGBTQ-friendly. Instead, allies should intentionally build safe spaces for QTBIPOC youth by 1) openly discussing how racialized inequities and experiences may impact people differently and 2) shaping services around ongoing feedback from QTBIPOC youth about their own goals and needs. Allies should also proactively respond to possible distrust of white-majority LGBTQ services by 1) recruiting, meaningfully compensating, and retaining BIPOC staff; 2) openly discussing and acting against racism that comes up in the organization, community, and news; and 3) building relationships with communities where BIPOC youth are. Finally, allies should invest resources in addressing structural barriers, like cost, scheduling availability, or transportation access, so that more QTBIPOC youth can access services.

Although QTBIPOC youth face concerning mental health disparities, they also have many personal, family, and cultural strengths. Their intersectional identities do not just expose them to harm; they are great sources of connection, coping, and pride – and supporters should tap into and celebrate them.

Current research highlights multiple tools that QTBIPOC youth use to cope with discrimination: chosen family and community-building, self-advocacy, and cultivating ethnic or racial identity pride.<sup>23</sup> QTBIPOC youth also often cope with LGBTQ-phobic bullying<sup>24</sup> using skills they first learned from family and friends to cope with

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racism. Since peer validation is such a strong buffer against racial minority stress, the Commission recommends investing funding and resources into promoting LGBTQ-friendly racial and cultural affinity spaces in schools and communities, as well as specific racial/cultural affinity spaces in LGBTQ youth groups (like GSAs). These are unique spaces where QTBIPOC youth can develop identity pride, discuss intersectional experiences and strengths, safely unload experiences of oppression, and advocate for themselves and one another.

### Immigration & Migration: Culturally-Responsive Support

QTBIPOC youth may also experience minority stress when they have personal or family experience with being an immigrant, refugee, or undocumented person. Structural inequalities, discriminatory comments or policies, xenophobia in political debates and acts, and cross-cultural stressors can all impact LGBTQ immigrant youths' mental health on a day-to-day basis. For example, GLSEN's 2021 National School Climate Survey found that 18% of student participants said they hear biased remarks about immigration status "often" or "frequently," while 16% hear them "sometimes."<sup>25</sup>

There is scarce research about LGBTQ foreign-born youth, and the findings about mental health are mixed.<sup>26</sup> Overall, risk factors include poverty, lack of social support and stable housing, risk of detainment and deportation, discriminatory experiences, dehumanizing public discourse and policy, and barriers to care, such as waiting periods to access public health insurance. However, immigrant youth have also been found to have similar or better physical and mental health outcomes than native-born peers, a phenomenon called the "immigrant health paradox."<sup>27</sup> This advantage levels out over generations, not just due to acculturation, like shifts in diet and exercise, but also through the wear-and-tear of minority stress.

With these mixed results in mind, the Commission recommends that supporters seek to understand LGBTQ foreign-born youths' mental health in the context of their position in the US immigration system. It is additionally important to highlight that not all foreign-born youth have the same privileges and stressors. The Trevor Project found that LGBTQ youth with at least one immigrant parent had higher odds of attempting suicide when they worried about deportation (63% more likely) or faced immigration-based discrimination (2.5 times more likely.)<sup>28</sup> Supporters should also consider how anti-LGBTQ sentiment and xenophobia shape youths' past and current experiences. For instance, LGBTQ youth may flee trauma in their first countries only to face intersectional discrimination in the US, such as pressure to conform to Western LGBTQ labels while seeking asylum or refugee status.<sup>29</sup>

Despite these diverse stressors, foreign-born youth have also always invented their own strategies to survive and thrive. For instance, they are significantly more likely than their peers to befriend other foreign-born individuals from the same generation, and less likely to report negative health behaviors and outcomes when they do so.<sup>30</sup> Because same-generation immigrant peer support protects youths' mental health, care providers and youth workers should address differences in immigration status in their services. For instance, services for LGBTQ youth can create space for immigrant, refugee, asylee, and undocumented youth to build relationships and advocate for themselves, while also connecting them with immigrant community networks.

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As the benefits of peer support suggest, foreign-born youth thrive when they feel understood. Yet in 2022, the Trevor Project found that youth from all non-white racial and ethnic groups were 4 to 10 times more likely than their white peers to feel that care providers would not understand their culture. Middle Eastern/North African (MENA) (21%), AAPI (18%), and Black youth (13%) reported most often that they felt care providers would not understand their cultures, followed by Latine and Indigenous (9% each), multiracial (8%), and white (2%) youth.<sup>31</sup> It is crucial, then, for supporters to not only take an anti-racist and intersectional stance, but also a culturally-responsive one. Whether in policy, youth services, or mental healthcare, cultural responsiveness begins with curiosity rather than generalization.

Racial oppression (including assimilation pressures, colonization, forced migration, and inequitable systems of family separation, adoption, and foster care) can disconnect BIPOC youth and families from their heritage and cultures.



First, supporters of LGBTQ youth should recognize that every country – including the US – has multiple cultures with diverse values, and that foreign-born youth blend these cultures differently across generations, regions, and families. Further, racial oppression (including assimilation pressures, colonization, forced migration, and inequitable systems of family separation, adoption, and foster care) can disconnect BIPOC youth and families from their heritage cultures. Thus, supporters should avoid assuming that all foreign-born youth have the same cultural values or that they are comfortably connected with their heritage cultures. Instead, supporters should recognize that each individual has their own relationship to culture.

Second, the Commission urges supporters not to place Western standards of mental health or LGBTQ identity upon all youth. One example is to avoid assuming that youth want to eventually “come out,” since this does not fit all cultural norms. In Hong Kong, some use the “coming home” method of simply bringing their partners home instead, forgoing a direct conversation or declaration.<sup>32</sup> Another example is to remember that mental health is expressed differently across cultures. Asian Americans are more likely to express mental health issues as physical symptoms; when service providers only look for Western signs of distress, these issues go undetected, misdiagnosed, or treated inappropriately.<sup>33</sup>

Third, supporters should invest in culturally-responsive, LGBTQ-affirming mental health resources. In 2020, the Trevor Project found that many LGBTQ youth did not access mental healthcare because they faced mental health stigma in their communities or worried that providers would not understand the impact of racism and culture in their lives.<sup>34</sup> Thus, the Commonwealth should invest in providers and services who are culturally representative and multilingual. Language access is especially lacking; before 2021, for instance, bilingual social workers in Boston Public Schools covered almost double the schools as their monolingual peers, at 25 schools per professional.<sup>35</sup> Additionally, decision-makers should work to provide foreign-born communities with financial and logistical resources so that they can respond to cultural mental health stigma in their own ways; one possible model is the promotora method, discussed further below.



Autistic Children were  
**400%**  
more likely to have a gender dysphoria-  
related diagnosis than their peers

Finally, research finds that when QTBIPOC youth find pride in their racialized and cultural traits, such as values, traditions, or hairstyles, they cope better with the stress of acculturation and discrimination,<sup>36</sup> and advocates should support programming in which youth can positively develop their racial, ethnic, and cultural identities.

## Disability, Neurodiversity, and Deafness: Accessible, Affirming Care

This is another opportunity for youth voices. Disability, deafness, and neurodivergence typically go completely unaddressed in research about LGBTQ youth, yet 1 in 3 LGBTQ adults and more than half of transgender adults reported having a disability in 2020.<sup>37</sup> These identities are common among youth as well; for instance, one recent study found that autistic children were 400% more likely to have a gender dysphoria-related diagnosis than their peers.<sup>38</sup>

Minority stress from ableism begins to impact LGBTQ disabled youths' mental health from an early age. GLSEN found that 73% of participants hear biased ability-focused remarks in school "often" or "frequently." Meanwhile, 34% stated that they were harassed or assaulted at school within the last year based on their actual or perceived disability, and 17% reported experiencing this online.<sup>39</sup>

Disabled LGBTQ youth are excluded and discriminated against past age 18 as well. A few studies have found that the majority of disabled LGBTQ students do not receive accommodations in their colleges.<sup>40</sup> Other research shows that disabled gender expansive people experience heightened discrimination within employment, housing, and social services such as mental health centers, rape crisis centers, and domestic violence shelters.<sup>41</sup> Disabled LGBTQ people have been found to face depression and suicidality at higher rates than peers, yet inequitable policies can prevent them from accessing mental healthcare. This includes inaccessible services, a shortage of professionals who accept public insurance, and policies that revoke lifesaving SSI or SSDI benefits should recipients get married or hold over \$2,000 in assets.

Given the prevalence of disability among LGBTQ people, accessibility should not be an afterthought to supporters of LGBTQ youth mental health. Disabled, Deaf, and neurodivergent LGBTQ youth have diverse strengths and challenges, and supporters should work to specifically include each group in services. However, allies can broadly support these three populations with the following principles.

First, expect differences: assume that disabled, Deaf, and neurodivergent youth are already using services and make them accessible to as many youth as possible. This includes when communicating (closed captions), moving about (ramps), socializing (supporting use of non-verbal communication), self-regulating (sensory or quiet spaces), and more. Second, challenge ableist attitudes that disabled, Deaf, and neurodivergent youth are helpless, burdensome, tragic, lazy, or deficient. Instead, take their lead in exploring the positive and negative nuances of their own experiences, and inquire about any impacts of ableism on their mental health. Third, practice "nothing about us without us"; shape services around ongoing feedback from youth about their own goals and create meaningful opportunities for leadership and active participation.



## Rural Youth

Rural youth experience unique risk factors for mental health. Firstly, they may be more isolated from social spaces and services for LGBTQ and other fellow marginalized people. Local cultural norms, such as comparison, conformity, and dwelling on difference, may also intensify their feelings of marginalization and expose them to targeted prejudice and discrimination.<sup>42</sup> Intersecting oppression, such as for being disabled, Indigenous, non-Christian, or BIPOC in a white-majority area, may intensify minority stress on youths' mental health. Possible areas of investment for rural LGBTQ youth mental health will be discussed further in the "Community- Based Support" section.

## Youth Involved in the Child Welfare and Juvenile Justice Systems

Youth who are involved in the juvenile and criminal justice systems also often have multiple marginalized identities. Nationally, nearly 60% of girls in juvenile justice facilities identify as LGBTQ, up to 85% of LGBTQ youth in the justice system are also BIPOC, and nearly 1 in 2 women in prison report having a disability.<sup>43</sup> In Massachusetts, DYS Annual Report 2022 reports that only 7.4% of youth in the juvenile justice system identify as LGBTQ, though 83% of its detained juvenile population identifies as BIPOC.<sup>44</sup> Many LGBTQ prisoners are survivors of childhood abuse and trauma, were unemployed or homeless before incarceration, and experience violence, sexual assault, and human rights abuses within the gender-segregated justice system. Finally, research shows that arrest rates are higher for BIPOC (especially Black, Latine, and Indigenous) and transgender youth, due at least in part to prejudice, poverty, and inequitable laws such as criminalization of sex work.

Meanwhile, around 1 in 5 foster youth in the US is LGBTQ, though as discussed in the child welfare section of this annual report, this number is currently estimated to be lower in Massachusetts. However, staff often do not ask about youths' identities, putting them at risk of being denied services or mistreated within foster placements.<sup>45</sup> This is troubling, as one study found that, nationally, LGBTQ youth had an average of 6 foster placements, nearly double that of their straight peers; LGBTQ foster youth are also twice as likely to report being unfairly treated by the child welfare system, explaining why rates of placement run-away, school absenteeism, discipline, and dropout are so high. Unsurprisingly, LGBTQ foster youth are nearly three times as likely to be hospitalized for emotional reasons – yet when they age out of services, many are left on their own.<sup>46</sup>



Around 1 in 5 foster youth in the US is LGBTQ

Overall, the child welfare and juvenile justice systems should ensure that policies and programs supporting LGBTQ youth include supporting youth and families to prevent removal or detainment in the first place; recognizing trauma responses rather than simply maligning youth as aggressive; offering LGBTQ competency trainings for system employees and foster parents; extending eligibility for support services after youth exit the systems; offering trauma-informed, LGBTQ-specific social spaces and support services; and creating pathways for reporting and enforcing consequences for anti-LGBTQ discrimination. For more detailed recommendations for DCF, see the Commission's 2021 report, "LGBTQ Youth in the Massachusetts Child Welfare System: A Report on Pervasive Threats to Safety, Wellbeing, and Permanency."

## Evidence-Based Clinical, School & Community-Based Mental Health Support

When LGBTQ youth face mental health challenges like depression, trauma, or suicidality, professional support is often the first step. However, research about therapy for LGBTQ youth is still “severely lacking.”<sup>47</sup> One recent study reviewed over six thousand studies from 2000 to 2019 and found that only nine evaluated treatment for substance use, mental illness, or victimization among LGBTQ youth. Even then, most studies were small and focused on individual therapy;<sup>48</sup> investment in research about specific treatment approaches for LGBTQ youth, especially those who are multiply-marginalized and underrepresented in the mental healthcare field, is essential to understanding LGBTQ youth needs.

**“Folks who are willing to be compassionate before requiring comprehension are incredible to me... although you may be confused by someone like myself who is nonbinary, and maybe you don’t really understand it, you can still recognize that trans people deserve to live safe, happy lives.”**  
 – Alia Cusolito, 17, Co-President of Queer Youth Assemble

In general, mental healthcare providers (MHPs) who want to provide affirming care for LGBTQ youth can adopt the following best practices. First, MHPs should recognize that the personal is political: minority stress is intersectional, comes from many angles, and leaves many marks. Growing up in an LGBTQ-phobic world can cause complex (prolonged or repetitive) trauma, including shame, betrayal, or abandonment. By asking about the various impacts of minority stress on youths’ lives, such as hearing political candidates debate the validity of youths’ identities, MHPs can help youth connect their personal experiences to wider social conditions, unlearn internalized LGBTQ-

phobia, and develop positive identity. For more on this topic, see SAMHSA’s six principles of LGBTQ trauma-informed care and McCormick, Scheyd, & Terrazas’ considerations for trauma-informed care with LGBTQ youth.<sup>49</sup>

Second, MHPs should adapt their services to be accessible and relevant to youth. For instance, many LGBTQ youth are active Internet users, more so during the age of COVID. Online services are more convenient, safe, and familiar for some youth, especially those who have privacy concerns, lack transportation, or live in rural areas. Groups can also be uniquely healing for youth – particularly those who do not have many safe, supportive relationships or have limited contact with others like them.

Finally, research recommends that MHPs see LGBTQ youth mental health in terms of holistic emotional well-being, including social networks, community connections, and personal meaning in life.<sup>50</sup> Thus, MHPs should pay extra attention to LGBTQ youths’ relationships, including peers, supportive adults, families, communities, and advocacy/affinity-based groups. Community-building and creativity-based approaches align very well with Western LGBTQ cultures and should be considered as well.

The few current evidence-based modalities for LGBTQ youth are adapted from mainstream traditional models. CBT is the most-studied modality for LGBTQ youth, likely since it can be done in brief individual or group sessions.<sup>51</sup> Examples include Rainbow SPARX, a game-based psychoeducational platform that significantly reduced depression in LGBTQ youth ages 13 to 19,<sup>52</sup> as well as AFFIRM, a new 8-session group CBT intervention that validates participants’ lived experiences, reduces depression and sexual and mental health risks, and improves coping and mood in LGBTQ youth.<sup>53</sup>

Other interventions include LGBTQ-affirming mindfulness to help youth develop core mindfulness and self-compassion skills for stress,<sup>54</sup> as well as adaptations of Solution-Focused Brief Therapy,<sup>55</sup> Emotion-Focused

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Therapy,<sup>56</sup> and Narrative Exposure Therapy with gender expansive youth or adults.<sup>57</sup> When it comes to supporting families, one LGBTQ-specific option is ABFT-SGM (Attachment-Based Family Therapy), a manualized intervention for parental rejection that raised maternal acceptance of LGBTQ young adults' identities and reduced avoidance in their relationships with their parents.<sup>58</sup> Motivational Interviewing can also be used with caregivers who are ambivalent to their child's coming out process.<sup>59</sup>

In the spirit of the above quote, decision-makers should not expect traditional individual therapy to single-handedly solve the LGBTQ youth mental health crisis. Families, schools, communities, and institutions all play a role in creating minority stress, but they are also potential sources of care and healing. Group programs allow all to become actively involved in supporting LGBTQ youth. They also fulfill several of SAMHSA's principles for LGBTQ trauma-informed care: Peer Support, Safety, and Collaboration and Mutuality. This is why the Commission recommends that allies invest resources in non-clinical, community-based interventions, including online and in-person programs, GSAs, peer summer camps, activism, bodywork, and expressive arts.

**"If a similar problem, such as trauma, is presented by a significant number of youths, and if it appears that the problem is associated with similar causal contextual factors, practitioners should attempt to address the external causes and not insist on treating the internal symptoms one client at a time... Doing this may take time and energy but will increase the well-being of a greater number of youths and families."**

**- American Psychological Association, 2017, p. 10**

Furthermore, LGBTQ youth peer support programs have huge potential for improving youth mental health – in fact, this is one of SAMHSA's six tenets of LGBTQ trauma-informed care. Research has shown for decades that social support is life-affirming for LGBTQ people. In the Trevor Project's 2022 National Survey, nearly half of youth reported living in a "somewhat accepting" community, while 38% lived in a "somewhat or very unaccepting" community. Predictably, suicide attempt rates were highest among youth in very unaccepting communities (21%) versus somewhat accepting (13%) or very accepting (8%). Yet peer support may be even more influential than family support: youth attempted suicide more often when they had low to moderate support from peers as opposed to from family.<sup>60</sup>

**"It's nice to have friends who are educated about mental health because you know that they don't think the mental illnesses you struggle with are stupid, they understand that you can't just make them go away. They make me feel validated and like it's ok to not understand what's happening inside your head or why it's happening, and I don't know where I would be without that."**

**- Rosie, 16**

## Virtual Programs

Whether in-person, online, or through a school, community, or camp, LGBTQ youth groups are versatile. Virtual groups can provide brief, evidence-based clinical interventions such as CBT or DBT, but they can also be based around socializing, peer support, activism, common interests, and more, acting as safe oases where youth feel more implicitly understood and accepted than in other areas of life.

To begin, since LGBTQ youth face high rates of online harassment and maintain active subcultures and affinity spaces online, virtual interventions are a promising avenue for LGBTQ youth mental health support. Research suggests that youth feel more comfortable sharing personal experiences via text than face-to-face,<sup>61</sup> as this lessens fears about outing or social discomfort. Online groups are also more accessible for youth who lack

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**“Thankfully, I’m in a position financially where I could theoretically afford [therapy], but it hasn’t been in the cards for me as every opportunity is rather far away, a 20 minute drive or more. There aren’t many mental healthcare opportunities in a close range.”**

**- C.H., 17**

reliable transportation, live in rural areas, or are not allowed to travel (such as those in juvenile justice systems). Finally, they are useful for providing affinity-based spaces for LGBTQ youth with specific identities or experiences across far distances since youth may not find others with the same intersectional identities in-person. The Trevor Project’s chat line and Q Chat Space, an adult-facilitated program that connects and supports youth, are two evidence-based models of online support.

### In-Person Peer Programs in Schools and Communities

Next, in-person peer programs have been popular for decades and have more evidence for improving mental health. GSAs are the quintessential example in schools – they empower LGBTQ youth to build resilience, hope, and positive support networks, and also tend to actively improve school culture. In 2019, one study found that more frequent meetings and more mental health discussions in GSAs predicted less depressive and anxiety symptoms. Additionally, when students engaged more with the GSA over the school year, they reported higher perceived levels of peer validation and self-efficacy to promote social justice.<sup>62</sup> Accordingly, GLSEN found that students with active GSAs experienced nearly half as much in-person victimization for their sexual orientation or gender expression as their peers.<sup>63</sup>

**“In [my school’s GSA], I’ve met and formed bonds with some of the most incredible people I’ve ever met... In this space, I can decompress, and feel like I belong somewhere. I’m not targeted with slurs, I’m not yelled at for being something I’m ‘not supposed to be.’” - C.H., 17**

Outside of school, in-person programs can be based in LGBTQ organizations or hubs such as religious buildings, libraries, and community health clinics, and often involve LGBTQ peers or families. Hatch Youth is one case: it provides free social time, consciousness-raising, and a youth-led peer support group four nights a week to 13- to 20-year-old LGBTQ youth. One study showed that Hatch Youth increased perceived social support, leading to depressive symptoms, higher self-esteem, and better coping skills.<sup>64</sup>

### Retreats and Summer Camps

Time-limited programs, such as retreats, can also be potent boosts for LGBTQ youth mental health. The CDC recognizes summer camps as one evidence-based intervention for helping youth build socioemotional skills.<sup>65</sup> Brave Trails, a one-to-two week summer camp for youth ages 12-18 in California and Maryland, found that campers experienced significant increases in self-esteem, hope, identity affirmation, and resilience,<sup>66</sup> as well as drops in symptoms of depression and anxiety.<sup>67</sup> Gender expansive youth in particular have reported being able to have social interactions they could not find otherwise.<sup>68</sup>

### Activism-Oriented, Somatic, and Expressive Arts Interventions

Arts, body-based, and activist programs are leading mental health interventions for LGBTQ youth, especially trauma survivors. To begin, arts programs are engaging for many LGBTQ youth because self-expression is a celebrated value in US LGBTQ culture and a key developmental goal for young people. They also build self-esteem and identity by helping youth connect, perform, redefine, and be who they are despite discrimination.<sup>69</sup> Arts programs can be done anywhere – for instance, a community-based mural project or a Hip Hop Therapy group in a juvenile detention facility. Another example is ReScripted – a theater, play, and movement-based

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pilot program by the Center for Trauma and Embodiment that improves trauma survivors' interoception, active choice-making, and self-regulation of behavior.<sup>70</sup>

Next, somatic (body-based) interventions are increasingly popular among professionals and survivors because of mounting evidence that they are uniquely effective in treating trauma. One example is Trauma Center Trauma-Sensitive Yoga, the leading-edge program of its kind. A 2022 pilot study showed that female survivors of military sexual trauma who did TCTSY experienced benefits sooner and were more likely to complete treatment than peers who used Cognitive Processing Therapy.<sup>71</sup> The Trauma Center is also currently researching the effectiveness of trauma-informed weight lifting with gender expansive people.<sup>72</sup> Due to the high rates of trauma and victimization among LGBTQ youth, these types of interventions should be given special attention when allocating resources and funding.

Finally, research shows that activism-based programming connects LGBTQ<sup>73</sup> and transgender youth<sup>74</sup> to a sense of community and purpose. Activism also directly meets three of SAMHSA's principles of LGBTQ trauma-informed care – Empowerment, Voice and Choice, and Cultural, Historical, and Gender Issues. Activism helps youth build personal resources for resilience, like self-pride and hope, as well as social resources, like community belonging.<sup>75</sup> It is also cathartic and can also be uniquely helpful for multiply-marginalized LGBTQ youth. For instance, research demonstrates that activism among LGBTQ women of color reduces the likelihood of feeling emotional distress about sexism.<sup>76</sup> It has also been shown to be a useful coping mechanism and source of meaning after sexual assault – which many LGBTQ youth, especially gender expansive youth, experience.<sup>77</sup>

At the same time, supporters should remember that activism does not always decrease anxiety or depressive symptoms, especially when it leads youth to take on more responsibilities, burn out, or feel hyper-aware of issues facing the community.<sup>78</sup> Thus, any activism-based programming for LGBTQ youth should avoid placing the burden of legislative, policy, and cultural change upon youth. Rather, adult decision-makers should keep primary responsibility for driving reform, tapping youth to be the guiding voices and supporters of these causes.

**“Thankfully, in my school, I've found one individual (social worker) that accepts me for who I am, and doesn't make any backhanded comments. It took me a year and a half of high school to find this wonderful person, who happens to only be an intern. Now, the school wants to keep them on the staff, but not pay them. They unfortunately can't afford this situation, and will therefore be leaving at the end of the school year... The school I attend does not care much, if at all, about mental health. I have never in my life seen so many suffering, confused, lost, hurting, troubled children in one place... more social workers/mental health professionals need to be employed by schools.”**

**- C.H., 17**

## Systemic Barriers to Care: Mental Health Stigma, MHP Burnout, and Low Compensation

Lack of access to mental healthcare has reached a crisis point for youth across the US. In 2021, SAMHSA found that around 60% of 12- to 17-year-olds who had a major depressive episode in the past year did not receive treatment. Meanwhile, in Massachusetts, in 2021, the Trevor Project uncovered that 53% of LGBTQ youth who wanted mental healthcare in the last year were not able to get it.



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Reasons for being unable to access care vary. In Massachusetts, LGBTQ youths' top five reported barriers include being afraid to talk about mental health with another person (43%); not wanting to get guardians' permission (40%); being afraid of not being taken seriously (32%); not being able to afford care (31%); and being afraid it wouldn't work (30%). Since many of these reasons relate to stigma and fear about care-seeking, reforms such as mental health literacy projects have high potential.

The severe shortage of MHPs – especially those who are LGBTQ and culturally competent – is another significant barrier to care; MHP trainees such as social work students often provide life-affirming mental health support in internships across Massachusetts. However, many are required to provide this unpaid labor for roughly half of the work week over two years in order to graduate – and pay increased tuition for these placements. Combined with already-high tuition, living costs, and loan interest rates, this financial burden mirrors the low wages and overwhelming caseloads that MHPs face after graduation. These conditions fuel high rates of burning out, turning over, and leaving the field entirely, as it is already difficult for MHPs to graduate, let alone find meaningfully-paid work. This is why the Commission recommends that allies advocate for policies which support MHP students in every stage of the school-to-workforce pipeline.

Finally, the health insurance system creates many barriers to care. The Mental Health ABC Act took vital steps toward reform, such as by guaranteeing coverage of annual mental health wellness exams, raising reimbursement minimums to mirror those of primary healthcare providers, and expanding access to mental health support in schools and the foster care system.<sup>79</sup> However, there is still a growing trend among MHPs to stop accepting insurance due to clawbacks, audits, lack of control over session length and content, and lengthy wait times for low reimbursement.<sup>80</sup> As a result, community mental health centers and clinicians who do accept insurance have increasingly long waitlists. Additionally, the traditional model of mental healthcare requires youth to commute to receive in-person, individual support from professionals with years of expensive training. This makes care inconvenient, slow, and harder to find – especially for youth with rural areas, childcare or work responsibilities, or non-affirming guardians. Supporters of LGBTQ youth should advocate for policies that support simplicity, patients' rights, fair compensation of MHPs, and greater access to insurance.

## Fund Direct Mental Healthcare in K-12/Higher Education, Juvenile Justice, and Child Welfare



**"FOR ME, THE ONLY OBSTACLE IN FINDING A MENTAL HEALTH PROFESSIONAL WAS AVAILABILITY. IT TOOK A WHILE TO FIND A THERAPIST WHO HAD THE AVAILABILITY TO TAKE ON A NEW PATIENT. SOMETHING THAT MAY HELP IS TO TRAIN INTERESTED PEOPLE ON MENTAL HEALTH ADVOCACY." - RONAN, 18**

Although it is vital for all LGBTQ youth to have access to mental health support in schools, not all youth attend school or feel supported by MHPs in school. Youth who are involved in juvenile justice and child welfare systems deserve specialized support. Starting with foster care, current and former foster youth have been vocal for decades about what they want and need.

First, foster youth have asked for foster families and child welfare professionals to be trained to be trauma-informed and LGBTQ-affirming. They have also advocated for agencies to adopt enforceable anti-discrimination policies and clearly communicate youths' rights and resources (such as DCF's foster child bill of rights). Further, many youth have named the systemic issues with "aging out" of services. This leads to many youth becoming unhoused and unsafe

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or defaulting to living in restrictive, often dehumanizing, and potentially re-traumatizing residential care settings.

The Commission's 2021 report, "LGBTQ Youth in the Massachusetts Child Welfare System: A Report on Pervasive Threats to Safety, Wellbeing, and Permanency," laid out detailed evidence-based recommendations for DCF to respond to systemic crises among LGBTQ youth in its care. Since the release of this report, the Commission and DCF have actively been working together to address the recommendations provided, with many of the recommendations since resolved, as detailed in the DCF- specific agency recommendations. In particular, DCF has been working to create a formal mechanism to identify affirming placements, since many gender expansive youth are only placed in homes after reaching their maximum length of stay in residential programs. Additionally, DCF has updated its congregate care contracts to ensure that their staff and policies are LGBTQ-competent and regularly ask youth how they can improve their services.

As for LGBTQ youth in the criminal legal system, UCLA's David Geffen School of Medicine recently put forth multiple recommendations that Massachusetts can follow. First, law enforcement agencies, courts, and detention facilities should all ensure that staff and policies are LGBTQ-affirming and trauma-informed, such as by ensuring youth of all ages can access gender-affirming clothing and care. Correctional agencies should seek funding to hire more affirming MHPs; communicate and implement policies for protecting LGBTQ youth from discrimination and harm; and provide virtual, trauma-relevant, and peer-based programs. Further, school districts should implement their own practices and policies to disassemble the school-to-prison pipeline, including crisis intervention protocol, training to recognize and respond to trauma, training and consequences for disciplining students according to (un)conscious bias, and resources for LGBTQ-affirming mentors and peer spaces.

Allies must also invest more resources in support for LGBTQ youth who are dependent on substances. In 2021, the Trevor Project found that over half of all LGBTQ youth had used alcohol in the last year, while almost a third had used marijuana and one in ten used prescription drugs that were not their own. LGBTQ youth who use substances are also significantly more likely to attempt suicide, while adolescent overdose rates across the US doubled between 2019 and 2021. The prevalence of substance use among LGBTQ youth makes it even more important to fund affirming, affordable, trauma-informed, and culturally responsive treatment options.

Yet when people in Massachusetts need support for substance use disorders, they may be met with judgment and criminal charges instead. For instance, when defendants relapse and fail court-mandated drug testing, they are often incarcerated, where they experience further trauma and receive non- evidence-based treatment.

Finally, because LGBTQ youth face many risk factors that can push them into crisis, hospitalization, and suicidality, allies should strongly advocate for more care options that are LGBTQ-affirming, affordable, and do not cause further trauma. On this front, congregate mental health support services in particular lack crucial funding. At present, it appears that there are only a few LGBTQ-specific partial hospitalization programs in Massachusetts (including Walden's virtual Rainbow Road Programs and HRI Hospital's Triangle Program), as well as one group home in New England (The Home for Little Wanderers' Waltham House, with a capacity of 12 youth.)

## Expanding Youth Access to Community-Based and Peer Support

Overall, while individual-based professional mental healthcare urgently deserves funding and reform, community-based programs can also significantly improve LGBTQ youth mental health. Given the high rates of lack of access to mental healthcare, decision-makers should invest in task-shifting to help more LGBTQ youth get support from their own peers and communities; task-shifting circumvents common barriers to care, like cost and long waitlists, by training laypeople and paraprofessionals to provide emotional support and psychoeducation. This allows more people to address stress and mental health concerns without having to wait to find an affordable therapist, preventing them from reaching a crisis point. Task-shifting has been evaluated in controlled studies of lay treatment of depression, anxiety, eating disorders, trauma, and alcohol dependency.<sup>81</sup>

One way that communities and decision-makers can begin task-shifting is to increase funding and resources for peer support work. Peer workers relieve the intense demand that mental health professionals face. It has been piloted with LGBTQ mental health peer advocates in rural areas.<sup>82</sup> The promotora model, where respected laypeople become health advocates in their own communities, is another powerful strategy for reducing stigma in a culturally relevant way. They can collaborate with social workers, medical professionals, teachers, and more, and often come from more isolated or marginalized communities, like rural, immigrant, or BIPOC-majority neighborhoods.<sup>83</sup>

Proud and Empowered, a small-group program, is an example of peer work in schools. The program provided a 10-session program for LGBTQ youth, but it also trained “popular” students to be allies in a 4-session leadership program, shifting the burden of changing school climate to students with privilege.<sup>84</sup> The first national review of peer and non-peer transition services makes useful recommendations about the needs and preferences of peer workers, including greater funding for coaching and training.<sup>85</sup>

Another way that schools and communities can task-shift is by hosting free mental health first aid trainings and mental health literacy campaigns. Mental health first aid teaches laypeople to recognize and intervene in mental health emergencies such as panic attacks and suicidal ideation; it has been shown to significantly decrease mental health stigma in parents.<sup>86</sup> Since reluctance about getting parental permission is a major reason why LGBTQ youth do not seek mental health care, decreasing community-wide mental health stigma is important.

## Optimize LGBTQ Youth Programming and Promoting Positive Youth Development

“The fact that there are organizations like [the Safe Schools Program for LGBTQ Youth] that want to help the world and fight for people's rights makes me happy for my future. Becoming more involved in the queer community also makes me feel hopeful about my future.” – Rosie, 16

Shifting focus from communities to organizations, the Commission urges decision-makers to allocate more funding to LGBTQ youth services. This includes funding LGBTQ-specific organizations as well as incentivizing community-serving organizations (such as places of worship, nonprofits, etc.) to host services and programs that improve the emotional well-being of LGBTQ youth and their families. Non-LGBTQ-specific youth programming can also be harnessed to provide support and early intervention for LGBTQ youth. Positive Youth Development (PYD) is one evidence-based intervention that taps into youths’ strengths, interests, and voices to improve emotional well-being in family, school, and community contexts.



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Preexisting school and community-based youth programs could be adapted to be LGBTQ-inclusive, since many of them already adhere to PYD. Examples include 4-H and Scouting.<sup>87</sup>

Elected officials in Massachusetts have a public health mandate to advance bills that defend LGBTQ youths' rights and well-being. In their 2021 policy brief, Fenway Health urged candidates and officials not to forget that their actions have a life-changing impact on LGBTQ youth.<sup>88</sup> In January 2021, the Trevor Project found that 3 in 4 LGBTQ youth follow news about issues that affect transgender people, 2 in 3 stated that debates about anti-transgender legislation have negatively impacted their mental health, and 3 in 5 felt afraid about the future.<sup>89</sup> Meanwhile, affirming policy can promote LGBTQ youths' mental health. School policy is one example: GLSEN found that students in schools with GSAs, positive curriculum about LGBTQ people, and more supportive school staff had higher self-esteem and lower levels of depression and suicidal ideation than peers who lacked these key supports.<sup>90</sup>

“I have been very impacted by the anti-trans and anti-LGBTQ legislation around the country, even though I live in MA. I have friends in dozens of states around the country. I've connected with a mother who lost her son to suicide in the past year due to fear of anti-trans legislation. This is a horrific reality to be living in, and many students' mental health is affected by current events and politics.”  
– Alia Cusolito, 17, Co-President of Queer Youth Assemble

## Suicide Prevention: Uplifting Queer Futures & Queer Joy

Despite the alarming suicidality rates among LGBTQ youth, there is still scarce research about how professionals can effectively support suicidal LGBTQ youth. However, it is broadly understood that anti-LGBTQ minority stress and trauma are linked to depression and PTSD, and these disorders are linked to suicidal ideation. In 2022, the Trevor Project found that more than 1 in 3 youth had experienced physical threats or harm based on their identities, and youth who were victimized attempted suicide at over twice as often as peers who were not.<sup>91</sup> Furthermore, hopelessness is a key ingredient for suicidality.<sup>92</sup> This is important because many of the recommendations in this report, like GSAs, summer camps, and activist programs, have been shown to increase hope. For instance, a recent study showed that GSAs foster hope by helping youth discover and work toward their goals, leading to less symptoms of depression and anxiety by the end of the year.<sup>93</sup>

“I think it's highly important that suicide prevention work doesn't solely entail expensive therapy or sending individuals to a hospital. These kinds of care are inaccessible at best and dangerous at worst.” – Alia Cusolito, 17, Co-President of Queer Youth Assemble

How can service providers improve services for suicidal LGBTQ youth? One study from 2021 sought out youths' insights. Participants shared that they were unaware that mental health resources already existed for them. They also wanted confidentiality for their suicidality and identities, clear visual signs of affirming attitudes, and emotional support from their caregivers about their identities.<sup>94</sup>

Despite the lack of research about LGBTQ-specific professional mental health support, it is clear that LGBTQ youth suffer when they live in families, schools, communities, and a society that erases, debates, and threatens them. Suicide prevention includes professional mental healthcare, but it is not limited to it. Protective legislation, supportive school policies, mental health literacy initiatives, comprehensively funded MHP and youth worker positions and programs, intersectional and trauma-informed services, and all the other interdisciplinary recommendations made in this report – these, too, are suicide prevention.

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**“There is no voice that is more powerful than the voice of queer youth. Their experience, their enthusiasm, their energy, it’s electric.” – Esmeé Silverman, Co-Founder of Queer Youth Assemblé**

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The above statement, made during the 2022 Massachusetts school walkout to protest anti-LGBTQ legislation in Florida and Texas, captures the spirit of resilience that LGBTQ youth cultivate in themselves and in one another. The power of youths’ interests, energy, and lived wisdom should never be underestimated. Although the statistics, the news, and the issues in this report may feel overwhelming, we remember that uncounted generations of LGBTQ people have always found ways to survive and thrive. This heritage is a cultural treasure that should be celebrated and drawn upon.

LGBTQ youth survive, heal, and thrive when they have supportive people as well as each other. Chosen family and peer support are resources to which LGBTQ people have always turned, and they continue to be effective interventions for mental health. On that note, even though LGBTQ youth face high levels of trauma and fear about the future, a wealth of research shows that factors like family acceptance, peer support, and relationships with supportive school staff can uplift youth mental health.<sup>95</sup> GLSEN found that when youth experienced discrimination or higher levels of in-person victimization, they were nearly twice as likely not to have plans to attend college or trade school.<sup>96</sup> On the other hand, in schools with inclusive curricula, protective anti-discrimination policies, and GSAs, students had higher self-esteem, less depressive symptoms, and were more likely to aim to pursue higher education. Supportive people, especially adults, will always be vital members of support networks for LGBTQ youth.

The Trevor Project’s 2022 National Survey concluded with a list of sources of joy for LGBTQ youth, from therapy and medication to laws that protect LGBTQ rights; from all-gender restrooms to hope and excitement for the future; from music and dance to video games and cooking. The personal and political are inextricably intertwined in mental health. As long as prejudice is traumatizing, LGBTQ joy is healing – and everyone has a part to play.

## Conclusion

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This report is a clarion call for supporters of LGBTQ youth across Massachusetts to collaborate on trauma-informed, anti-oppressive, and systemic ways to support LGBTQ youth mental health. The majority of youth in the Commonwealth are struggling with depression and anxiety and are unable to receive mental healthcare when they want it. At the same time, we celebrate all youths’ lived wisdom and intersectional strengths in the face of the everyday minority stressors they face, whether at home, in school, or on the TV. From increasing funding for mental health professionals and peer support programs across every setting to reforming structural access to mental healthcare and empowering community members to support one another’s mental health, decision-makers of all kinds have the influence – and the public health mandate – to make life-affirming, life-saving change.

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# COMMISSION ON LGBTQ YOUTH MENTAL HEALTH: AN UPWARD TREND



## ABOUT

The personal is political – and that includes mental health, too. Across the Commonwealth, LGBTQ youth mental health is in crisis. Last year, LGBTQ youth reported alarmingly high levels of depression, anxiety, suicidality, and trauma, yet most who wanted mental healthcare did not receive it.



## RECOMMENDATIONS

- 1** Fund more statewide research about mental health and suicide prevention treatment approaches for LGBTQ youth.
- 2** Promote services that address youths' intersectional identities, including race, ethnicity, immigration, ability, involvement in juvenile justice or foster care, and rural residence.
- 3** Support reforms of the mental healthcare and health insurance systems.

# 1 IN 2

Massachusetts LGBTQ youth were unable to access mental healthcare

# 71%

Massachusetts LGBTQ youth experience anxiety

# 11%

of Massachusetts LGBTQ youth attempted suicide in the past year





# Addressing Pediatric Health

## Introduction

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*(first published in FY 2024 Annual Recommendations Report, minor updates made to bring current to FY 2025)*

The history of LGBTQ pediatric health is plagued by stigma, discrimination, and violence, and LGBTQ youth in the Commonwealth continue to face numerous challenges in accessing quality, culturally competent healthcare. With the proliferation of anti-trans legislation and stigma that has swept across the nation, it is undeniable that the access of LGBTQ children to appropriate and affirming health care has significantly decreased, even in Massachusetts. It is imperative that the Commonwealth continue to address priority needs identified in subsequent sections of this report, while also prioritizing addressing the multiple forms of oppression often experienced by individuals in uniquely adverse situations.<sup>1</sup> The Commonwealth must address the social inequities that create health disparities amongst marginalized and underserved communities, focus on social determinants of health, and move away from an individualistic model of care. Republishing from its FY 2024 report, the Commission dedicates this health section to research and recommendations in the specific areas of pediatric health, or the health care of youth under 18.

## FY 2025 Recommendations to the Governor and Legislature on Pediatric Health

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### **1. Invest in access to culturally competent LGBTQ healthcare in rural and underserved communities.**

The Commission recommends that the state continue to invest in and broaden access to affirming healthcare for LGBTQ youth across the state, particularly in rural and underserved communities. Given the national attacks against gender-affirming care, it is likely that Massachusetts will see a significant increase in out-of-state patients needing gender-affirming care services - with LGBTQ youth in Massachusetts already struggling to access facilities with long wait times or high costs, it is essential that Massachusetts invest in building capacity for LGBTQ healthcare across the state. Furthermore, the Commission recommends that the Commonwealth make a systemic investment in telehealth services and create parity in primary care telehealth insurance reimbursement.

### **2. Invest in substantial community-based, participatory, action-oriented research with non-white LGBTQ youth to better understand the needs of this population and improve SOGIE data collection standards.**

Comprehensive research on the needs of underserved youth is essential to better understand needs and gaps in service provision. The Commission urges decision-makers to invest in new community-based research and needs assessments that prioritize the experiences of QTBIPOC youth, families, and

providers across the state. Through this outreach, these partnerships can engage sustainable participation, and ultimately create long-lasting, community-driven interventions.<sup>2</sup>

The Commission further recommends that the state advances its SOGIE data collection practices to take a broader understanding of the disparities in healthcare. The lack of standardized data collection practices has resulted in a failure to understand the impact of the pandemic among LGBTQ communities.<sup>3</sup> More inclusive data collection, including inclusive electronic health records (EHRs), can be lifesaving.<sup>4</sup> The Governor's office can also learn from the recently released Federal Evidence Agenda on LGBTQ Equity that represents an important step forward in collecting SOGI data.<sup>5</sup>

**3. Improve research on intersex youth communities and prohibit non-consensual unnecessary medical interventions on minors.**

There is a significant and concerning lack of information at the state level about the experiences of intersex youth in healthcare spaces. As some intersex youth identify with the LGBTQ community, the Commission urges the Commonwealth to increase its research efforts to better understand the unique needs of intersex youth. Additionally, the Commission strongly recommends that the state prohibit the non-consensual practices of performing medically unnecessary surgeries on intersex infants to reconstruct genitalia, except for when emergency intervention is necessary. By postponing non-consensual surgeries, minor patients are more able to fully participate in decision-making around their own bodies at a later date.<sup>6</sup>

**4. Expand coverage of gender-affirming care and increase reimbursement to incentivize care.**

There are multiple tenets of gender-affirming care; as defined by the World Health Organization, gender-affirming care includes social, psychological, behavioral, and medical interventions that affirm a patient's gender identity and expression. Therefore, gender-affirming care coverage should include, though not be limited to, hair removal, voice therapy, and increased access to family-building services. Furthermore, the Commission recommends that the Commonwealth consider codifying the provisions of the 2021 DOI Bulletin<sup>7</sup> prohibiting discrimination in health insurance on the basis of gender identity and gender dysphoria, with the addition of a private right of action.

**5. Dedicate funding to address intimidation and violence towards healthcare workers and healthcare centers.**

Given the alarming rise in security threats against gender-affirming pediatric providers, including Boston Children's Hospital, the Commission recommends that state agencies and organizations collaborate to establish clear and specific guidance for youth, families, and providers. The guidance should include what communities and facilities can do when threatened; a clear pathway for providers of LGBTQ health care to be protected by the state; and investigation and prosecution of those who engage in cyber-harassment or cyberterrorism.

**6. Integrate gender-affirming health care into the modern health care environment, and combine with primary care, mental health, and community services.**

As discussed throughout this section on pediatric health, access to gender-affirming care and capacity for existing facilities is limited, thus the state must examine ways to integrate gender-affirming health care into the modern health environment. The Commission recommends that, instead of being relegated to specialty clinics, pediatric providers and clinicians in all facilities should be trained to provide gender-affirming care. In tandem with this, there must be more resources and education devoted to the pursuit of better care for neurodiverse individuals who are more likely to identify as LGBTQ. Furthermore, the Commission recommends that primary care, mental health, and community services be integrated under one roof, in line with the medical home model that many integrated LGBTQ health centers have begun to adopt. While much of the funding for LGBTQ health has been focused on STI screening, prevention, and treatment, more can be done to focus on the holistic needs of the LGBTQ community. This includes hiring more diverse clinicians and investing in a trauma-informed work environment.

### Research: Protecting LGBTQ Youth Pediatric Health

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When strategizing and developing policies and programs to address health disparities for LGBTQ youth across the Commonwealth, it is essential to understand that the experiences of LGBTQ youth are shaped by the intersections of multiple aspects of their identities, and that addressing the issues they face requires a holistic and intersectional approach.

In particular, the experiences of youth in health care spaces can vary; QTBIPOC youth, intersex youth, youth with disabilities, and undocumented youth can often have differing experiences than may be experienced by their peers, impacting their overall well-being in Massachusetts. As discussed in depth throughout this annual report, QTBIPOC youth often face additional barriers and discrimination due to the intersections of their sexual orientation or gender identity with their race or ethnicity. Additionally, QTBIPOC over the age of 18 report experiencing higher rates of healthcare discrimination and increased difficulty accessing care,<sup>8</sup> though there is little to no research examining this disparity in the pediatric populations.

LGBTQ youth with disabilities often experience greater health disparities than non-disabled LGBTQ youth, including higher rates of depressive symptoms and lowered self-esteem,<sup>9</sup> or may face communication difficulties, or increased stigmatization and discrimination. For example, research has shown that gender dysphoria is significantly more common in children with autism spectrum disorder,<sup>10</sup> and neurodivergent LGBTQ youth may experience difficulty in communicating with others, including their healthcare providers, about their gender identity.<sup>11</sup> Many youth who are able to communicate about their gender identity report not being believed due to their autism.<sup>12</sup>

Immigration status can also be an important aspect of intersectionality for LGBTQ youth, as they may face additional barriers and discrimination due to their status as immigrants or the children of immigrants. As highlighted in a subsequent section, undocumented youth lack appropriate access to

health insurance coverage and may avoid health care facilities even when needed. Additionally, sexual minority immigrants are more likely than their heterosexual counterparts to report financial-related barriers to care and unmet mental health needs.<sup>13</sup>

Furthermore, LGBTQ youth experience unique challenges within the child welfare system, including a lack of placement options.<sup>14</sup> Until 2021, the Massachusetts Department of Children and Families lacked a clear policy on gender-affirming care. Prior to this policy, many transgender youth in DCF's care reported being denied access to providers to diagnose gender dysphoria, and experiencing delays in accessing gender-affirming care.<sup>15</sup> It remains to be seen if these updated policies have succeeded in decreasing barriers to care in this vulnerable population, but, as discussed in the agency recommendations below, the Commission continues to work with DCF and youth in the child welfare system to better understand areas of improvement and success.

As discussed throughout this annual report, once in the child welfare system, youth face an increased risk of entering the juvenile justice system, known as the foster-care-to-prison pipeline.<sup>16</sup> Nationally, a brief from the Center for American Progress found that gay and transgender youth are disproportionately represented in the juvenile justice system, and the majority of these youth are Black or Latino.<sup>17</sup> This research showed that LGBTQ youth were more likely to experience factors that place youth at risk of entering the juvenile justice system, including family conflict, child abuse, and homelessness. Additionally, LGBTQ youth face the threat of being placed in restrictive settings due to their sexual orientation and gender identity. A 2009 study found that LGBTQ youth in the juvenile system experience difficulties accessing culturally competent mental healthcare,<sup>18</sup> but little research has been done on the topic since. In Massachusetts, LGBTQ youth are reported to make up approximately 6% of youth in the Department of Youth Services' custody, and DYS has enacted several policies over the years to better address and improve access to essential health care for youth in the juvenile justice system.

Many intersex youth also identify as LGBTQ, though research on intersex individuals is severely lacking, and research on intersex youth in pediatric spaces even more so. Existing research shows that many intersex youth face difficulty communicating with healthcare professionals about their specific needs,<sup>21</sup> and are often kept in the dark about their intersex status by providers and caregivers.<sup>22</sup> As a result, many intersex individuals report high rates of healthcare avoidance and thus poorer physical and mental health outcomes.<sup>23</sup> As discussed above, intersex youth are often subject to non-consensual medical interventions to alter their genitalia as infants,<sup>24</sup> a practice that is condemned by the United Nations,<sup>25</sup> and closer to home, by the Massachusetts Medical Society.<sup>26</sup> Intersex youth are also more likely than non-intersex LGBTQ youth to report experiencing suicide ideation and are also more likely to have undergone conversion therapy.<sup>27</sup> Significantly more research needs to be done in this area to better understand the challenges experienced by this subgroup of youth.

## Social Determinants of Health

The World Health Organization defines social determinants of health as non-medical factors that influence health outcomes.<sup>28</sup> These factors can include economic stability, education, geographical location, and discrimination and trauma. As members of marginalized and underserved communities, LGBTQ youth, particularly QTBIPOC youth, are more likely to experience health disparities linked to social determinants of health. For example, LGBTQ individuals on average experience higher rates of poverty than their cisgender counterparts.<sup>29</sup> This economic instability may in part be linked to high rates of homelessness among LGBTQ youth, which is often caused by running away or being kicked out of their homes due to caregiver rejection.<sup>30</sup> LGBTQ youth also report high levels of trauma exposure; in one study, 43% of LGBTQ youth reported experiencing multiple adverse childhood experiences (ACEs), and pansexual, transgender and gender-nonconforming, American Indian/Native American, Latinx, and rural youth were more likely to report a higher number of ACEs.<sup>31</sup>

LGBTQ youth also face social stressors outside the home. As discussed throughout this report, and particularly in the education section, LGBTQ youth who experience discrimination and bullying in schools are more likely to experience suicidal ideation, and physical, mental, and emotional health disparities.<sup>32</sup> This is consistent with the minority stress model, which explains that minorities experience social stressors which accumulate over time, leading to poorer health outcomes.<sup>33</sup> However, education can typically serve as either a source of stress or a protective factor. In a recent study of LGBTQ students in Massachusetts, students reported experiencing verbal, social, and physical bullying, but school health professionals in turn reported a low awareness of this bullying.<sup>34</sup> In a separate study, LGBTQ students reported concerns related to the sexual violence against and harassment of transgender students, and racism directed towards students of color; students identified access to safe bathrooms, information on gender transition, and access to safe spaces as priorities. One example given of an existing safe space was the school nurse's office, suggesting that school nurses may play a key role in addressing LGBTQ student health needs.<sup>35</sup>

In addition to education, other socioeconomic factors can influence a child's access to safe spaces and resources. Research has established an association between community size and resources for sexual and gender minority youth, with larger metropolitan areas having more resources. Conversely, LGBTQ youth in suburban and rural areas expressed a need and desire for more spaces to socialize and meet other LGBTQ youth.<sup>36</sup> In particular, rural LGBTQ youth experience higher rates of depressive symptoms and PTSD compared to their urban peers due to heightened levels of minority stress.<sup>37</sup> Despite the clear need for competent health services, rural youth typically lack access to competent and affirming health care because of the general shortage of healthcare professionals in rural areas. This shortage is particularly acute for LGBTQ specialty services, which are often located in larger cities, an example clearly seen by the locations of LGBTQ organizations, programs, and services in Massachusetts.

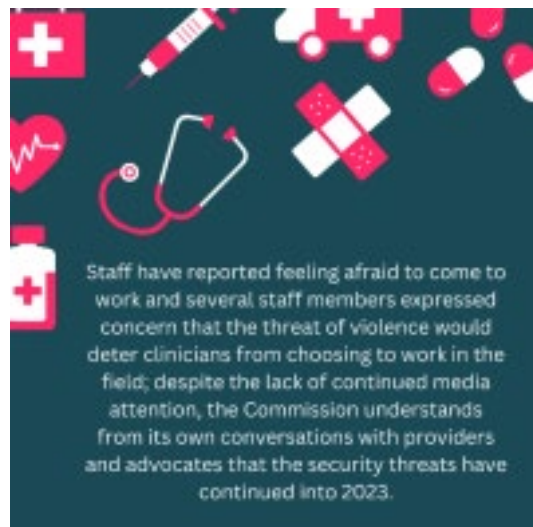
One method for bridging this gap is telehealth, which has been shown to expand access to LGBTQ health in rural areas.<sup>38</sup> Telehealth has also proven to be a high-quality strategy for pediatric health access and can be delivered in nontraditional settings such as schools and community centers.<sup>39</sup> A

study of rural parents of children with special health needs found that parents using telehealth were less likely to experience common barriers to health access, such as traveling over an hour for appointments or missing work.<sup>40</sup> A pediatric gender-affirming clinic reported that telehealth increased access to care during the COVID-19 pandemic, and that many patients continued to request telehealth appointments even after social distancing guidelines were relaxed.<sup>41</sup> Despite concerns that telehealth could raise healthcare costs and claims by insurance companies that telehealth lowers costs, preliminary research shows that telehealth is cost-neutral in that it does not reduce operating costs.<sup>42</sup>

## Health Care Access and Quality

Access to competent, culturally sensitive healthcare remains a pressing issue for LGBTQ youth.<sup>43,44</sup> Many healthcare providers do not feel informed about the specific health needs of the LGBTQ community,<sup>45</sup> and report receiving little to no training on the topic of LGBTQ youth.<sup>46</sup> A 2021 report from the Center for American Progress noted that, in the last year, one-third of transgender respondents reported having to teach their doctor about transgender people in order to receive adequate care.<sup>47</sup>

In addition to primary care, LGBTQ youth also struggle to access critical mental health care. In 2016, the American Psychological Association reported that most states had less than half the necessary number of public psychiatry beds, and that only 21% of children and adolescents received necessary mental health care due to a lack of mental health facilities.<sup>48</sup> The report detailed youth waiting in emergency rooms until inpatient psychiatric beds become available, the shortage of psychiatric care for youth in general, and how these system deficits leave many youths untreated and families without help. Adding to the crisis, the demand for psychiatric beds increased sharply during the COVID-19 pandemic.<sup>49</sup> This issue is especially pressing for LGBTQ youth, who are significantly more likely to attempt suicide than their heterosexual peers,<sup>50</sup> and transgender and intersex youth in particular, who face unique risk factors that lead to an increased risk of suicide.<sup>51</sup>



Despite the illegality of automatic, categorical exclusions of transgender care,<sup>52</sup> many LGBTQ youth and caregivers report experiencing insurance exclusions when accessing care.<sup>53</sup> A 2019 Pennsylvania study found that 47% of surveyed insurance plans contained at least one transgender-specific exclusion policy, and 33% flagged or denied coverage based on gender markers.<sup>54</sup> More research needs to be done to examine how LGBTQ youth in Massachusetts are being impacted, and what additional insurance barriers exist beyond exclusions, such as prior authorizations and denials.

Further barriers in Massachusetts include safety in healthcare facilities. In the last several years, security has emerged as a serious threat to pediatric gender-affirming care spaces. In August 2022,

Boston Children's Hospital began receiving daily death threats, bomb threats, and hate mail because of a right-wing Twitter account that falsely accused the hospital of performing hysterectomies on children.<sup>55</sup> Staff have reported feeling afraid to come to work and several staff members expressed concern that the threat of violence would deter clinicians from choosing to work in the field; despite the lack of continued media attention, the Commission understands from its own conversations with providers and advocates that the security threats have continued into 2023.

At every level - local, state, and federal - youth, families, educators, and providers have continued to endure online harassment and threats into 2024. As highlighted throughout this annual report, the rights of LGBTQ youth - particularly those who are BIPOC, trans and gender expansive - are under attack across the country, and even in Massachusetts. In 2023, at least 31 states considered legislation banning gender-affirming care, with 13 states passing legislation,<sup>56</sup> and lawmakers introduced 633 bills specifically targeting transgender communities. This trend has exploded into 2024; as of mid-May, 515 bills have been introduced targeting LGBTQ youth from prohibiting gender-affirming care to preventing teachings of gender, sexuality, and race in schools.<sup>58</sup>

The constant barrage of attacks and anti-trans and anti-Black rhetoric has had profound implications for transgender and gender expansive youth and youth of color who are coming of age in an atmosphere of fear, anxiety, and violence. Many transgender and gender expansive youth, even in Massachusetts, report feeling concerned that their state or local areas will pass anti-transgender legislation, and this fear is linked to higher rates of depression, anxiety, and PTSD.<sup>59</sup> Exposure to debates surrounding anti-trans legislation has been linked to poor mental health in trans youth and crisis hotlines, like the Trevor Project, have reported a 150% increase in calls over the last year.<sup>60</sup>

In 2022, Massachusetts Governor Charlie Baker signed a law defining the legality of and protections for gender-affirming care in Massachusetts; the law also protected providers and patients from legal action from other states.<sup>61</sup> This is one of the most robust LGBTQ laws Massachusetts has passed to date, as it declares that gender-affirming care is legally protected healthcare, regardless of the patient's location. Certain states, like California, have gone further, introducing legislation to support transgender youth and families fleeing states with anti-transgender policies, laws, and pending legislation.<sup>62</sup> The Commission strongly recommends that the Massachusetts legislature explore further legislation to protect LGBTQ youth and their families fleeing to Massachusetts, which has already begun to occur.

As highlighted above, despite gender-affirming care being a right in Massachusetts, patients continue to face barriers that include insurance exclusions, inconsistent coverage, wrongful denials of care, burdensome prior authorization processes, and low reimbursement rates leading to less economic incentive to provide this care.<sup>63</sup> Barriers for patients enrolled in MassHealth include many specific areas related to hair removal, surgery, and voice therapy - with many policies out of step with World Professional Association for Transgender Health (WPATH) Standards of Care.<sup>64</sup>

## Affirming Care Model

Gender-affirming care has been shown to be lifesaving for children, reducing the incidence of suicidality and increasing access to healthcare services. Just as diabetes clinics were once separate and specialized clinics, so too does gender-affirming care remain largely isolated to specific clinics.<sup>65</sup> However, the history of gender-affirming care is one that is increasingly moving from urban academic institutions to mainstream primary care and medical home settings. Numbers of trans-competent or gender-affirming providers have been slowly but steadily increasing over time, particularly in states like Massachusetts.<sup>66</sup> Moreover, the vast majority of trans and gender expansive youth who socially transition do continue to identify in their affirmed gender.<sup>67</sup> Unfortunately, despite this increase in access, many barriers to care remain including financial access, insurance coverage, lack of availability, and individuals' fears. Many youth and caregivers also report systemic barriers including bias, discrimination, and lack of provider education.<sup>68</sup>

An affirming-care-model is one that affirms the child and their identity, leading by listening to the patients' and the family's needs, and creating a team of support and guidance to provide information, options, and clinical expertise. Importantly, an affirming model removes judgment and barriers to culturally sensitive care, meeting the individual where they are and delivering basic clinical competencies.<sup>69</sup> A 2021 study in New England conducted qualitative interviews with healthcare providers and transgender and gender-nonconforming adults, where community members emphasized the importance of integrated mental and physical health.<sup>70</sup>

Moreover, if you are not counted, you will not count.

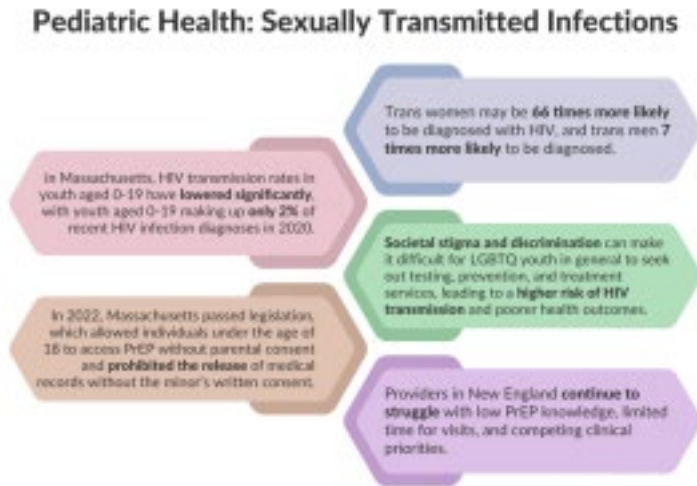
The lack of existing guidelines for collecting sexual orientation and gender identity (SOGI) data in the pediatric population remains a profound issue. Additionally, there are currently no standardized guidelines for the collection of intersex data. When SOGI and intersex data is not collected, policymakers, agencies, and organizations do not have a complete understanding of the patient population, limiting the ability of providers to deliver specialized care to LGBTQ individuals. Recent recommendations for collecting SOGI data published in New England take into consideration children's developmental stages, the role of caregivers, and the need to protect the privacy of this information.<sup>71</sup>

## Reproductive Health

Fertility preservation and family-building remain priority issues in the care of LGBTQ adolescents. Current guidelines for the care of transgender and gender-diverse adolescents and young adults recommend discussing potential fertility impairment and fertility preservation options with youth and their caregivers prior to the initiation of certain gender-affirming treatments.<sup>72, 73</sup> Despite this guidance, provider knowledge and referral practices vary widely, resulting in inconsistent experiences in fertility counseling.<sup>74,75</sup> However, research has demonstrated that many transgender adults express a desire to have a child and are interested in biological parenthood.<sup>76</sup> Despite this, fertility preservation rates remain low among transgender youth; a 2017 review of medical records at a pediatric academic



center found that only 2 out of 72 patients engaged in fertility preservation, even when counseling was offered.<sup>77</sup>



Many barriers exist for transgender individuals who desire fertility preservation, including the cost of treatment, having to delay hormonal therapy, fear of invasive procedures, concern about the attitudes of medical staff, and the unavailability of procedures locally.<sup>78,79,80</sup> Additionally, the lack of insurance coverage for fertility preservation remains a major barrier. LGBTQ young adults may not immediately see the possibility of building a family when they do not see themselves

reflected in adults and family structures around them. When discussing family planning with LGBTQ youth and their caregivers, providers should discuss the various options available, such as surrogacy, adoption, assisted reproduction, or co-parenting. Providers should also ensure that youth understand that testosterone is not a form of birth control, and that transgender men and nonbinary individuals may still become pregnant while on testosterone. This counseling is especially important since LGBTQ youth may be at an increased risk for teenage pregnancy.<sup>81</sup>

### Sexually Transmitted Infections (STIs)

In a recent national 2021 HIV study of youth over 18, the risk of HIV for LGBTQ youth is still much higher compared to their non-LGBTQ peers, especially among young gay and bisexual cisgender men and transgender women.<sup>82</sup> Furthermore, trans women may be 66 times more likely to be diagnosed with HIV, and trans men 7 times more likely to be diagnosed. These disparities are likely due to a few factors, including stigma and discrimination, lack of access to comprehensive sexual health education and resources, and higher rates of risky behaviors such as unprotected sex and injection drug use. Fortunately, in Massachusetts, HIV transmission rates in youth aged 0-19 have lowered significantly, with youth aged 0-19 making up only 2% of recent HIV infection diagnoses in 2020.<sup>83</sup>

Unfortunately, it is still important to note that societal stigma and discrimination can make it difficult for LGBTQ youth in general to seek out testing, prevention, and treatment services, leading to a higher risk of HIV transmission and poorer health outcomes. Many LGBTQ youth do not ask for sexual health information or discuss their sexual orientation with their provider because of a concern that the provider would disclose this information to their caregiver.<sup>84</sup> Privacy concerns also affect access to pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), which are HIV medications that

reduce the risk of HIV transmission. LGBTQ youth face privacy risks when accessing PrEP, such as having an explanation of benefits sent to their caregiver, which could potentially out them before they are ready.<sup>85</sup>

In 2022, Massachusetts passed legislation, fulfilling a previous recommendation from the Commission, which allowed individuals under the age of 18 to access PrEP without caregiver consent and prohibited the release of medical records related to PrEP without the minor's written consent.<sup>86</sup> Despite this increase in access, there remains the risk of low adherence demonstrating the need for culturally tailored follow up efforts and assistance with the structural barriers to health experienced by LGBTQ youth, especially young transgender women.<sup>87</sup> Moreover, providers in New England continue to struggle with low PrEP knowledge, limited time for visits, and competing clinical priorities.<sup>88</sup>

## COVID Pandemic

The ongoing COVID pandemic and containment measures, such as stay-at-home orders and remote learning, have exacerbated existing mental health disparities in the LGBTQ community. According to the Trevor Project, 70% of LGBTQ youth stated that their mental health was poor during the pandemic.<sup>89</sup> This was partially attributed to being confined in homes with families who were not aware or supportive of their gender identity. Research has shown that suicide and depression rates for LGBTQ youth with unsupportive family members are much higher than peers with supportive families.<sup>90</sup>

COVID-19 also worsened existing socioeconomic stressors and caused disruptions in physical and mental health services.<sup>91</sup> LGBTQ people, in general, are more likely to suffer from chronic conditions, substance abuse disorders, breast cancer, certain sexually transmitted diseases, and certain cancers.<sup>92</sup> 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.<sup>93</sup> 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.<sup>94</sup>

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## PEDIATRIC HEALTH

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COMMISSION ON LGBTQ YOUTH

# PEDIATRIC HEALTH



## ABOUT

The history of LGBTQ pediatric health is plagued by stigma, harm, and discrimination. Across the Commonwealth, LGBTQ youth continue to face numerous challenges in accessing quality, culturally competent healthcare, including a lack of affordable and inclusive services.

It is imperative that the Commonwealth continue to address priority needs and work on centering intersectionality with an eye on the multiple forms of oppression often experienced by individuals in uniquely adverse situations. Importantly, intersectionality recognizes the intertwined, inequitable social systems that create disease and disparities.

## RECOMMENDATIONS

- 1** Invest in access to culturally competent LGBTQ healthcare in rural and underserved communities.
- 2** Improve research on intersex youth communities, and prohibit non-consensual unnecessary medical interventions on minors.
- 3** Expand coverage of gender-affirming care and increase reimbursement to incentivize care.

## LEGISLATION

S. 596/H.1037: Trans-Inclusive Health Care Access



# 33%

of insurance plans flag or deny coverage based on gender markers

# 70%

of LGBTQ youth say their mental health was poor during the COVID-19 pandemic

# 510

Bills as of 2023 target LGBTQ youth across the nation, including banning gender-affirming health care





# Broadening Pregnancy and Gynecological Health

## Introduction

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*(first published in FY 2024 Annual Recommendations Report, minor updates made to bring current to FY 2025)*

This report provides background information and literature regarding issues that fall under the umbrella of pregnancy and gynecological health related to LGBTQ youth. The information details healthcare services such as gender-affirming care, contraceptives, fertility treatments, and abortion discussed in relation to LGBTQ youth and the general LGBTQ population. Background on menstruation and pregnancy is detailed below to capture the inequities LGBTQ youth and the general LGBTQ population experience with these two biological functions. Maternal mortality is also a topic of discussion as there is a lack of universal data collection on maternal deaths for LGBTQ birthing people.

The second part of this report demonstrates Massachusetts' efforts in expanding reproductive health care that could improve pregnancy and gynecological outcomes for LGBTQ youth and where some policies fall short. Healthcare coverage is an essential component that can provide LGBTQ youth patients access to healthcare providers and facilities. This is crucial for LGBTQ birthing people who need healthcare access during pregnancy and post-partum. LGBTQ youth may experience infertility due to hormone therapy or may not be able to conceive with a partner who is the same sex or has the same reproductive anatomy. Expanding access to fertility treatments for LGBTQ individuals assigned female at birth furthers reproductive rights for those who do not fall under the heteronormative ideals of what a "mother" or parent should be. For LGBTQ youth, doula services can provide a wide range of support whether it be for pregnancy-related reasons, abortion support, and even gender-affirming healthcare support. LGBTQ youth also deserve access to abortion care, birth control access, and access to menstrual products and the Commonwealth has the opportunity to further expand access through legislation.

## FY 2025 Recommendations to the Governor and Legislature on Pregnancy & Gynecological Health

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### **1. Improve SOGI data collection efforts across state services as it relates to pregnancy service needs and mortality rates.**

As discussed throughout this section, there remains a critical lack of SOGI data collection as it relates to pregnancy and abortion services, as well as mortality rates for birthing people. Without this information, it is difficult to accurately capture the experiences of LGBTQ individuals across the state who seek reproductive health care. The Commission recommends that agencies explore ways to include SOGI data collection where appropriate to better understand the need for LGBTQ-inclusive health care in all areas.

**2. Create and fund community birthing centers across the Commonwealth and increase access to culturally competent doula services.**

In a 2022 national poll from the American Association of Medical Colleges, 51% of LGBTQ birthing people reported that the quality of their birthing experiences was negatively impacted by bias or discrimination.<sup>1</sup> For many people, birthing centers provide a more comfortable space for people with low-risk pregnancies to give birth, especially for transgender or gender expansive people who may be more likely to face discrimination in a hospital setting. In Massachusetts, only one community birthing center currently exists - [Seven Sisters Midwifery & Community Birth Center](#) - and, though the Commission is pleased to note that the center offers gender-affirming care, there remains a great need for more community birthing centers across the state. The Commission recommends that the Commonwealth invest in community birthing centers across the state to alleviate medical costs and health inequities for all birthing people across the state. The Commission urges the legislature to pass *An Act Relative to Birthing Justice in the Commonwealth (S.1415)*, which would introduce a framework to better address health inequities faced by birthing people across the state.

Furthermore, the Commission urges legislators and agencies to expand access to affirming doula services across the Commonwealth. As discussed later in this section, doulas can alleviate health inequities and provide greater physical, emotional, and informational support for birthing people, particularly for Black LGBTQ birthing communities who face greater health risks, bias, or discrimination when birthing in hospital spaces. Additionally, the Commission recommends that the Commonwealth expand its approach to doula services and consider investing in gender doulas to provide transition support for trans and gender expansive communities.

**3. Expand LGBTQ cultural awareness, anti-bias, and racial equity trainings for public hospital providers and staff.**

Given the alarming disparities and structural racism faced by Black birthing people in Massachusetts, the Commission strongly recommends that the Commonwealth explore the expansion of mandated trainings to reduce incidents of discrimination, bias, and racism faced by LGBTQ and BIPOC individuals across the state. Agencies should examine professional development practices where relevant in public hospitals and facilities to ensure that medical providers and staff are receiving frequent and mandatory opportunities for LGBTQ cultural awareness, anti-bias, and racial equity trainings.

### Research: LGBTQ Youth and Healthcare Access

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Pregnancy and gynecological healthcare have typically been framed as a heterosexual cisgender “women’s rights” issue, but many LGBTQ people such as lesbians, bisexual women, transgender men, Two-Spirit, intersex, nonbinary and gender nonconforming individuals use contraception, have the capacity to carry pregnancy, experience miscarriages, and choose to get abortions. While LGBTQ people often explore numerous paths to parenthood, this report focuses on the experiences of people with the capacity for pregnancy and need for affirming-gynecological care in the Massachusetts healthcare system.

## PREGNANCY & GYNECOLOGICAL HEALTH

Research has shown that LGBTQ people face systemic and individual barriers to accessing health care.<sup>2</sup> LGBTQ individuals are more likely to be underinsured and uninsured, making cost a major barrier to accessing health care. This is especially true for transgender and nonbinary individuals. According to the 2015 U.S. Transgender Survey, a third of respondents could not afford healthcare services when they needed them; transgender people of color, including multiracial, American Indian, Black, and Latinx respondents were more likely to not have seen a healthcare provider in the past year due to cost.<sup>3</sup> LGBTQ immigrants face multiple barriers to healthcare access due to their citizenship status and sexual orientation or gender identity. In the U.S. it is estimated that 22% of the LGBTQ population is undocumented,<sup>4</sup> though there is no current empirical data on the percentage of undocumented LGBTQ individuals in Massachusetts. Undocumented LGBTQ individuals may have an additional layer of difficulty when trying to access healthcare through Medicaid and other public programs, leading to not having unmet healthcare needs. Transgender adolescents and youth are further disadvantaged, as they might rely on their parents for insurance coverage. This could be problematic if their parents or guardians lack health care coverage due to economic reasons, or if their parents are unsupportive of their sexuality and gender identity, thus cutting off a trans youth's access to insurance coverage.

Although the reproductive health care needs of LGBTQ individuals assigned female at birth are similar to cisgender, heterosexual individuals, LGBTQ people still have unique needs in regards to reproductive health care and face barriers when pursuing care.<sup>5</sup> When actually attempting to access health care services, studies have shown that LGBTQ youth had negative experiences with primary health care providers.<sup>6</sup> Discrimination, or the potential for discrimination in healthcare settings, deters LGBTQ individuals from seeking healthcare due to past experiences with being misgendered, mistreated for their sexuality or gender identity, or being denied healthcare services that are related to their gender transition.<sup>7</sup> Transmasculine youth of color have reported experiencing cissexism, heterosexism, and racism when accessing and utilizing reproductive health services, particularly gynecological health care.<sup>8</sup> Studies have shown that primary care providers are less likely to discuss birth control with LGBTQ youth patients,<sup>9</sup> thus showing how healthcare providers approach LGBTQ patients through a heteronormative lens and assuming that contraceptives are only necessary for people who engage in primarily heterosexual relations.

### Gender-Affirming Health Care

Transgender, nonbinary, and gender-nonconforming patients who have retained their reproductive organs including the cervix, uterus, one or both fallopian tubes and/or ovaries require routine gynecological care. This includes standard sexual reproductive care such as contraception counseling, reproductive health education, breast, and gynecological cancer screenings, STI testing, and menstruation management. Breast exams are also part of gynecological care. For transmen and gender diverse patients who underwent top surgery to remove their breasts, they may still need chest exams as they could still be at risk for breast cancer. The LGBTQ community is not a monolithic population and youth within this community have different needs and experiences with accessing reproductive and sexual healthcare. All people who are capable of becoming pregnant, including queer women, transmasculine people, and nonbinary people may need full spectrum pregnancy care, family planning, and abortion care.

## PREGNANCY & GYNECOLOGICAL HEALTH

Intersex people also need gender-affirming health care. It is important to note that people born with variations in their sex characteristics may or may not identify as intersex or as part of the LGBTQ community, but their reproductive and gynecological healthcare needs may be similar to transgender and gender non-conforming patients in that they may have a gender identity that does not correspond with the sex they were assigned at birth. Intersex patients also experience barriers when accessing gender affirming healthcare and reproductive healthcare based on the fact that they have sex characteristic variations that transcend typical notions of female and male bodies.<sup>10</sup> Sex characteristic variations may occur in the chromosomes, external genitalia, gonads, hormone production, hormone responsiveness, internal reproductive organs, or any combination of these, among others. People born with variations of sex characteristics that do not fit the gender binary may be subjected to unnecessary medical procedures and surgeries without their consent, usually when they are children thus not being able to consent to these procedures. There is no evidence demonstrating the benefits of cosmetic surgeries and genital surgeries on intersex children.<sup>11</sup>

survey found that 6% of transgender and gender-diverse individuals residing in rural areas across five northeastern states, such as Connecticut, Massachusetts, New Hampshire, New York, and Vermont reported that there were no gender-affirming clinicians available where they accessed primary care. They also reported that they had to travel at least two hours for gender-affirming primary care.<sup>12</sup>

## Menstruation

Transgender, non-binary and gender non-conforming individuals with female reproductive organs experience menstruation, which may lead to dysphoria for some transgender and non-binary folks.<sup>13</sup> A recent study has shown 1 in 5 people with periods stay home that 93% of trans and nonbinary youth experience distress from school while menstruating due to related to having their periods, and reported a desire for medical period poverty assistance to reduce or eliminate their periods.<sup>14</sup> Gender-affirming hormone therapy is a viable option for transgender youths who are interested in amenorrhea, or the cessation of menstruation.<sup>15</sup> Although hormone therapy is an option, many LGBTQ youth may be too young or uninterested in taking testosterone, leaving the best menstrual care treatment for LGBTQ youth unclear. In the meantime, LGBTQ youth with menstrual cycles still need gynecological and sexual health treatment.



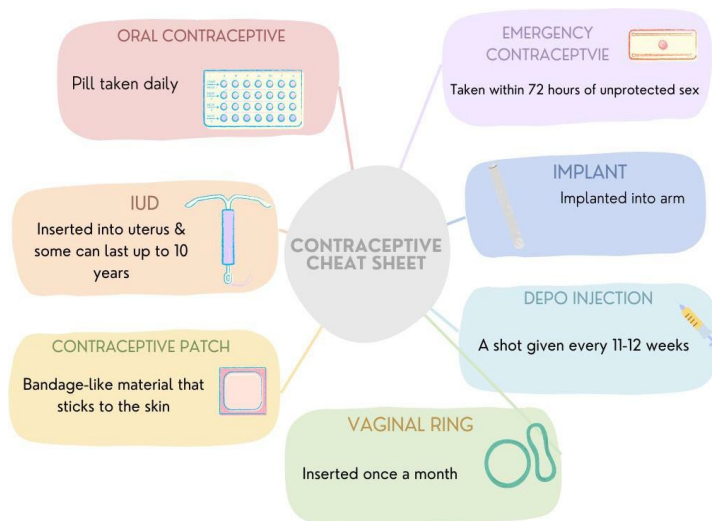
Along with healthcare access, LGBTQ youth need access to menstrual products. Period poverty refers to the phenomena of not being able to afford menstrual products such as pads, tampons, or liners to manage bleeding. It has been reported that 1 in 5 girls have stayed home from school while on their period and many youth in New Bedford and Southeastern Massachusetts are currently experiencing period poverty.<sup>16</sup> Transgender populations are three times more likely to be unemployed and more than twice as likely to live in poverty compared to the general population, thus making transgender youth more likely to experience period poverty. Those who are disabled, people of color, or undocumented immigrants are especially likely

## PREGNANCY & GYNECOLOGICAL HEALTH

to be unemployed and living in poverty.<sup>17</sup> Even when menstrual products are free, transgender individuals may not be able to access them still. While menstrual products are sometimes available in women's restrooms, they may not be available in men's restrooms, making them inaccessible for menstruating individuals who feel comfortable using a men's restroom. Homeless transmasculine individuals face similar barriers in men's homeless shelters where virtually no menstrual products are provided.<sup>18</sup> Access to menstrual products is also an issue in both women and men's prisons, where transgender and nonbinary individuals might be incarcerated in either.

## Contraceptives

Due to heteronormative social structures, the use of contraceptives, or birth control, has been culturally understood to be exclusively by cisgender women who have heterosexual relations with cisgender men to prevent pregnancy, even though there are a variety of health reasons why women would choose or need to be on birth control. These heteronormative cultural understandings of birth control exclude LGBTQ youth from discourse around contraceptives, which takes root in the medical system. Healthcare providers are less likely to discuss birth control options with LGBTQ youth patients.<sup>19</sup> LGBTQ youth patients deserve access to contraceptives and health care providers need to inform them of their options whether it be for pregnancy prevention, menstrual suppression, or both; oral contraceptives, IUDs, contraceptive patches, vaginal rings, Depo injections, implants, and the emergency contraceptive pills are viable options for LGBTQ youth, especially for transgender and gender diverse patients who were assigned female at birth.<sup>20</sup> Access to contraceptives helps LGBTQ youth prevent pregnancy and manage menstruation, two biological functions that might cause distress and gender dysmorphia, as noted above.



Some transgender men and genderqueer youths assigned female at birth may lack sufficient knowledge around contraceptives and their reproductive capacity when undergoing testosterone therapy, which is why it is essential for LGBTQ youth to have access to LGBTQ-competent healthcare providers and facilities. Although testosterone reduces fertility, it is still possible for transgender individuals with female reproductive capacity on testosterone therapy to become pregnant. Existing misconceptions about testosterone as an effective contraceptive may lead transgender men and other individuals

assigned female at birth to believe that they are infertile. Consequently, this can lead to unintended pregnancies in transgender men undergoing testosterone therapy. A study found that one-third of pregnancies for trans men were unplanned and that usage of contraceptives prior to pregnancy was lower

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for transgender individuals who were using testosterone gender affirming therapy compared to those who had not had testosterone.<sup>21</sup>

For transmen and other gender diverse patients assigned female at birth who desire birth control to either prevent pregnancy or to prompt the cessation of menstruation, it is important that they have access to contraceptive resources and consult with a healthcare provider on which forms of contraceptives are right for them, especially during testosterone gender affirming therapy. Progestin-only contraceptive methods, such as pills, IUDs, and implants do not interfere with testosterone. This may be a preferable method for patients due to progestin's high rates of amenorrhea and potential for masculinizing effects.<sup>22</sup> Another type of hormonal birth control is combined hormonal contraceptives (CHC), which includes pills, patches, and vaginal rings. However, there is a lack of evidence on whether the estrogen in CHCs may or may not interfere with testosterone for transgender men. Though transgender male patients can choose CHCs, some may not prefer this method due to concerns about having estrogen in their system and for potential feminizing traits to appear.<sup>23</sup>

Non-hormonal contraceptives, such as the copper IUD, does not interfere with testosterone, but there are risks of bleeding, both insertion and menstrual bleeding, which may not be ideal for transgender men and nonbinary patients experiencing gender dysmorphia.<sup>24</sup> However, some transmasculine patients elect to have an IUD because they may prefer not to take birth control pills daily as this task can be associated with cisgender women.<sup>25</sup> LGBTQ- focused healthcare providers should be equipped with this medical information and familiarize themselves with the nuances of the reproductive healthcare needs of LGBTQ youth in order to empower their transgender and nonbinary patients when considering birth control options while going through gender-affirming hormone therapy. There is currently no evidence-based guidelines to draw from in offering contraception to transmasculine individuals who are on hormone-based therapy and typically, empirical assumptions have been that all contraception available to cisgender women are all viable options for transgender and nonbinary patients.<sup>26</sup> More research is needed on the interactions and effects between contraceptives containing estrogen and testosterone therapy.

## Fertility Preservation

Counseling on fertility and reproductive options is recommended prior to the initiation of puberty blockers or gender-affirming hormones for transgender youth. Studies have shown that around half of transgender adults wished to have children, and more than a third of transmasculine adults and half of transfeminine adults report they would have considered preserving reproductive gametes had this been an available option for them.<sup>27</sup> Although fertility preservation services are routinely offered, reports have shown that only between 0%-2% of transmasculine youth and 8%-14% of transfeminine youth complete fertility preservations prior to starting gender-affirming medical treatment.<sup>28</sup> There are numerous factors that pose barriers to transgender youth receiving fertility preservation services, including dysphoria related to fertility preservation procedures, invasiveness of procedures, cost, lack of coverage of these services by insurance, concerns about delaying or pausing gender-affirming care to undergo fertility preservation, and lack of affirming providers and facilities that offer fertility preservation.<sup>29</sup>



## Pregnancy

Due to heteronormative societal structures, LGBTQ youth may feel pressured to conform to such standards by having sexual intercourse to prove they are heterosexual, thus increasing the risk of pregnancy. LGBTQ individuals under the age of 20 are more likely to experience an unintended pregnancy, especially a teen pregnancy, compared to their heterosexual counterparts.

<sup>30</sup> This is alarming, especially for LGBTQ youth in Massachusetts high schools who have a higher percentage of experiencing sexual assault compared to their non-LGBTQ peers.<sup>31</sup> Furthermore, one study showed that sexual minority (lesbian and bisexual women) individuals between the ages of 16-45 experience worse pregnancy outcomes, such as miscarriages, stillbirths, low birth weights, and premature births compared to heterosexual patients.<sup>32</sup>

At the intersection of race, ethnicity, and sexual identity, Black and Latina lesbian and bisexual women have an additional risk for adverse birth outcomes.<sup>33</sup> Data is currently limited regarding the pregnancy outcomes of transgender birthing people.

Transgender men and nonbinary individuals who have transitioned hormonally and are taking testosterone but retain their female reproductive organs have the potential to become pregnant. Since the United States has been tracking pregnant people as female, there is a lack of data on how many transgender men and nonbinary people give birth each year. A report on pregnancy in transgender men found that pregnant transmasculine individuals who were previously on testosterone therapy preferred to have elective cesarean as the mode of delivery to lessen dysphoria.<sup>34</sup> A Rutgers University study shows that pregnant transgender men are at risk for depression.<sup>35</sup> This is alarming since transgender individuals are at higher risk for suicide compared to the general population in the United States.<sup>36</sup> Just as a cisgender woman is at risk for postpartum depression, transmasculine patients who give birth are also at risk for postpartum depression.

A study that interviewed 22 healthcare providers demonstrated that they typically advised transgender patients to discontinue testosterone therapy either six months before trying to get pregnant or immediately after finding out about the pregnancy; they also advised withholding hormone therapy during breastfeeding. These guidelines are advised to pregnant transmen and nonbinary patients out of concern that testosterone will cause excess androgen exposure to the fetus. The same study interviewed 70 transgender and nonbinary people who were pregnant or were intending to be pregnant; they reported that they felt like they had to choose between their mental health or the well-being of their child when making decisions about pausing hormone therapy during pregnancy. There is inadequate empirical evidence guiding the practice of pausing testosterone therapy for pregnant transmen and gender-diverse patients. Most of the existing medical research on the effects of excess androgen exposure to the fetus focuses on pregnant

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A study showed that sexual minority (lesbian and bisexual women) individuals between the ages of 16-45 experience worse pregnancy outcomes, such as miscarriages, stillbirths, low birth weights, and premature births compared to heterosexual patients.

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## PREGNANCY & GYNECOLOGICAL HEALTH

people with polycystic ovary syndrome whose testosterone levels fall between those of cisgender women and cisgender men.<sup>37</sup> More research on various dosages of testosterone may affect all stages of pregnancy and chestfeeding and is needed to further expand better pregnancy and birthing outcomes for transgender and nonbinary birthing people. It's important for healthcare providers to understand how gendered



expectations and heteronormative ideals of birthing could elicit gender dysmorphia, depression, and distress for birthing transgender people even if they desired pregnancy from the beginning.

## Fertility Treatments

The World Health Organization defines “infertility” as a disease of the male and female reproductive system defined by the failure to achieve pregnancy after 12 months of or more of regular unprotected sexual intercourse.<sup>38</sup> This physical understanding of “infertility” does not capture the experience of most LGBTQ individuals; for some LGBTQ individuals, they are not biologically infertile yet cannot become pregnant. For example, a lesbian assigned female at birth could have the reproductive capabilities of becoming pregnant, but they cannot get pregnant by their partner who is also female assigned at birth. Biologically, this couple cannot conceive together through sexual intercourse. Medically, the language around fertility assumes heterosexuality. Many LGBTQ individuals make their own choice in going through pregnancy, often seeking fertility treatments to achieve pregnancy,<sup>39</sup> although disparities in access to fertility treatments exist along the lines of race, ethnicity, education, class, gender identity, and sexual orientation.<sup>40</sup> Even when living in states with mandated insurance coverage for fertility treatments, racial and socioeconomic disparities exist among fertility patients accessing care.<sup>41</sup> As discussed further below, infertility for the LGBTQ community is usually the inability to be able to afford fertility treatments to get pregnant, whereas heterosexual families are more likely to afford fertility treatments through tax loopholes.

## Maternal Mortality

In recent years, the United States has seen an increase in maternal mortality by 26.6%, from 18.8 in 2000 to 23.8 in 2014.<sup>42</sup> States vary in degrees of disparity due to the availability of programs and policies for pregnant people. For Massachusetts, the maternal mortality rate is 8.4 per 100,000 births, making it the state with



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the second lowest maternal mortality rate.<sup>43</sup> Although maternal deaths are low in Massachusetts, racial, ethnic, age and insurance disparities remain. A report from the Massachusetts Department of Public Health showed that Black women were approximately twice as likely as white women to experience pregnancy-associated mortality, with a large percentage of these deaths reported to be preventable.<sup>44</sup> At the intersection of race, Black women with pregnancy-related conditions such as preeclampsia, eclampsia, placental abruption, placenta previa, and postpartum hemorrhage, who gave birth are four times more likely to die than white women who gave birth. Alarming, Black pregnant people do not show a higher significance of pregnancy-related medical conditions but were more likely to die from these conditions than white pregnant people with the same pregnancy-related conditions.<sup>45</sup> The lack of universal data collection on the gender identity and sexuality of pregnant people makes it difficult to know the extent of pregnancy associated-deaths in LGBTQ populations.

## Abortion

In 1973, the Supreme Court had constitutionally ruled the right to an abortion in *Roe v. Wade*, until the ruling was reversed in the summer of 2022. At the time before the overturning, the federal Medicaid program covered the cost of an abortion. The Hyde Amendment, which prohibits Medicaid funding for abortion services, was passed and implemented in the Medicare funding bill in 1976. As a result, this affects LGBTQ individuals who already experience access disparities for healthcare services due to a lack of insurance coverage or being underinsured. A 2018 survey by the Center for American Progress found that 20% of LGBTQ people reported receiving Medicaid benefits compared to 12.9% of non-LGBTQ people. LGBTQ people of color reported receiving Medicaid benefits at the rate of 24% compared to 18.8% of white LGBTQ people; and 21.4% of transgender people reported that they or their family received Medicaid benefits, compared to 13.4% of cisgender people. Additionally, LGBTQ individuals with disabilities reported receiving Medicaid benefits at a rate of 44.4%, as compared to 11.8% of non-disabled LGBTQ people.<sup>46</sup>

LGBTQ people who receive Medicaid may experience cost barriers when seeking abortion services, especially since LGBTQ individuals under the age of 20 are more likely to have an abortion compared to their heterosexual counterparts.<sup>47</sup> A 2017 study showed that an estimated number of 462 to 530 transgender and nonbinary individuals obtained abortion care services, but only 23% of those clinics provided transgender-specific care.<sup>48</sup> The recent overturn of *Roe v. Wade* may add another layer of inaccessibility to abortion care services for LGBTQ youth, particularly in more conservative states and rural areas. According to a recent survey by the Trevor Project, over 65% of LGBTQ youth expressed that abortion restrictions and bans heighten their feelings of stress and anxiety.<sup>49</sup>

Although Massachusetts tends to have progressive views and policies on abortion rights, certain regions in the state lack access to routine abortion care providers, making it difficult to schedule an appointment for an abortion; these areas include Cape Cod, Martha's Vineyard, Plymouth County, and the entire South Coast, which includes two major gateway cities, New Bedford and Fall River, home to a million residents and numerous hospitals and medical centers. There are also limited abortion providers in Western Massachusetts and although populations are low and dispersed, there is still a huge travel distance between residents and abortion services.<sup>50</sup> Abortions are not illegal in these areas but many hospitals and medical

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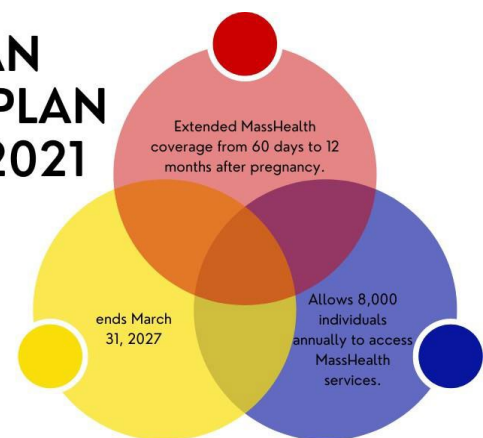
providers are not required to provide routine abortion services. Instead, they are expected to perform an abortion if necessary, such as when the pregnant person is in a medical emergency and the medical provider needs to perform an abortion to stabilize the patient. In compliance with the Massachusetts Health and Hospital Association, all hospitals are expected to perform an abortion if necessary to stabilize the pregnant patient. However, hospitals and medical providers are not required to provide abortion as a regular service but can refer pregnant people with unintended pregnancies to other medical centers or providers who can provide routine abortion services. Statewide, only nine hospitals provide routine abortion services with seven of them being in Boston and Cambridge. Fortunately, those nine hospitals that provide routine abortion services appear to also provide gender-affirming care or are trained in LGBTQ healthcare.

According to a directory designed by a New England-based abortion rights group, Reproductive Equity Now, the nearest abortion service providers in New Bedford are 43 miles away – Four Women's Health Services in Attleboro and the Women and Infant Hospital in Providence, RI. Pregnant people in Cape Cod would need to travel almost 100 miles to access routine abortion service providers in the greater Boston area.<sup>51</sup> This becomes a barrier to abortion access for LGBTQ youth who cannot afford to cover travel expenses, such as gas, especially if the lack of accessible public transportation is an existing problem as well. They also might not be able to take time off from work to travel for an abortion appointment or miss classes if they attend a state college or university in those areas that lack routine abortion providers nearby. Some LGBTQ youth may not be able to travel freely if they are under the care of a parent or guardian and may not feel comfortable disclosing their pregnancy to them.

### Policy

A systemic policy review of maternal health-related policies and legislations addressing racial disparities proposed federally and at the state-level in Massachusetts between 2010 and 2020 showed that 16-state level bills were proposed. Of those 16 proposed only 2 of them were signed into law. Interestingly, a majority of the bills proposed were centered around expanding healthcare coverage that would cover prenatal, pregnancy, and postpartum services, and would allow for care beyond the current coverage of 60 days postpartum through Medicaid for low-income people who had just given birth. It is clear that expanding healthcare coverage is essential for pregnancy and gynecological health needs, especially after giving birth. Under federal law, Medicaid can only cover 60 days postpartum. This policy design does not take into consideration the fact that pregnant people are more likely to experience postpartum complications after 60 days of giving birth.

## AMERICAN RESCUE PLAN ACT OF 2021



In April 2022, the Biden-Harris Administration announced that 720,000 pregnant and postpartum people across the United States could be eligible for Medicaid and Children's Health Insurance Program coverage for a full 12 months rather than 60 days. Under the American Rescue Plan Act of 2021 (ARP), states were given the incentives

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and option to expand Medicaid services for postpartum services from 60 days to 12 months. In July 2022, the U.S. Department of Health and Human Services (HHS), through the Federal Centers for Medicare and Medicaid Services, approved Massachusetts' request to extend MassHealth coverage from 60 days to 12 months after pregnancy. This coverage expansion will allow an additional 8,000 individuals annually to access MassHealth services.<sup>52</sup> The ARP's state plan option is currently limited to a five-year period that ends March 31, 2027, meaning that this state coverage expansion will expire.

Although the APR's state plan has a lengthy expansion period, Massachusetts needs to pass legislation that requires MassHealth to grant recipients a 12-month expansion of postpartum care services under their Medicaid benefits after the ARP's state plan expires in 2027, if the presidential administration at that time does not extend it.

### Access to Fertility Treatments

Heteronormative ideals of pregnancy and parenting typically frame fertility treatments as a service that cisgender women struggling with infertility seek. LGBTQ individuals who desire to become pregnant and parent a child seek out fertility treatments if they cannot conceive a pregnancy if they do not desire sex with someone with a penis, particularly a cisgender male. LGBTQ patients might also look to fertility treatments due to infertility caused by hormone therapy. As mentioned earlier in this section, LGBTQ folks who desire to become pregnant often cannot afford fertility treatments. In June 2022, The Equal Access to Reproductive Care Act (H.R.8190) was introduced in the United States Congress, though this bill did not progress, which would have closed a loophole in the tax code to cover fertility treatments as "medical care." Heterosexual couples can usually cover the cost of fertility by claiming the expenses associated with surrogacy or IVF treatments in their income tax. The legislation would then classify assisted reproduction as a tax-deductible medical expense, which would expand access to fertility treatments for LGBTQ families.

### Doula Services

A systemic policy review study on Massachusetts bills related to maternal health and racial equity has shown that the common theme among legislative bills relates to the need for doula and midwives services.<sup>53</sup> A doula is a trained professional who provides continuous physical, emotional, and informational support to clients before, during, and after childbirth.<sup>54</sup> Unlike midwives, they do not provide medical care and cannot assist in delivery. Rather, they are a companion who supports their client with reproductive health related experiences. According to DONA International, birthing people who use doulas are less likely to have cesarean sections, make fewer requests for pain medications, report less anxiety, and overall have greater satisfaction with their birth experiences.<sup>55</sup> Doulas that specialize in LGBTQ issues can be helpful for LGBTQ individuals who need support navigating a health care system that oftentimes may discriminate against them, mistreat them, and misgender them based on heteronormative societal ideals around birthing and parenting.<sup>56</sup> Doulas can also help reduce racial, gender, and other health inequities in health care settings.

Birth doulas are the most known type of doula but there are different types of doulas, many of which can be helpful for LGBTQ populations and youth who need support navigating the various stages of birthing experiences. Transition doulas are caregivers for clients experiencing the wide spectrum of gender-affirming

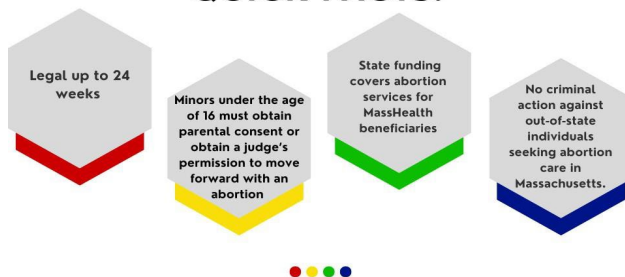
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transitions. They may provide resources and referrals centered around LGBTQ healthcare, support clients receiving hormone shots, and provide compassionate trauma-informed wellness and support. Abortion doulas can also be helpful for LGBTQ youth who need support navigating the experience of getting an abortion.

*An Act Relative to Medicaid Coverage for Doula Services (S.782/H.1240)* was initially proposed in 2019, and during the 2023-2024 Massachusetts legislative session was re-introduced; this bill would require MassHealth to provide coverage for doula services, which are services typically paid for out-of-pocket. Additionally, the bill would also produce a Doula Care Advisory Commission which would handle many of the administrative aspects of implementation. If Massachusetts accomplishes implementing MassHealth coverage for doula services, the state would join alongside other states who have their state Medicaid services cover doula services, such as California, whose Medicaid program made doula services free for Medi-Cal recipients in January 2023,<sup>57</sup> and Oregon and Minnesota which both have legislation that require their Medicaid programs to cover doula services.<sup>58</sup>

### MASSACHUSETTES ABORTION LAWS

#### QUICK FACTS:



Although legislation requiring Medicaid-provided doula services has not passed into law yet, Massachusetts is making the effort to build awareness for doula services and how they can benefit low-income, BIPOC communities. The Birth Equity and Support through the Inclusion of Doula Expertise (BESIDE) Investment Program, offered by the Massachusetts Health Policy Commission, seeks to address inequities in maternal health outcomes and improve the care and patient experience of Black birthing people by increasing access to doula services.<sup>59</sup>

Of the over 400 birth centers in the United States, there is only one community birthing center in Massachusetts. The Commonwealth and the Department of Public Health should work to invest and grant funding for community birthing centers, especially LGBTQ-friendly and gender affirming birthing centers. Birthing centers with both midwifery services and doula services could create better pregnancy outcomes and birthing experiences for LGBTQ youth, especially transgender birthing people who are more likely to choose alternative settings for birthing to avoid harassment and discrimination from medical facilities who may not have effective LGBTQ training for healthcare providers.<sup>60</sup> Aside from birthing doulas, abortion doulas and gender doulas can alleviate health inequity outcomes and aid LGBTQ youth with navigating the healthcare system when seeking pregnancy and gynecological healthcare. The MA Department of Public Health should consider implementing pilot programs for gender doulas that can provide guidance and support for LGBTQ youth seeking gynecological healthcare, thus reducing gender dysphoria.

## Maternity Leave

The United States is one of the few industrialized nations without federally paid maternity leave. Compared to other countries, the U.S. offers unpaid, job-protected leave for only 12 weeks through the Family and Medical Leave Act. A number of states, including Massachusetts, have their own paid family and parental leave programs. The Paid Family and Medical Leave (PFML) program in Massachusetts is a program different from the Family and Medical Leave Act and is funded through employer and employee contributions. Most Massachusetts employees are eligible for up to 26 weeks of combined family and medical leave per benefit year.

## Abortion Access

In the United States alone, there are over 600,000 abortions performed annually.<sup>61</sup> Despite the fact that abortions are quite common and a necessary healthcare procedure, abortion inaccessibility in the United States continues to grow. The recent overturn of *Roe v. Wade* has sparked uncertainty around the future of abortion access across the country, particularly in states with strong anti-abortion views. In the United States, 13 states – Arkansas, Idaho, Kentucky, Louisiana, Mississippi, Missouri, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, and Wyoming-- have implemented trigger bans, which are laws that would automatically ban abortion after a *Roe v. Wade* overturn.<sup>62</sup>

In 2017, 18,850 abortions were provided in Massachusetts, though some of the abortions were not performed for Massachusetts residents but for out-of-state individuals. It's possible that some people in Massachusetts traveled to other states to get an abortion. In 2017, some 43% of Massachusetts counties had no clinics that provide abortion, and 13% of Massachusetts women live in those counties. It should be noted that the statistics mentioned may not cover birthing people across the gender spectrum. In Massachusetts, abortion is legal at 24 weeks but may be performed past 24 weeks or more in cases where the pregnant person's life is determined to be endangered or there is a lethal fetal anomaly. Although the Hyde Amendment prevents Medicaid from using federal funding to cover abortion services, Massachusetts is one of the 33 states that use state funding to cover abortion services for MassHealth beneficiaries.<sup>63</sup>

The ROE Act (S.1209) was codified into law by the Massachusetts legislature, expanding abortion access in the Commonwealth after the Senate overrode Governor Baker's veto. Despite Governor Baker's veto of the ROE Act, Baker signed an executive order after *Roe v. Wade* was overturned, preventing criminal action against out-of- state individuals seeking abortion care in Massachusetts.

The parent or guardian of a minor younger than 16 must consent before an abortion is provided.<sup>64</sup> After the ROE Act became law, it repealed the parental consent provision for older teens aged 16 and 17 years old. It also made it official for judicial bypass hearings to take place virtually rather than in person. The Massachusetts Judicial Bypass Process law requires minors under the age of 16 to obtain parental consent or navigate the court system to obtain a judge's permission to move forward with an abortion.<sup>65</sup> Although the judicial bypass law is an option for youths to access an abortion without parental permission, the

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implementation of parental consent laws for youths under 16 makes it difficult for those with unintended pregnancies who might not feel comfortable disclosing their pregnancies to their parents or guardians.

A study found that the Massachusetts Judicial Bypass Process Law delays youth's access to abortion by 14.8 days, which is 6.1 days longer than youth who had parental permission. It is also noted that the majority of young people navigating the judicial system to obtain a judge's permission were disproportionately low-income, people of color.<sup>66</sup> Going through the legal process may also be time-consuming, especially if the pregnant person does not have the privilege of taking time off from work to navigate the legal system, which can be a distressing situation. The judicial bypass process not only delays access to surgical abortions but also delays youths' eligibility for medication abortions. Medication abortions might be the only safe and private way for youths to terminate their unintended pregnancies.

In July 2022, former Governor Charlie Baker signed An Act Expanding Protections For Reproductive and Gender-affirming Care which expanded reproductive healthcare and gender-affirming services in the Commonwealth. The bill, now law, included a section that ensures public university students have access to medication abortion through their university's health services or by being connected to outside resources. This legislation also created the Public University Health Center Sexual and Reproductive Health Preparation Fund to help cover expenses for implementing new programs.<sup>67</sup>

Additionally, in April of 2023, after a federal court ruling from Texas that blocked further distribution of the medication abortion pill mifepristone, Governor Maura Healey issued an Executive Order affirming protections for abortion access in Massachusetts, and directing the state to begin stockpiling more than 15,000 doses of mifepristone to ensure access to the medication for over one year.<sup>68</sup>

However, though Massachusetts leans progressively toward abortion rights, the Massachusetts Department of Public Health's lack of requiring medical providers and facilities it funds to provide routine abortion services create a barrier for Massachusetts residents to access abortion services at certain medical facilities in the state, thus causing pregnant people to travel far distances for abortion services. Fortunately, the Commonwealth has ensured that medical providers and facilities perform emergency abortions to stabilize the pregnant person in the event of a medical emergency. However, lack of access to routine abortion services can negatively impact LGBTQ youth with unintended pregnancies. Although unintended pregnancies are not classified as "emergencies" or "life-threatening," unwanted pregnancies are still distressing to LGBTQ youth who do not want to be pregnant, especially if the pregnancy amplifies feelings of gender dysphoria. The Commonwealth should urge the Department of Public Health to revise its provision of abortion requirements for medical facilities and programs it funds. The state should also work with the Department of Public Health to expand funding to invest in abortion-competent medical providers and resources in order to expand routine abortion service access to Massachusetts residents. Pregnant people with unintended pregnancies would not have to travel long distances within the state for an abortion.

### Birth Control Access

In November 2017, Governor Charlie Baker signed An Act Relative to Advancing Contraceptive Coverage and Economic Security (ACCESS), which further expanded access to birth control. This law allows (1) eligible people



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to get a year's supply of no-cost birth control and (2) emergency contraceptives, such as Plan B One-Step or ella. Eligible patients can get birth control pills, patches, rings, or injectable birth control. To be eligible, one must be fully insured by a health insurance plan subject to Massachusetts law, including health plans from MassHealth and plans purchased on the MA Health Connector. Insurance through the MA Group Insurance Commission is also covered. This is an essential component that furthers reproductive rights.

Unfortunately, this provision may not have been effectively implemented; only about 300 eligible AFAB people obtained a 12-month supply of birth control in 2020 through the state's largest insurers. Patients and healthcare providers have reported poor experiences with trying to obtain or prescribe a 12-month supply of birth control. Not many eligible patients, healthcare providers, and pharmacies are even aware of this provision and there has been confusion on whether MassHealth beneficiaries are eligible due to poor awareness of the law and roll-out of the provision.<sup>69</sup>

However, information about the ACCESS law is housed in the Mass.gov web services,<sup>70</sup> where there is some detailed advice on how to find out if you are eligible for a one-year supply of prescription birth control, which includes speaking with your health insurance provider, employee benefits administrator, or human resources. In the event that a patient's clinician or pharmacist claims to be unaware of the ACCESS provisions, there is a script provided for patients to utilize when discussing their desire for birth control.<sup>71</sup> Providing advice and conversational starter tips on accessing a one-year supply of birth control are helpful at the individual level. Despite this, instead of the issue of access falling on the legislature or agencies, it becomes an individualized problem that shifts the responsibility to the patient rather than the state.

At the national level, groups of reproductive justice and youth activists, advocacy groups, and healthcare professionals have formed the Free the Pill coalition to push for over-the-counter birth control pills. Over-the-counter birth control pills would be a major step in advancing reproductive rights and access. However, this process requires a pharmaceutical company to submit an Rx-to-OTC switch application to the FDA, which could take time to process and pass. OTC birth control would remove an access barrier for people assigned female at birth. This would make it so they would not need to acquire a prescription, thus making it easier for LGBTQ youth who need to quickly get birth control and would not need a prescription from a clinician or primary care doctor. Aside from shielding LGBTQ youth from the possibility of experiencing trauma, discrimination, and mistreatment from primary care doctors, it can already be difficult to schedule an appointment with a healthcare provider for a birth control prescription since appointments tend to get scheduled 2-3 months out. Since there does not seem to be any legislative push for over-the-counter birth control at the state level, in the meantime, it's recommended that the Commonwealth invests in robust planning, implementation, and campaigning when rolling out reproductive health policies. The state health agencies should invest in and implement training for healthcare providers, pharmacists, and insurers on the ACCESS law and other wide ranges of reproductive health-related provisions. The Commonwealth should also invest in creating more effective campaigning and implementing an education component to the ACCESS law.

## An Act Relative to Advancing Contraceptive Coverage and Economic Security (ACCESS)










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In Massachusetts, youth under the age of 18 can get a prescription for birth control without parental or guardian's permission, though they do need parental consent for abortion procedures. Essentially, anyone of any age can get prescription birth control. The Massachusetts Department of Public Health funds state-wide family planning programs that provide low or no-cost reproductive and sexual health healthcare and information that adolescents can access.<sup>72</sup>

### Access to Menstrual Products

In May 2021, to commemorate *Menstrual Hygiene Day*, the Menstrual Equity for All Act of 2021 (H.R.3614) was introduced to the United States Congress, though did not progress. The bill aimed to increase the availability and affordability of menstrual products for individuals with limited access, and for other purposes. The legislation's components include giving states the option to use federal funds to provide students with free menstrual products in schools, incentivizing universities to implement pilot programs that provide free menstrual products, ensuring free menstrual products to detainees in federal, state, and local facilities (including immigration detention centers), ensure that homeless shelters can use grants to cover menstrual products, requiring Medicaid to cover the cost of menstrual products, directing large employers with 100 employees or more to provide free menstrual products to employees, and require all federal buildings to provide free menstrual products in restrooms. This is a federal, comprehensive initiative that would further reproductive access for menstruating LGBTQ youth, especially youth in schools, prisons, and homeless shelters. The progression of this bill has remained stagnant since its introduction to the U.S. Congress. However, various states such as California, Illinois, and Maryland have passed menstrual equity legislation that requires schools to provide menstrual products to students in female restrooms. Other states, including Massachusetts, have introduced menstrual equity bills.

### Menstrual Equity for All Act of 2021

-  Gives states the option to use federal funds to on free menstrual products in schools
-  Ensures free menstrual products to detainees in federal, state, and local facilities
-  Incentivizing universities to provide menstrual products
-  Requires Medicaid to cover the cost of menstrual products
-  Directs large employers with 100+ employees to provide free menstrual products

In the 2023-2024 legislative session, Massachusetts lawmakers reintroduced *An Act to Increase Access to Disposable Menstrual Products* ([S.1381/H.534](#)) which would provide access to free menstrual products to all menstruating individuals in schools, shelters, and prisons. Just like the Menstrual Equity for All Act, the I AM bill would expand reproductive care for menstruating LGBTQ youth primarily in Massachusetts who attend public schools, are experiencing homelessness and need to stay in homeless shelters, or are incarcerated in the prison system. In 2019, Boston Public Schools launched a period product pilot program that brought free menstrual supplies to students. This initiative came out around three years after Cambridge and Somerville Public Schools started similar programs. Public school systems taking initiative to run menstrual product programs alleviate some inaccessibility to period products for menstruating LGBTQ youth and reduce the stigma around menstruation. The Commission urges the Commonwealth to sign the I AM bill into law to further expand access to menstrual products across the state.

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Another way to expand access to menstrual products is through the Supplemental Nutrition Assistance Program, the federal nutrition program that aims to

reduce food insecurity for low-income communities. Surveys have shown that more than 1 in 4 lesbian, gay, and bisexual individuals aged 18-44 participated in SNAP, compared to 20% of heterosexual participants.<sup>73</sup> Most federal surveys do not sufficiently measure participants' gender identity but studies have shown that transgender individuals have struggled with food insecurity more so than their cisgender counterparts.<sup>74</sup> At the federal level, menstrual products are not covered by SNAP benefits. However, the Commonwealth can introduce legislation that can allow SNAP recipients to purchase period products with their benefits, like what Illinois implemented in January 2022.<sup>75</sup>

As mentioned earlier in the report, Massachusetts is one of the states with the lowest maternal mortality rates. However, disparities among racial, ethnic, and class backgrounds remain. Massachusetts has a Maternal Mortality Review Committee that reviews maternal deaths, studies pregnancy complications, and makes recommendations to improve maternal outcomes and prevent mortality.<sup>76</sup> This is a step in the right direction in addressing maternal mortality inequities as a study has shown that states with maternal mortality review committees play an integral role in understanding preventable causes of maternal mortality. They also apply a health equity approach to understand the structural drivers of racial, ethnic, and geographic inequities in maternal deaths.<sup>77</sup> The MA Maternal Mortality Review Committee and the Department of Public Health should consider applying an LGBTQ-inclusive lens approach when reviewing maternal deaths in the state.

## Acknowledgments & Citations

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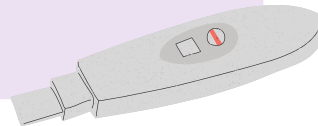


# COMMISSION ON LGBTQ YOUTH PREGNANCY REPORT



## ABOUT

Many LGBTQ people such as lesbians, bisexual women, transgender men, Two-Spirit, intersex, nonbinary and gender nonconforming individuals use contraception, have the capacity to carry a pregnancy, experience miscarriages, and choose to get abortions. Pregnancy is not confined to cisgender women.



## RECOMMENDATIONS

- 1** Improve SOGI data collection efforts across state services as it relates to pregnancy service needs and mortality rates.
- 2** Create and fund community birthing centers across the Commonwealth, and increase access to culturally competent doula services.
- 3** Expand LGBTQ cultural awareness, anti-bias, and racial equity trainings for public hospital providers and staff.

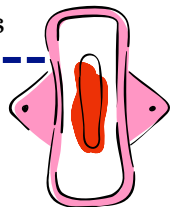


## LEGISLATION

S.1415: Birthing Justice in the Commonwealth

# 100

miles that pregnant individuals on Cape Cod may need to travel to access abortion services



# 93%

of non-binary and transgender youth face distress due to menstruation

# 65%

of LGBTQ youth expressed that abortion restrictions and bans heighten their feelings of stress and anxiety



# Improving Sexual Health

## Introduction

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*(first published in FY 2024 Annual Recommendations Report, minor updates made to bring current to FY 2025)*

The Commission was founded in the early 1990s to address the significant disparities in LGBTQ youth mental health occurring during the AIDS epidemic. Since then, the Commission has dedicated much of its work and resources to supporting LGBTQ youth sexual health through supporting policies increasing access to PrEP and PEP; advocating for comprehensive sexual health education; addressing factors leading to disparities around sexual victimization; and more. While Massachusetts remains a leader in many areas of LGBTQ legal protections, there still remain a concerning number of areas where the state has failed to stay ahead and ensure that the unique gaps in resources, education, and services for LGBTQ youth are addressed.

To this day, across the state and the nation, LGBTQ youth remain at a higher risk for STIs, HIV, and sexual violence. Furthermore, as discussed in the pregnancy section of this annual report, LGBTQ youth are often left out of conversations around national and statewide conversations involving pregnancy, abortion access, and gynecological health, but often face significant disparities in access and care. Compounding these issues, LGBTQ youth frequently encounter barriers to accessing contraceptives, affirming medical care, and inclusive sexual health education. Across the nation, 29 states and D.C. mandate sexual health education in schools, though only 7 states require curricula to include information on sexual orientation and gender identity - Massachusetts, which has not updated its education standards since 1999, mandates neither.<sup>1</sup>

As highlighted in numerous areas throughout this report, sexual health goes beyond just conversations around HIV, AIDS, and education. The following recommendations highlight solutions for critical gaps in Massachusetts policies and services, while also taking a broader look at how LGBTQ youth are affected by poor sexual health policies across the state.

## FY 2025 Recommendations to the Governor and Legislature on Sexual Health

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### **1. Ensure that all youth have access to age-appropriate, LGBTQ-inclusive, and consent-based sexual health education, and that educators are provided with implementation support.**

Most youth across the country rely on schools to provide basic education on sexual health, building healthy relationships, and consent. For a variety of reasons, including financial disparities and lack of support from parents, many schools in Massachusetts fail to provide adequate sexual health education to students. LGBTQ youth often fail to receive appropriate sexual health education from their families, especially if their parents are cisgender and heterosexual. As a result, youth often turn to finding information in schools and, failing that, seek to learn from peers or the Internet - both of which provide inaccurate and harmful



## SEXUAL HEALTH

education. Furthermore, most sexual health curricula fail to appropriately educate youth on the basis of consent, particularly youth in elementary school who often do not receive any education around correct names for body parts. Without this basic education, LGBTQ youth of all ages are at a greater risk of sexual victimization.

The Commission commends the recent passage of the Department of Elementary and Secondary Education's [Comprehensive Health and Physical Education Frameworks](#) in August 2023. Through its Safe Schools Program partnership with DESE, the Commission has been grateful for the opportunity to advise on the development, and now implementation, of the frameworks across the Commonwealth. However, it is critical to emphasize that these frameworks are *not* mandatory and act as guidelines rather than requirements.

The Commission supports and prioritizes the implementation of *An Act Relative to Healthy Youth (S.268/H.544)*, also known as the Healthy Youth Act (HYA), which would ensure that all schools that elect to teach sexual health education update their curriculum materials to include age-appropriate, consent-based, and LGBTQ-inclusive information. However, the Commission supports this bill on the understanding that the phrase "human sexuality issues" **must be removed** from the bill text before it is passed through the State House. The phrase as written seemingly provides a loophole being used by transphobic parents to opt students out from *all* LGBTQ-related curriculum being provided by schools, including history lessons and story hours, which in many instances has led for lessons to be canceled for all students. The Commission advises the legislature to remove these words to alleviate the significant burden that youth, parents, school administrators, and teachers are currently facing in dealing with these confusing challenges.

Furthermore, the Commission advises the state to examine all curriculum being taught to youth in state custody and services - with particular attention to the Department of Children & Families (DCF) and Department of Developmental Services (DDS). The Commission has appreciated the attention of some state agencies, particularly the Department of Youth Services, for its commitment to updating and expanding its LGBTQ-inclusive education materials for its young people.

### **2. Support and increase HIV & STI prevention and treatment services for LGBTQ youth, and awareness campaigns across the state.**

Massachusetts is seeing an alarming rise in sexually transmitted infections and diseases in youth, per information received from the Department of Public Health (DPH). It is widely understood that LGBTQ youth - particularly QTBIPOC youth - are disproportionately impacted by HIV, and access to HIV prevention and treatment is limited. The Commission strongly recommends that the legislature pass *An Act to Prevent Barriers to HIV Prevention Medication (S.619/H.1085)*, which would further address barriers to accessing HIV prevention medication. Additionally, the Commission strongly urges policymakers to fully restore the cuts made to the state's HIV/AIDS funding line beginning in FY 2024.

### **3. Prohibit medical providers from performing non-consensual examinations on unconscious patients.**

The Commission supports the passage of *An Act Prohibiting Nonconsensual Intimate Examinations of Anesthetized or Unconscious Patients (S.1333/H.4293)*, which would ban the common practice employed by teaching hospitals – of which Massachusetts has several – by allowing medical students to perform pelvic examinations on unconscious patients without their consent. While most research and advocacy is directed towards cisgender women without distinction to intersex status,<sup>2</sup> the Commission is seriously concerned about the implications of such practices for women of color, transgender men, and intersex individuals, particularly given the medical profession’s history of medical racism, transphobia, and disregard for ethical care for intersex patients,<sup>3</sup> as discussed below. The Commission advises that Massachusetts pass a gender-neutral ban on these invasive practices and set up accountability systems and educational campaigns to ensure that patients who suspect that such a practice might have occurred have a reporting method easily available to them.

### **4. Increase access to critical reproductive and sexual health items, such as contraceptives and menstrual products.**

Having access to contraceptives guarantees that the Commonwealth will see much lower rates of sexually-transmitted infections, diseases, and unwanted pregnancy rates. Despite misconceptions, LGBTQ youth - particularly bisexual girls - are more likely to have an unintended pregnancy, for reasons discussed in-depth below. Lack of education, cost, stigma, and discrimination provide significant barriers to contraceptive access for youth. The Commission supports *An Act Relative to Hormonal Contraceptives*, and advises that the legislature pass the version of the bill filed in the House (**H.2133**) which would increase access to youth under 18. Furthermore, the state should explore funding programs and services to provide free contraceptives to youth in public buildings and hospitals, as well as conduct awareness campaigns to educate the public on types of contraceptives and proper use. Recent decisions by some universities - including Boston University - to establish contraceptive vending machines for students should be replicated, expanded, and funded by the state.

Additionally, the Commission continues to recommend the implementation of *An Act to Increase Access to Disposable Menstrual Products (S.1381/H.534)*, also known as the ‘I AM’ bill, which would require that disposable menstrual products be provided to all youth in schools, prisons, and homeless shelters. The Commission further advises that the state explore increasing funding to libraries and community centers to provide similar access.

### **5. Continue to explore paths to increase access to abortion services, and address barriers resulting from the proliferation of anti-abortion centers in the state.**

With the fall of the Supreme Court decision *Roe v. Wade* in the summer of 2022 and continued subsequent attacks against abortion access across the nation, Massachusetts has done well to rapidly implement stronger protections to ensure that residents - and non-residents traveling into the state - continue to receive appropriate medical care and control over their own bodies. The Commission appreciates the recent April 2023 actions from Governor Healey to protect access to mifepristone and encourages the

state to continue to explore further actions that ensure that underserved communities - particularly youth of color - do not lose access to this critical medication.

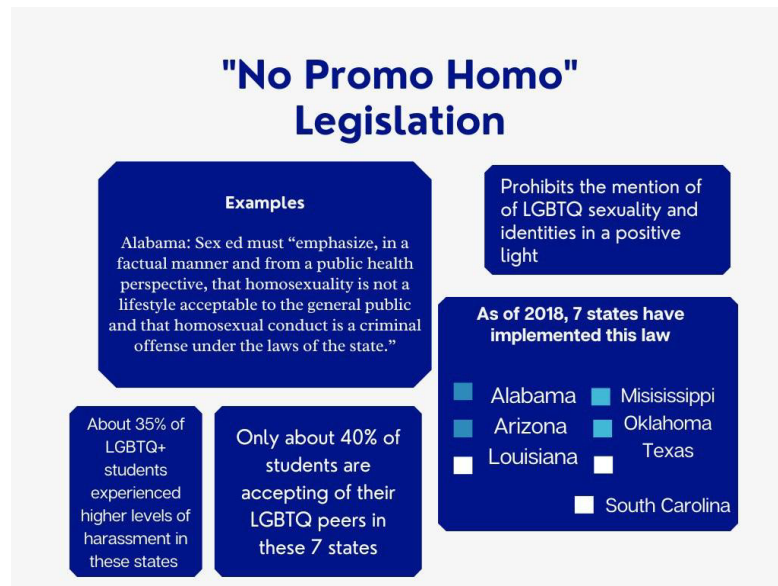
## Research: What is Sexual Health?

Sexual health is a fundamental right that includes the right to sexual identity, expression, and activity. Comprehensive sexual health education has received widespread support for the benefits it provides to youth, including from the American Academy of Pediatrics.<sup>4</sup> According to the World Health Organization, the definition of sexual health is expansive:

“[Sexual health] is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”<sup>5</sup>

Unequivocally, frank discussions of sexual activity and health are largely considered to be taboo in U.S. society, especially in regards to LGBTQ youth; 7 states in the U.S. prohibit the mention of LGBTQ sexuality and identities in a positive light in schools through legislation coined as “no promo homo” laws.<sup>6</sup> As discussed in multiple sections of this annual report, hundreds of anti-LGBTQ bills have swept across the

nation to continue to force LGBTQ youth identities into the shadows, increasing fear, anxiety, and stigma.



Regardless of the significant individual and societal benefits of sexual health education, the concept has remained a controversial issue for decades. Massachusetts - despite its already weak requirements for sexual health education - is no exception to challenges to its curriculum, with two bills being filed in the 2023-24 session to require parents to opt-in to sexual health education. Opt-in provisions have consistently been proven to

provide worse educational and societal outcomes for youth, and provide undue burdens for youth, teachers, and parents.<sup>7</sup>

## SEXUAL HEALTH

The Commission unquestionably stands against *An Act Relative to Parental Notification* (H.509), to require Massachusetts parents to opt-in their children to sexual health education. Sexual health education must be mandated in all schools across the state, for a number of reasons. First, schools often do not receive enough support - financial and/or otherwise - from the state and local communities to offer or prioritize appropriate sexual health education. The Commission understands from its own conversations with advocates and schools that constant challenges and attacks against school curriculum have left Massachusetts schools wary of improving - and even discussing - their sexual health curricula or giving youth the appropriate space to process and understand the information being provided.

In the most recent 2020 School Health Profiles released in 2022, only 89.9% of schools require health education, leaving 1 in 10 of Massachusetts' secondary schools without mandated health courses. Only 19.1% of schools require that students complete at least one health course throughout their secondary school experience, and 52.8% of schools who mandate health education do not require students who fail a health course to repeat the course. Of schools that required a health education course, most schools delivered the course between 6th and 9th grade, with only a concerning 37.8% of schools delivering a course in 11th grade and 33.6% in 12th grade.<sup>8</sup> However, even though three-quarters of responding schools taught health education at least once between 6th and 9th grade, only roughly half of Massachusetts schools included information on reducing sexual risk behaviors, the importance of condoms, and methods of contraception other than condoms; only 34.3% reported that they taught students how to appropriately use a condom. In Boston specifically - the only Massachusetts city reported in the public CDC profiles - only 29% of schools covered all 22 of the recommended sexual health topics between 6th and 8th grade, compared to states where comprehensive sexual health education is mandated which had cities with compliance rates as high as 97.1%.<sup>9</sup>

Comprehensive sexual health education gives youth the tools they need to avoid situations where they might have unprotected sex, subsequently reducing STIs, HIV/AIDS transmission, and unintended pregnancy rates. All youth are entitled to medically-accurate knowledge about their own bodies, how to build healthy relationships, and how to give and ask for consent; all of these areas are core factors of comprehensive sexual health education.<sup>10</sup> Unfortunately, LGBTQ youth are often less likely to receive adequate and accurate education compared to their cisgender and heterosexual peers, with QTBIPOC youth further reporting disparate experiences in seeing appropriate and inclusive information pertaining to race, ethnicity, and culture in sexual health education.<sup>11</sup>

Many of the opposing arguments around mandating sexual health education in schools center around a parent's right to have these conversations in the home - or, rather, only in the home. However, it is important to highlight the fact that most parents - in fact the majority of parents - are not opposed to sexual health education in schools, with 93% of parents of high school students reporting that teaching about sexual health in schools is important. Furthermore, 85% of the same parents supported including sexual orientation as a sexual health topic in schools; though given the widespread cultural shifts in the last six years since this 2017 survey was completed, the Commission suspects that this number has continued to rise.<sup>12</sup>

## SEXUAL HEALTH

Finally, the Commission understands that by not passing a mandate for sexual health education or specific funding for curriculum updates, many lower-income schools, and areas with limited financial and community support may stop teaching sexual health topics altogether. This issue is particularly concerning as QTBIPOC youth, who are more likely to face sexual violence than white youth, are also more likely to attend underfunded schools where sexual health education may not be a priority.<sup>13</sup> Black women and girls are significantly more likely to face sexual violence or coercion, with 40-60% of Black women reporting being subjected to coercive sexual contact by the age of 18; 1 in 4 Black girls will be sexually abused before the age of 18.<sup>14</sup> However, 53% of Black trans women report experiencing sexual violence, and are killed at higher rates than any other population.<sup>15</sup> Ensuring that all schools teach a consent-based curriculum is essential, but especially in impoverished areas that lack the support to equip schools with healthy learning environments. However, as highlighted in multiple areas of this annual report, improving sexual health education only works to make an impact towards these numbers, and must work in tandem with other harm reduction and systemic improvement practices to ensure that all youth are safe and thriving.

### Sexual Health Education Beyond Public Schools

Over the last year, the Commission has broadened its focus on sexual health education to examine disparities faced by youth outside of the public school system. In particular, the Commission, DCF, DYS, and DDS have had initial conversations in FY 2023 around updating sexual health education in the child welfare system, juvenile justice system, and services offered by DDS for youth with disabilities. The Commission encourages policymakers, advocates, families, and educators to take a wider look at the needs of youth as it pertains to health and education.

### Language and Education that Fully Includes LGBTQ Youth

Entire cultural shifts must happen before we achieve a state where LGBTQ youth experience affirmation wherever they go, and the concept of sexual health and affirmation is broader than just looking at education in schools. In fact, LGBTQ- affirming education begins before a child's first birthday, by teaching children that they have agency over their own bodies; that they should respect others' bodies; and that adults in their lives respect who they are. Most children, per the American Academy of Pediatrics, have a stable sense of their gender identity by the age of four, and can easily label themselves to identify as a boy or a girl, or perhaps somewhere outside of the gender binary.<sup>16</sup>

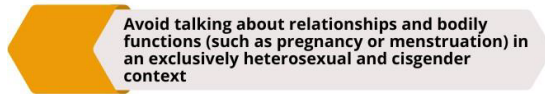
Unfortunately, in a 2015 Massachusetts survey, 73% of youth who were out or were perceived as transgender between kindergarten and 12th-grade experience some form of mistreatment, harassment, and physical and/or sexual violence; 11% of youth faced such severe mistreatment in schools as a transgender youth that they withdrew from school.<sup>17</sup> The Massachusetts Youth Risk Behavior Survey shows that, while bullying and harassment rates have gone down in schools, transgender youth are still much more likely than their cisgender peers to experience cyberbullying and physical violence.

## SEXUAL HEALTH

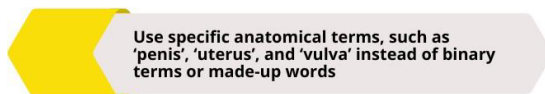
Support from caregivers, providers, educators, and other adults in youths' lives can lay a critical foundation for children forming healthy understandings of gender and sexuality. Encouraged methods beginning in early years include using gender-neutral pronouns in storytelling; highlighting LGBTQ figures and role models in curricula and storybooks; teaching about bodily autonomy and consent; supporting youth by using their chosen name and pronouns without hesitation; and encouraging youth to express themselves through choosing their own clothing and hairstyles.



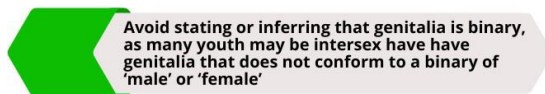
Avoid using the word 'sex' to exclusively refer to penis-in-vagina intercourse



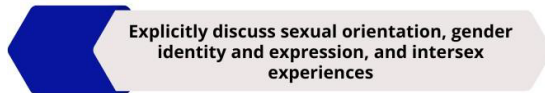
Avoid talking about relationships and bodily functions (such as pregnancy or menstruation) in an exclusively heterosexual and cisgender context



Use specific anatomical terms, such as 'penis', 'uterus', and 'vulva' instead of binary terms or made-up words



Avoid stating or inferring that genitalia is binary, as many youth may be intersex have genitalia that does not conform to a binary of 'male' or 'female'



Explicitly discuss sexual orientation, gender identity and expression, and intersex experiences

While more formal sexual health education might begin in middle school, it is essential for caregivers to lay down foundations of accurate information, as youth often receive incorrect and harmful information from peers, family members, and media.

As youth grow up, the creation and provision of safe and brave spaces is essential for youth to find communities where they can learn in structured and unstructured environments. Local community programs focusing on skills building and relationship development both in and out of schools can support youth as they explore their own personal growth.<sup>18</sup>

For supporting gender expansive youth in particular, caregivers and educators must ensure that youth are empowered from a young age in their gender identities, but also given room to be playful and flexible in their expressions. There are many options for young gender expansive youth to socially transition with taking any steps to alter their appearance, including haircuts, name changes, and clothing expression. As children get older, the use of makeup and other gender-affirming items, like wigs, packers, and padded bras may be other options to support youth's gender expression prior to or alongside puberty blockers. Supported by numerous medical organizations and providers, puberty blockers are a safe, temporary, and effective method - lasting only as long as a patient uses the blockers - of delaying the onset of puberty to allow gender expansive youth the time to explore their gender identity and decide what future steps they may want to take in their transition with very little risk.<sup>19</sup> Research has decisively shown that taking puberty blockers has significantly positive mental health effects for gender expansive youth, including reducing rates of suicidal ideation and attempts;<sup>20</sup> and 98% of youth who use puberty blockers continue gender-affirming treatment into adulthood.<sup>2</sup>

### Bodily Autonomy for Intersex Youth

When having conversations around bodily autonomy, it is essential that caregivers, advocates, and policymakers include the experiences of intersex youth. Though performing medically unnecessary surgeries on intersex infants has been widely condemned by medical professionals and advocates -

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including the American Academy of Family Physicians<sup>22</sup> and Amnesty International<sup>23</sup> - as unethical and harmful to youth, surgeries intended to make intersex babies' genitals more typical in a binary appearance still occur across the United States. Such surgeries can result in irreversible lifelong effects including sterilization, scarring, chronic pain and incontinence, as well as loss of sexual sensation, psychological trauma, and gender dysphoria.<sup>24</sup> In 2020, Boston Children's Hospital announced that it would stop performing genital reconstruction surgeries on intersex patients unable to offer consent, though the Commission is unaware if any other hospitals in Massachusetts have continued or discontinued these surgical practices on intersex infants.<sup>25</sup>

In addition to surgery, caregivers and providers may often unethically compromise intersex youths' bodily autonomy in other ways, such as keeping intersex identity from the youth, or providing hormone therapy or puberty blockers to unaware youth. In a 2021 Trevor Project survey on youth mental health, nearly 1 in 2 intersex youth seriously considered suicide, compared to 41% of LGBTQ youth who did not identify as intersex; and two-thirds of responding intersex youth noted that they had experienced symptoms of major depressive disorder within the two weeks prior.<sup>26</sup>

### Contraceptive Options and Access

Far too often, the conversations around contraception with youth are limited to external condoms as the primary option for contraceptive devices - an approach that often ignores alternative, and sometimes more relevant, LGBTQ-inclusive contraceptive devices. Condoms - both external and internal - are



highly effective at reducing infections, HIV transmission, and unintended pregnancies, and are the most accessible as they can often be purchased at convenience stores. However, cost, safety, transportation, mobility, and fear of stigmatization can often be challenging barriers to overcome, particularly for youth still living with their parents, who may opt out of purchasing condoms altogether and participating in unprotected sexual behaviors.

As recommended above, it is essential to increase access to all types of contraceptive devices for youth and increase education campaigns around the importance of proper usage. A 2021 national study showed that only 38% of LGBTQ youth used a condom during their last sexual intercourse compared to 60% of heterosexual and cisgender youth.<sup>27</sup> Furthermore, only 11% of bisexual high school boys who had a same-sex partner used a condom during their last sexual intercourse.<sup>28</sup>



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As discussed in the Commission's previous FY 2023 MYRBS analysis, there has been a concerning decline in condom usage amongst youth in Massachusetts, with only 54.3% of youth in 2019 reporting using a condom during their last sexual intercourse - between 2019 and 2021 there was only a 4% increase in condom usage amongst Massachusetts youth.

Besides distribution, as discussed above, education to reduce misinformation about condom usage — such as loss of pleasurable sensation and misconceptions that someone has an STI if they ask to use one — should be provided as part of sexual health education, as should lessons on how to negotiate condom use and risk factors involved; internal condoms are 95% effective at preventing STIs and pregnancy if used correctly, but end up being 75-95% correctly because of tears, spillage, placement, or other issues,<sup>29</sup> whereas external condoms are often noted as 98% effective at preventing pregnancy but, in reality, are only about 87% effective due to improper use.<sup>30</sup>

Additionally, as discussed in other sections of this report, LGBTQ youth may engage in types of sex work for a variety of different reasons. LGBTQ youth face higher rates of homelessness, poverty, involvement with the criminal legal system, and substance abuse due to societal factors influenced by stigma, discrimination, and racism. However, as a result, LGBTQ are three times more likely to engage in sex work, and may exchange sexual acts for food, housing, or other needs.<sup>31</sup> Not all sex work involves sexual intercourse, though, and LGBTQ youth may also engage in online sex work like OnlyFans or selling nude pictures for income; as such, sexual health education curriculum should be sure to cover potential privacy risks and safety concerns that may occur from engaging in online relationships.<sup>32</sup> Unfortunately, LGBTQ youth engaging in sex work are more likely to avoid purchasing contraceptive devices, as possession of condoms - regardless of whether an individual is intending to engage in sex work at that time - can be used as proof of sex work, leading to disproportionate arrests of Black and brown LGBTQ youth, particularly trans women of color, undocumented, and homeless youth.<sup>33</sup>

Overall, transgender and gender expansive youth may also avoid using contraceptive devices that may cause gender dysphoria, though contraception can also be used as a key facet of gender-affirming care.<sup>34</sup> Similarly, contacting a medical provider for an IUD insertion or a birth control injection, or picking up birth control or Plan B at a pharmacy, can often be complicated and inaccessible choices for individuals who are transgender or gender expansive due to fear of stigmatization or medical discrimination.<sup>35</sup> In a 2015 survey of Massachusetts, 28% of transgender people experienced a problem in the past year with their insurance, such as being denied coverage for routine care because they were transgender.<sup>36</sup> Lack of ID due to the cost of updating identification documents, immigration status, and lack of address due to homelessness are all possible reasons LGBTQ youth may not have health resources.

Without health insurance, the cost of an IUD, birth control pills, Plan B, or a birth control injection can be expensive, and youth may not know where else they can go for access, particularly outside of urban areas. Furthermore, in the same survey, 31% of transgender people who saw a health care provider reported having at least one negative experience (verbal abuse, refusal to be treated, physical assault, sexual assault, needing to teach the provider about transgender in order to get appropriate care) related to being transgender.<sup>37</sup> While the Commission continues to observe the effects of healthcare provider support for transgender youth, the Commission continues to be notified by youth, families, and advocates that fear of

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stigmatization, discrimination, and racism continue to pose barriers for LGBTQ, QTBIPOC, and intersex youth seeking medical care.

### Pregnancy in LGBTQ Youth

As discussed further in the section on pregnancy in this annual report, LGBTQ women, girls and nonbinary youth (as high as 46.6%) are more likely to become pregnant than straight, cisgender youth.<sup>38</sup> Research indicates that unintended teen pregnancy rates have been shown to be higher for youth who are Black, Latinx, Native, Pacific Islander, living in foster care, homeless, or have an intellectual disability.<sup>39,40,41</sup> Further potential disparate factors for unintended pregnancies include childhood abuse, increased rates of sexual assault, bullying, family's low income, and lack of access to appropriate sexual health education.<sup>42</sup>

Consequently, LGBTQ youth are more likely than cisgender, heterosexual youth to seek access for abortion services; one national study indicated that bisexual teens were three times more likely than heterosexual teens to have an abortion.<sup>43</sup> In a 2021 national study of transgender, nonbinary, and gender expansive people assigned-female-at-birth or intersex who were mostly under 30 years old, 21% who had been pregnant had gotten an abortion.<sup>44</sup> Similar barriers to contraception access also exist for abortion access, including cost, health insurance coverage, transportation, medical discrimination and racism, unsupportive caregivers, and immigration status.

### Sexual Victimization

As discussed further in the public health section, LGBTQ youth, particularly QTBIPOC youth, are at a much higher risk of sexual violence compared to white, cisgender, and heterosexual youth. Stigmatization and hypersexualization of LGBTQ people, racism, sexism, transphobia, homophobia, and other forms of marginalization are some of the factors that lead to these concerning disparities, and also make it less likely that LGBTQ youth will report sexual violence incidents or assaults to law enforcement.<sup>45</sup>

Furthermore, LGBTQ youth reported childhood sexual abuse at a higher rate than heterosexual, cisgender teens;<sup>46</sup> 19% of gender expansive teens reported childhood sexual abuse, with nonbinary youth assigned-female-at-birth most at risk.<sup>47</sup> In the 2021 Massachusetts YRBS survey,<sup>48</sup> 20% of LGBQ youth indicated they were forced to have sex when they did not want to, compared to 5% of straight youth. In the same survey, 22% of LGBQ+ youth reported experiencing sexual violence compared to 8% of heterosexual youth in Massachusetts. As mentioned above, nearly half of transgender people in the U.S. report being sexually abused or assaulted at some point in their life;<sup>49</sup> 46% of bisexual women also report being raped at some point in their lifetime (compared to 17% of straight women) and for nearly 48% of those women, their first rape occurred between the ages of 11 and 17.<sup>50</sup> Across college campuses, research has long demonstrated that sexual violence is a pervasive issue that LGBTQ youth experience sexual violence at disproportionate

rates. The Commission commends the actions of Massachusetts advocates, legislators, and campus officials for prioritizing campus safety for youth across the state but urges campuses to continue to explore ways to support LGBTQ youth.

“

19% of gender-expansive teens reported childhood sexual abuse, with nonbinary youth assigned-female-at-birth most at risk.

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Within carceral and education institutions, as well as shelters and transitional housing units,<sup>51</sup> LGBTQ youth experience disproportionately higher rates of sexual violence. Nationwide, in a 2014 survey 40% of transgender people reported being sexually assaulted or abused in a carceral institution, which is nearly ten times the rate of cisgender incarcerated people.<sup>52</sup> As noted in the criminal justice and homelessness sections of this annual report, transgender youth who are housed in single-sex environments that do not match their gender identity are more likely to be at risk of sexual assault from other residents and facility staff. Furthermore,

homelessness, history of abuse, disengagement from family, and substance abuse all increase LGBTQ youth’s risk of being sexually exploited or trafficked.<sup>53</sup>

When looking at sexual victimization prevention strategies, including in bystander intervention methods training, it is important to take specific societal and cultural considerations for LGBTQ and QTBIPOC youth into account. For example, one way a well-meaning bystander may try to intervene is by calling the police to mediate an incident. However, as discussed further in the criminal justice section of this annual report, police intervention for QTBIPOC youth can sometimes be particularly dangerous, given the disproportionate rates of police hostility, harassment, and violence.<sup>54</sup>

## Resources

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## Acknowledgments & Citations

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# SEXUAL HEALTH & WELLNESS



## ABOUT

LGBTQ youth remain at a higher risk for STIs, HIV, and sexual violence. Furthermore, as discussed in the above section, LGBTQ youth are often left out of conversations around national and statewide conversations involving pregnancy, abortion access, and gynecological health, but often face significant disparities in access and care. Compounding these issues, LGBTQ youth frequently encounter barriers to accessing contraceptives, affirming medical care, and inclusive sexual health education.

**34%**

of schools in Massachusetts taught students how to appropriately use a condom

## RECOMMENDATIONS

- 1** Ensure that all youth have access to age-appropriate, LGBTQ-inclusive, and consent-based sex ed and provide educators with implementation support.
- 2** Support and increase HIV & STI prevention and treatment services for LGBTQ youth, and awareness campaigns across the state.
- 3** Prohibit medical providers from performing non-consensual examinations on unconscious patients.
- 4** Support and increase HIV & STI prevention and treatment services and awareness campaigns.

**40-60%**

of Black women reporting being subjected to coercive sexual contact by the age of 18

**38%**

of LGBTQ youth used a condom during their last sexual intercourse compared to 60% of heterosexual and cisgender youth

## LEGISLATION

S.268/H.544: The Healthy Youth Act

S.619/H.1085: HIV Prevention Medication Access

S.1333/H.2146: Prohibit Nonconsensual Intimate Examinations



## FY 2025 Homelessness and Housing Instability

### Introduction

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In the United States, rates of homelessness and housing insecurity reached a record high in 2023, making homelessness and housing insecurity a major public health crisis that requires effective policy and program interventions. The Annual Homeless Assessment Report (AHAR) released in 2023 by the U.S. Department of Housing and Urban Development reported that at a single point in time, roughly 651,000 people were reported to be experiencing homelessness. This represents a 12% increase in homelessness from 2022 to 2023 nationally. Of this increase in homelessness, the report found that Massachusetts was ranked one of the top 4 states with the largest absolute increase (23% increase) in homelessness between 2022 and 2023, with the vast majority due to the increase in family homelessness, highlighting the critical need for Massachusetts legislators and policymakers to continue efforts in strengthening the Commonwealth's infrastructure in combatting the family homelessness epidemic. Additionally, efforts to combat youth homelessness are also critical. From 2017(n=469) to 2023 (n=485) there was a 3% increase in unaccompanied youth homelessness in Massachusetts reported in the AHAR report.<sup>1</sup>

Among youth demographics, LGBTQ youth and nonbinary populations face high risks of homelessness, with roughly 3.5 million young adults ages 18 to 25 experiencing homelessness in the United States annually.<sup>2</sup> Notably, LGBTQ youth have intersecting challenges that contribute to the increased risk of experiencing homelessness, including discrimination, family rejection, lack of social support, and inadequate community services that often fail to meet the unique needs of LGBTQ youth populations.<sup>3</sup>

Currently, there is no single definition of youth homelessness defined federally, making it difficult to assess the extent of youth homelessness and develop appropriate responses and resources.<sup>4</sup> For this report, the Commission has defined LGBTQ youth as individuals under the age of 25 who identify as lesbian, gay, bisexual, transgender, queer, questioning, and nonbinary. Additionally, the Commission has utilized the Massachusetts Unaccompanied Homeless Youth Commission's definition of youth homelessness. This definition states that youth experiencing homelessness are individuals who are not in the physical custody of a parent or legal guardian, and who lack a fixed, regular, and adequate nighttime residence.<sup>5</sup>

This section provides an understanding of LGBTQ youth homelessness in the Commonwealth of Massachusetts and includes legislative priorities and recommendations defined by the Commission on LGBTQ Youth to support the goal of eradicating youth homelessness in the Commonwealth.

### Recommendations for Addressing Youth Homelessness and Housing Insecurity

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The Commission has proposed the following recommendations based on the evidence-based research conducted to better meet the needs of the LGBTQ youth homelessness population. The goal of these



recommendations is to integrate strategic measures and approaches for individuals, families, communities, and institutions while being aware of the intersectionality of vulnerable population identities including race, ethnicity, sexual orientation, gender identity, and gender expression.

The Commission understands that the partnership and support from Governor Healey, the legislature, and other policymakers in the Commonwealth are key to implementing programs and initiatives that work to improve the resources and services offered to LGBTQ youth experiencing homelessness. The recommendations from the Commission include:

### **1. Improving access to state IDs for youth experiencing homelessness and gender-expansive youth.**

Analysis conducted by the Massachusetts Coalition for the Homeless has confirmed that access to state identification continues to be a significant barrier in the Commonwealth and denies youth experiencing homelessness and housing instability the access that they need to basic services and programs that end the cycle of poverty that they are experiencing. The 2021 Massachusetts Youth Count found that 35% of unaccompanied youth experiencing homelessness had issues accessing housing services due to not having proper identification or documentation to access services.

In July 2023, the Massachusetts State Senate unanimously passed a bill, S.2251/H.3360, *An Act to provide identification to youth and adults experiencing homelessness*, to provide free identification cards to those experiencing homelessness. However, there has yet to be movement or advancement of the bill after it was sent to the House Ways and Means Committee, despite strong support and co-sponsorship.

Currently, 16 states have successfully implemented services that offer free or reduced-fee cards for individuals experiencing homelessness, making the Commonwealth of Massachusetts lag on advancements and protective measures for youth experiencing homelessness and housing instability (“Massachusetts Coalition for the Homeless - Fact Sheet, ‘Everyone Needs ID: Providing Identification to Youth and Adults Experiencing Homelessness,’” 2023). Additionally, with the implementation of the REAL ID Act across the country beginning May 7, 2025, there is an urgent need for an alternative identification card for people experiencing homelessness who lack the documentation needed for a REAL ID card.

### **2. Increasing funding for services to expand inclusive drop-in centers, shelter spaces, and living programs for transition-aged youth to better support LGBTQ youth experiencing homelessness or housing instability.**

Research has indicated that lack of funding was identified as the largest barrier to serving LGBTQ youth experiencing homelessness (Choi et al. 2015). The Commission urges the Massachusetts Legislature to continue to expand funding underline items for services that target LGBTQ youth experiencing homelessness and housing insecurity. Funding efforts should continue to focus on the inclusion of QTBIPOC and migrant communities that disproportionately face barriers to accessing housing services and other resources.

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Additionally, the Commission strongly recommends that drop-in centers, shelter spaces, and living programs for transition-aged youth are developed utilizing clear LGBTQ-affirming policies, materials, and procedures to ensure that all LGBTQ youth experiencing homelessness and housing insecurity feel welcomed and supported.

The Commission urges the Commonwealth to develop shelter and drop-in centers with particular attention on rural communities in the Commonwealth. This effort is in line with recent data from the federal Annual Homeless Assessment Report that shows that 29.7% of unaccompanied youth under 25 experiencing homelessness at a single point in time in 2023 were located in Central and Western Massachusetts.

### **3. Codifying a bill of rights for youth experiencing homelessness.**

LGBTQ youth are at a higher risk of experiencing homelessness than their peers and face higher rates of discrimination and victimization when attempting to access services while experiencing homelessness. This vulnerability is amplified for QTBIPOC identities among LGBTQ youth and those identified as transgender or gender expansive. Examples of this discrimination include LGBTQ youth being turned away from shelters or experiencing homophobia while in shelters and other assistance programs. As it has for many years, the Commission expresses its support for S.1112, *An Act establishing a bill of rights for people experiencing homelessness*, presented by Senator Rausch.

### **4. Improve access to rental assistance and stabilization.**

The housing crisis continues to be a critical issue contributing to housing insecurity in the Commonwealth of Massachusetts. The Commission commends the urgency and prioritization that Governor Healey has placed on addressing this issue. In October 2023, the Healey Administration announced [The Affordable Homes Act](#), the largest housing investment in state history.<sup>6</sup> Notably, this bill proposed by the Governor does not repeal the ban on rent control in the Commonwealth, therefore not directly addressing a major issue that contributes to housing insecurity in the Commonwealth. For this reason, the Commission urges legislators to support the passage of two bills that support rent stabilization and an upstream approach to addressing homelessness: *An Act enabling cities and towns to stabilize rents and protect tenants*, presented by Senator Jehlen, Senator Gomez, Representative Rogers, and Representative Montaña; and S.856/H.1312, *An Act providing upstream homelessness prevention assistance to families, youth, and adults*, presented by Senator Crighton and Representative Decker.

However, the Commission notes that none of this legislation addresses some of the more critical housing resources noted by QTBIPOC young people, such as assistance with brokers fees, increased support for parenting youth, or appropriate employment resources.

### **5. Mandate LGBTQ cultural engagement trainings and LGBTQ-inclusive nondiscrimination policies and procedures in shelters.**

For years, LGBTQ community advocates and youth experiencing homelessness have raised the alarm

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that there are little to no safe and affirming shelter spaces in Massachusetts. As the Commission continues to solicit feedback from community members over FY 2025 in the form of listening sessions and one-on-one connections, initial conversations with LGBTQ community members experiencing homelessness continue to emphasize this concern.

The Commission strongly recommends that the State work to create a strategic plan to ensure that every shelter participates in and creates a plan to provide recurring trainings on creating affirming spaces for LGBTQ individuals experiencing homelessness. Furthermore, shelters should publicly share their nondiscrimination policies and transparent procedures for how shelter users can report discrimination.

### **6. Evaluate and improve coordinated entry tools to center an equitable approach to increase access to housing opportunities for QTBIPOC youth in the Commonwealth.**

The Commission recommends that the state evaluates the coordinated entry tools currently being utilized by each Massachusetts Continuum of Care and works to improve or develop a new tool that centers youth, with particular attention to the diverse needs of QTBIPOC young people. Such evaluations and updates should be sure to include contributions from young people with lived experience with the homelessness systems.

### **7. Address issues occurring from youth shifting between Continuums of Care.**

Over the last two years, the Commission has engaged in conversations with EOHLC and providers to help address systemic barriers that can prolong experiences of homelessness for young people. One particular issue that has been noted is the penalties that some young people, oft unknowingly, face when moving between Continuums of Care (CoCs). As highlighted in the EOHLC recommendations since FY 2024, youth who travel within shelters between CoCs - such as from Boston to Salem - can be subject to a systemic error that disrupts their count of 'days of homelessness', thus potentially moving them down on the priority list for a housing voucher.

While EOHLC has informed the Commission that a new coordinated care component has been created to better track the comings and goings of individuals, it also notes that this component is not widely utilized - nor does EOHLC have the authority to require CoCs to utilize the component. The Commission emphasizes its concerns that this problem continues to unfairly penalize youth and expresses the necessity of state to commit to its responsibility to ensure that young people and providers have the needed tools and information to reduce instances of homelessness.

### **8. Improve multicultural, LGBTQ-affirming housing resources for immigrants and refugees.**

Over the last year, Massachusetts has noted a significant uptick in new arrivals to the state; in its conversations with refugee service providers across the state, the Commission been notified that this uptick has also been seen with LGBTQ - particularly transgender - arrivals. As more LGBTQ immigrants, refugees, and asylee seekers arrive in Massachusetts, it is critical that the state examine its existing services and the clear gaps in resources and programming, particularly around affordable housing.

## Understanding LGBTQ Youth Homelessness

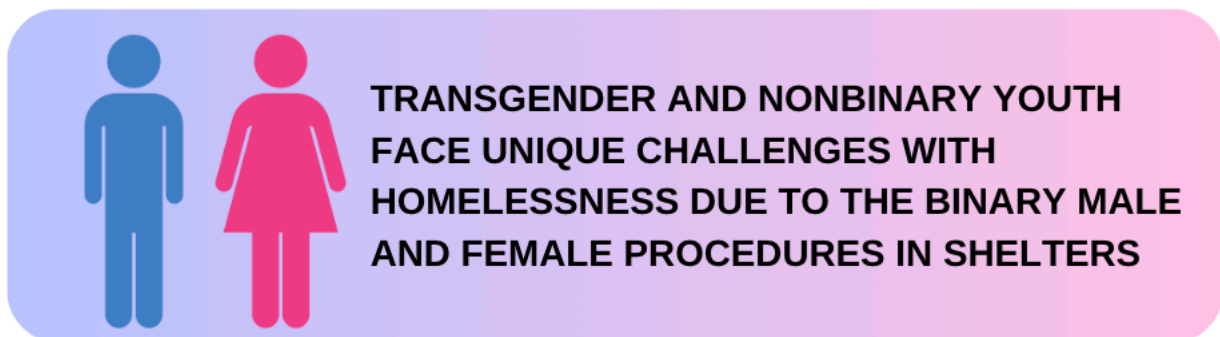
Youth homelessness is a complex public health issue that is further complicated by the overrepresentation of LGBTQ youth among the general youth population experiencing homelessness.<sup>7</sup> According to data collected by True Colors United, LGBTQ youth are nationally 120% more likely to experience homelessness than their peers with 40% of youth experiencing homelessness identifying as LGBTQ.<sup>8</sup> In the most recent Massachusetts Youth Count, 30% of the youth surveyed identify as LGBTQ. Across the nation, LGBTQ youth are at an increased risk of experiencing homelessness and housing insecurity for being disproportionately impacted by multiple risk factors that lead to homelessness including mental health challenges, family rejection, bullying, discrimination, poverty, and racism. Although the Commonwealth has made tremendous strides in combatting the youth homelessness crisis, LGBTQ youth populations continue to need additional support and services based on state-level data and national research findings.

### Intersecting Identities and Priority Populations for Addressing LGBTQ Youth Homelessness

LGBTQ youth not only face challenges of their sexual orientation and gender identity, but also often carry additional marginalized identities, amplifying their vulnerability to discrimination and victimization. This intersectionality, especially for QTBIPOC (queer, transgender, Black, Indigenous, and people of color) individuals, exposes them to heightened risks of experiencing racism, transphobia, and homophobia simultaneously.<sup>9</sup> The Commission is particularly alarmed by the obstacles faced by QTBIPOC youth when trying to access essential services and support for youth homelessness.

*“When it comes to Black and brown people in my LGBTQ community, I just feel like there is a lack of urgency for my people. And when I say that, I mean for my transgender siblings.” – E, experienced homelessness as a trans youth in Massachusetts*

The Commission urges the Commonwealth to keep young people, particularly Black, Two-Spirit, transgender, and immigrant youth, at the forefront of policymaking decisions and developing future programs and initiatives that combat youth homelessness.



Transgender youth report the highest prevalence of homelessness and the highest levels of discrimination within the shelter system compared to cisgender heterosexual and cisgender LGBTQ youth (Deal, Doshi, and Gonzales 2023). With anti-transgender legislation continuing to be a pervasive issue across the country, it is critical that the Commonwealth prioritizes safely housing transgender

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youth residents. Similar to transgender youth, nonbinary youth face unique challenges when faced with homelessness due to the binary male and female procedures utilized in homeless shelters, ultimately putting nonbinary youth at an increased risk for discrimination and victimization.<sup>10</sup> Furthermore, structural racism continues to contribute to high rates of homelessness for Black, Indigenous, people of color (BIPOC) individuals across the United States.<sup>11</sup> For example, the Massachusetts Youth Count conducted in 2022 noted that 60% of unaccompanied youth respondents identified as BIPOC in the Commonwealth; making it vital for the Commonwealth to consider the role that racism plays in driving BIPOC youth homelessness.<sup>12</sup> Keeping attentive to the intersecting needs of QTBIPOC young people is essential to address some of the most startling disparities faced by Massachusetts young people.

Additionally, given the ongoing migrant crisis Massachusetts has been supporting, the Commission has developed a number of recommendations for addressing the challenges of LGBTQ youth homelessness that intersect with the disparate needs of arriving youth. Governor Healey announced a state of emergency in August 2023 with exhausted emergency assistance efforts as a result of barriers to affordable housing and work authorization. Shelter programs in the Commonwealth have reported that migrant families arriving in Massachusetts continue to have no place to go, ultimately overwhelming emergency shelters that have reached capacity.<sup>13</sup>

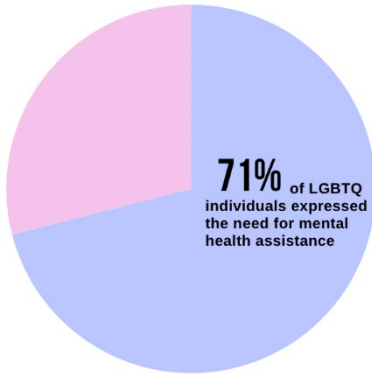
The Commission commends the Massachusetts Senate's recent passage of S.2708 on March 22, 2024. This bill is a supplemental budget that would make additional appropriations to the emergency shelter system while taking steps to ensure its long-term effectiveness. The bill also supports workforce training programs for families who have recently migrated to Massachusetts and creates a special commission to make recommendations on the effectiveness of the emergency housing assistance program.<sup>14</sup>

### Individual Risk Factors for LGBTQ Youth Homelessness and Housing Insecurity

The lived experiences that LGBTQ youth face have an impact on individual mental and physical health, especially for LGBTQ youth experiencing homelessness. Studies have found that LGBTQ youth are at a greater risk of experiencing “turning points,” or negative life experiences such as stigma and victimization that place LGBTQ youth on a pathway to homelessness.<sup>15</sup> This is often linked to adverse experiences with peers and family members that impact mental health and well-being.<sup>16</sup> This is further evidenced by the Minority Stress Theory, which suggests that sexual minorities and underrepresented gender identities commonly experience chronic stressors related to their sexual orientation and gender identity.<sup>17</sup>

Once homeless, LGBTQ youth are at a heightened risk of experiencing negative physical, mental, and behavioral health outcomes. The increased risk of poor mental health outcomes among LGBTQ youth has been linked to chronic stress rooted in being marginalized and discriminated against at a young age. In particular, transgender and nonbinary youth face an increased risk of mental health challenges, including depressive moods, suicidal ideation, and suicide attempts.<sup>18</sup>

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In 2024, The Trevor Project's national report revealed that 39% of LGBTQ youth seriously contemplated attempting suicide within the last year.<sup>19</sup> This concerning statistic aligns with the findings from the 2022 Massachusetts Youth Count, where 71% of LGBTQ individuals expressed a need for mental health assistance; only 36% of these respondents received the support they required, highlighting the critical need for mental health services in shelters and drop-in centers across the Commonwealth to provide better support for LGBTQ youth facing homelessness.

### Pathways to Homelessness and Housing Insecurity for LGBTQ Youth

LGBTQ youth are uniquely influenced by social and interpersonal relationships that are often negatively affected by their LGBTQ identity. The most cited reason why LGBTQ youth enter into homelessness is due to negative familial and peer relationships. Research has indicated that issues with family life and peer relationships in school systems can place LGBTQ youth on a pathway to homelessness.<sup>20</sup> LGBTQ youth most commonly experience homelessness after being kicked out or asked to leave the home of their parents.<sup>21</sup> Specifically, transgender youth were more likely to report being kicked out or asked to leave their homes.<sup>22</sup>

*"I grew up in urban Boston in a strong Caribbean, faith-based household where I wasn't able to live my authentic truth. When I finally did decide that I was going to live my truth, I experienced homelessness." - E*

LGBTQ youth experiencing homelessness and housing insecurity require interventions and services that promote supportive social networks to combat stigma and discrimination and provide accessible housing services that meet the needs of the LGBTQ youth population. The importance of maintaining a social support network that is positive and supportive is well-researched in the literature. A positive social support network is a protective factor since relationship breakdowns for LGBTQ youth and loss of a sense of belonging are some of the most common drivers of homelessness.<sup>23</sup> Efforts to combat discrimination and promote inclusive environments are crucial for fostering resilience and ensuring the well-being of LGBTQ+ youth, highlighting the need for policies and initiatives that target families of LGBTQ youth related to the acceptance of LGBTQ youth identities.<sup>24</sup>

*"I've been going through this since I was 15... I was on my own and I made dumb decisions that are affecting me as an adult. Getting in trouble shouldn't mean that I don't have the ability to live somewhere." - B.Q, trans person formerly incarcerated as a youth*

### Influence of Community Programs and Services to Combat LGBTQ Youth Homelessness

LGBTQ youth experiencing homelessness and housing insecurity rely on community programs and services for short-term shelter services and long-term housing support. Housing support and services are one of the highest priority needs for LGBTQ youth experiencing homelessness. In the 2022

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Massachusetts Youth Count, the top two services sought out by respondents included (1) shelter and transitional housing, and (2) long-term housing support.<sup>25</sup> Housing needs are frequently identified as the primary concern among transgender youth, largely due to the stigma and discrimination they face when accessing essential services.<sup>26</sup>

Many LGBTQ youths have cited barriers to access to these resources and services due to fear of judgment from heterosexual peers in shelters, staff-related competency issues, and program-level policy issues.<sup>27</sup> In a study conducted at Youth on Fire in Boston, Massachusetts, participants noted that when they first began experiencing homelessness, they had issues navigating the drop-in and shelter resources that were available to them, especially if a social worker or case manager was not provided to them. Instead, LGBTQ youth experiencing homelessness would often utilize their peer support network to learn about where drop-in centers were located and which shelters in the city were LGBTQ-friendly. Other participants shared that they were discriminated against in shelters or were turned away because there were not enough shelter beds available.<sup>28</sup>

*“I’m mentally-ill with PTSD. It’s been hard trying to find a shelter that will accept a couple, and we don’t feel comfortable being separated... I’ve occasionally thought of masking my identity just so I can join the men’s shelter to stay close to my partner.” – O, Boston trans youth currently experiencing homelessness*

Additionally, a lack of funding and training to address LGBTQ-specific needs in shelters and drop-in centers is an issue that leads to ineffective services and mistreatment of LGBTQ youth experiencing homelessness. As a result, LGBTQ youth experiencing homelessness are likely to experience disrespect and discrimination and have safety concerns at shelters and service organizations.<sup>29</sup> The Commonwealth urges the implementation of training for staff members at all shelters and drop-in centers in the Commonwealth to ensure that LGBTQ youth feel welcomed and supported when accessing youth homelessness services.<sup>30</sup> However, it is critical that the state not only focus its attention on ensuring shelters are affirming spaces, but also that they provide appropriate resources and implement policies to support individuals at an increased risk of trafficking and sexual exploitation.

### LGBTQ YOUTH EXPERIENCING HOMELESSNESS ARE LIKELY TO EXPERIENCE DISRESPECT AND DISCRIMINATION

As highlighted in other sections of this report, LGBTQ youth experiencing homelessness are more likely to engage in survival sex work, or experience exploitation and trafficking. Shelters must be equipped with the appropriate resources to better identify and support youth who are victims of exploitation.

#### Youth Homelessness and Housing Insecurity in the Commonwealth

Youth homelessness and housing insecurity continues to be a pressing issue in the Commonwealth that requires continued support and funding, especially for vulnerable populations. In 2023, the U.S. Department of Housing and Urban Development (HUD) noted that 8,748 individuals under 25



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experienced homelessness on a single night in Massachusetts, with 485 classified as unaccompanied homeless youth.<sup>31</sup> However, data from the Massachusetts Department of Elementary and Secondary Education (DESE) based on the number of homeless children and youth enrolled in Massachusetts's public schools for the 2022-2023 school year recorded 1,790 unaccompanied youth in the Commonwealth.<sup>32</sup> This underscores how differences in data can impact policy and program decisions. State-level statistics highlight a significant number of unaccompanied youth still facing homelessness, emphasizing the need for ongoing prioritization of state-level initiatives to address this issue.

Additionally, youth homelessness is a prevalent issue across the Commonwealth in both urban and rural settings. Research has indicated that services and programs are often tailored to urban settings and neglect to provide a strategic response to better target youth homelessness in rural settings as well.<sup>33</sup> In the Commonwealth, the rates of youth homelessness of unaccompanied youth under 25 indicate that youth homelessness is prevalent in both urban and rural settings as seen in Table 1.<sup>34</sup> This table represents the 12 Continuum of Care (CoC) programs in Massachusetts that serve the purpose of a planning body that coordinates housing and services funding for homeless families and individuals.<sup>35</sup> As the Commonwealth develops programs and initiatives for youth homelessness prevention, it is also critical to plan strategically for rural settings.

	CoC Region	%		CoC Region	%
1	Balance of State	27.0%	7	Quincy, Brockton, Weymouth, Plymouth City, and County	3.7%
2	Boston	23.1%	8	New Bedford	3.7%
3	Springfield/Hampden County	12.8%	9	Cape Cod Islands	2.7%
4	Worcester City & County	9.9%	10	Attleboro, Taunton/Bristol County	2.3%
5	Pittsfield/Berkshire, Franklin, Hampshire Counties	7.0%	11	Lynn	1.4%
6	Cambridge	5.2%	12	Fall River	1.2%

*Table 1: CoC Data of Unaccompanied Youth (under 25) from the 2023 Annual Homelessness Assessment Report; organized from highest to lowest percentage.*

### Resources and Funding

The Commission commends the Commonwealth's efforts to improve homelessness and housing insecurity resources that support youth experiencing homelessness and housing insecurity, specifically for funding that meets the needs of LGBTQ youth. Over the last fiscal year, the Commonwealth of Massachusetts was awarded funding by the state and federal government for programming that combats youth homelessness and works to improve resources for homelessness prevention.

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*“We need more housing stability. I’m HIV-positive and that brings challenges too. The last thing people want to worry about is where they are sleeping at night, and a lot of homelessness leads to a lot of damaging things. Survival sex work was the only work a lot of BIPOC people knew.” - E*

### State Funding

In the last year, the Commonwealth has made great strides in unveiling programs and initiatives that support the eradication of LGBTQ youth homelessness in the Commonwealth. In FY24, the Commonwealth awarded \$11 million in funding to support providers to offer housing and services for youth and young adults who are homeless or at risk of homelessness. Funding was awarded for services to support youth experiencing homelessness by providing housing search assistance, outreach and support, and transitional living programs for minors. For a complete list of the youth homelessness services funded in FY24, please see the List of Services for [Contracted Youth Service Providers](#).

The lead regional agencies across the Commonwealth for youth homelessness support are Barnstable County Department of Human Services, Bridge Over Troubled Waters, Catholic Social Services, City of Springfield, Community Action Pioneer Valley, Community Teamwork, Father Bill’s & MainSpring, L.U.K. Crisis Center, Inc., Lynn Housing Authority & Neighborhood Development, and South Middlesex Opportunity Council. It is recommended that these services are analyzed when developing LGBTQ-affirming standards of practice for shelter and drop-in centers across the Commonwealth that support youth homelessness and housing insecurity.

The Commission applauds Mayor Wu’s recent announcement of a grant that seeks to empower transgender and nonbinary communities in the City of Boston and aims to improve transgender and nonbinary residents’ access to affordable housing, public health and mental health resources, and legal support. The Transgender Emergency Fund was awarded funding totaling \$700,000 to support the Transgender Transitional Housing Program, which was established in May 2022 and has since housed 21 people to date. This partnership will help in the goal of reducing homelessness and supporting housing stability for transgender and nonbinary individuals; an issue that disproportionately impacts transgender and nonbinary individuals as stated throughout this report.

The city of Boston has been highlighted by the Massachusetts Transgender Political Coalition for enforcing nondiscrimination policies for transgender, nonbinary, and gender non-conforming guests who have utilized services. The Coalition released [Shelter for All Genders](#), a report that details best practices for homeless shelters, services, and programs in Massachusetts that serve transgender, nonbinary, and gender non-conforming guests to support this goal.<sup>36</sup> Referencing these guidelines across the Commonwealth and using this information to develop training for shelter and drop-in center staff, particularly in rural areas, is important to standardize this inclusive practice.

### Federal Funding

Federally, the U.S. Department of Housing and Urban Development (HUD) supported the Commonwealth of Massachusetts through homeless assistance grant funding to each of the 12

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Continuum of Care (CoC) regions. This funding totaled roughly \$125 million in 2023, an increase of roughly \$15 million from HUD's 2022 homelessness assistance funding.<sup>37</sup> For an overview of funding allocation by CoC region, refer to Table 2.

The Commission acknowledges and applauds the federal grant support that enables non-profits and organizations across the Commonwealth to provide effective resources for youth experiencing homelessness and housing insecurity. For example, In February 2024, \$2.4 million was awarded to Cape and Islands homelessness programs as part of its annual Continuum of Care Competition Awards. This funding will allow for the Cape Cod and Islands CoC Region to deliver services and resources needed to alleviate youth and young adult housing insecurity. Additionally, this funding was instrumental in the continued development of Hopeful Homes, a continuum of care plan that was compiled by 80 homeless prevention stakeholders from across Cape Cod and Islands and comprised of a Youth Action Board of young adults who have experienced homelessness and housing insecurity.<sup>38</sup>

Specific funding for LGBTQ youth and young adults was awarded to the Victory Programs, a non-profit that provides programs for housing, recovery, and prevention services for vulnerable populations. The Victory Programs, located in the Boston Continuum of Care Region, was awarded \$767,287 for transitional housing and rapid re-housing support for LGBTQ youth. The program objectives, as defined by HUD, would be to provide a safe space for participants, quickly house participants and move them into permanent housing, and to provide financial assistance and wrap-around supportive services.<sup>39</sup> The full funding report can be found in the [Massachusetts Summary Report](#) released by HUD.

CoC Region	Amount	CoC Region	Amount
Balance of State	\$31,762,597	Quincy, Brockton, Weymouth, Plymouth City, and County	\$10,838,488
Boston	\$47,706,835	New Bedford	\$2,293,066
Springfield/Hampden County	\$7,534,592	Cape Cod Islands	\$2,445,777
Worcester City & County	\$9,632,887	Attleboro, Taunton/Bristol County	\$1,017,524
Pittsfield/Berkshire, Franklin, Hampshire Counties	\$0	Lynn	\$3,026,164
Cambridge	\$6,404,386	Fall River	\$2,251,028
<b>TOTAL FUNDING AMOUNT: \$124,913,344</b>			

Table 2: U.S. HUD Data of FY2023 Funding for Homelessness Assistance Programs in Massachusetts CoCs

### Addressing Gaps in LGBTQ Youth Homelessness in the Commonwealth

*"I've been homeless on and off since 2019. Recently, I became homeless because I was evicted – my previous roommates abandoned the lease without notice and the rent piled up. Before that, I was homeless because the landlord evicted us because repairs were needed... appliances weren't working, the roof leaked, the power kept tripping, and there was a mouse infestation. We tried to call the city but they wouldn't help... the*

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*city needs to update its qualifications for what counts as an up-to-date or safe house and there's a lack of accountability for landlords." - O*

Holistically addressing the needs of LGTBQ youth experiencing homelessness requires approaches that address both systemic factors and unique challenges that LGBTQ youth face within the homeless youth population. Systematic changes are key to targeting the intersectionality between LGBTQ youth homelessness and the social determinants of health that lead to homelessness. For example, systems and sectors that serve youth experiencing homelessness such as healthcare services, public health programs, and housing shelters are often siloed and independent of one another. As stated, LGBTQ youth in these situations have issues navigating the services available to them. Considerations should be made on how services can collaborate to better meet the needs of LGBTQ youth experiencing homelessness.<sup>40</sup>

*"I was signed up for my back rent to be helped from and organization in Quincy, but they had so much red-tape that I never got back to them. There needs to be an easier process for rental support that is more transparent." - B, trans person currently experiencing housing instability in the Greater Boston area*

The Commission has proposed six (6) key improvement areas to focus on when developing initiatives and programming for LGBTQ youth experiencing homelessness and housing insecurity.<sup>41</sup> The proposed improvement areas summarize the need for improved services for LGBTQ youth experiencing homelessness and housing insecurity in the Commonwealth. By developing initiatives and designing programs that address each service area, the Commonwealth of Massachusetts can successfully address LGBTQ youth homelessness and housing insecurity.

### **Housing Services**

- Improve the emergency shelter crisis bed capacity for LGBTQ youth.
- Support LGBTQ youth transitioning from short-term to long-term housing assistance.

### **Employment Services**

- Connect LGBTQ youth experiencing homelessness with paid opportunities at local organizations and non-profits as a form of transitional employment across the Commonwealth.
- Create career planning services for LGBTQ youth for resilience and empowerment.

### **LGBTQ Inclusive Training**

- Develop LGBTQ cultural competency training in shelters and drop-in centers to provide safer spaces for LGBTQ youth experiencing homelessness; specifically for QTBIPOC youth.
- Require all staff in shelters and drop-in centers to complete training.

### **Advocacy and Coalition Building**

- Amplify advocacy and public awareness for LGBTQ youth homelessness, particularly in rural areas where LGBTQ acceptance is less than in urban areas.
- Promote information sharing to develop a network of housing and shelter resources for LGBTQ youth to access.

### **Educational Services**

- Re-connect LGBTQ youth with local public-school systems or GED programs.
- Provide peer education services to empower LGBTQ youth in their identity.
- Develop programming for LGBTQ youth to gain financial empowerment and steps to securing stable housing.

### **Family Support Services**

- Promote interventions of family acceptance of LGBTQ youth identity to combat the main driver of LGBTQ youth homelessness.
- Urge the Department of Children and Families (DCF) to support and train DCF staff and foster parents on affirming behaviors for LGBTQ youth in the foster care system.

### Limitations in Homelessness and Housing Insecurity Data

There are several limitations in data reporting addressed in this report. Specifically, data collection and reporting on LGBTQ youth homelessness and housing insecurity tend to underestimate the actual prevalence of homelessness. One major issue is the lack of a nationally standardized definition for unaccompanied youth homelessness, leading to inconsistencies in reporting. Additionally, common data collection methods often overlook individuals temporarily staying with friends ("couch-surfing") or sleeping in cars, which results in these experiences being underrepresented in reports. For instance, the Annual Homelessness Assessment Report (AHAR) by the U.S. Department of Housing and Urban Development exemplifies how data can be underreported.<sup>42</sup> Furthermore, data collection efforts frequently fail to include LGBTQ youth respondents, and even when they do, these respondents may choose not to disclose their identity due to fear or denial. This omission contributes to inaccurate reporting and incomplete data collection regarding LGBTQ youth homelessness and housing insecurity.

### Acknowledgments & Citations

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*Acknowledgments: Sean Hanwell, lead researcher & author*

<sup>1</sup> "2023 Annual Homeless Assessment Report- Estimates of Homelessness in the U.S." 2023. Office of Policy Develop and Research. December 2023. <https://www.huduser.gov/portal/datasets/ahar/2023-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html>.

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# COMMISSION ON LGBTQ YOUTH ENDING HOMELESSNESS



## ABOUT

LGBTQ youth are disproportionately represented within rates of youth experiencing homelessness. 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.



## RECOMMENDATIONS

- 1** Improve access to state IDs for youth experiencing homelessness and gender expansive youth.
- 2** Increase safe places and community centers for LGBTQ youth experiencing homelessness.
- 3** Codify a bill of rights for people experiencing homelessness.

## LEGISLATION

S.1112/H.211: Bill of Rights for People Experiencing Homelessness

S.856/H.1312: Upstream Homelessness Assistance

# 30%

of Massachusetts youth experiencing homelessness identify as LGBTQ+

# 12%

LGBTQ youth reported sleeping in an unsheltered location

# 60%

of Massachusetts youth experiencing homelessness identify as BIPOC



# Advancing Justice in the Criminal Legal System

## Introduction

The Commission on LGBTQ Youth defines 'youth' as individuals younger than 25 years old. In formulating recommendations regarding LGBTQ youth within Massachusetts' criminal legal system, it is important to note that the Commission's report covers both juvenile and adult legal systems. Further, this section will rely on the phrase "criminal legal system" instead of "criminal justice system" throughout to more accurately describe the inequitable and often harmful U.S. institutions of policing, prosecution, courts, and corrections. This preference stems from a critical examination of the criminal legal system's historical, discriminatory roots and its ongoing disproportionate impact on marginalized communities, particularly people of color as well as individuals experiencing poverty.<sup>1</sup> The U.S. criminal legal system since its inception has been and continues to be deeply intertwined with racism and perpetuates inequality and injustice, evident in practices like racial profiling, disparities in bail accessibility, and harsher sentencing of Black and Latinx individuals compared to their white counterparts.<sup>2</sup> Furthermore, the criminal legal system's failure to address or mitigate crimes of poverty, alongside the imposition of fines and long-lasting financial consequences post-incarceration, highlights its inefficacy in promoting fairness.<sup>3</sup> By referring to it as the "criminal legal system," we acknowledge its fundamental flaws and the need for reform, emphasizing that justice, in its truest sense, remains elusive for many *caught up* within this system.

Nationally, LGBTQ youth are twice as likely to enter the juvenile legal system as their non-LGBTQ counterparts, with LGBTQ youth of color and transgender individuals facing even more profound disparities.<sup>4</sup> Specifically, transgender youth of color are four times more likely to be incarcerated.<sup>5</sup> A staggering 85% of LGBTQ youth in the legal system are youth of color, which not only highlights the overrepresentation of these groups but also reflects broader racial disparities.<sup>6</sup> Risk factors such as truancy, bullying, and homelessness, often exacerbated by discrimination, further propel LGBTQ youth, particularly transgender youth and youth of color, towards the criminal legal system.<sup>7</sup>

LESBIAN, GAY, AND BISEXUAL YOUTH ARE **TWICE** AS LIKELY TO BE INVOLVED IN THE JUVENILE SYSTEM AS THEIR HETEROSEXUAL PEERS, WHILE TRANSGENDER AND GENDER-EXPANSIVE YOUTH ARE **FOUR TIMES** MORE LIKELY TO ENCOUNTER THE CRIMINAL LEGAL SYSTEM THAN CISGENDER YOUTH



These issues are deeply intertwined with systemic racial disparities, with studies showing that compared to White youth, Black youth are four times, Native American youth are nearly three times, and Latinx youth are 1.5 times more likely to be incarcerated.<sup>8</sup> Such statistics are alarming and highlight the urgent need for targeted, equitable reforms. The Commission's efforts to combat these

disparities involve close collaboration with various state agencies and community organizations, including Citizens for Juvenile Justice and the statewide Juvenile Justice Coalition. By advancing legislation and promoting equitable state policies, significant strides have been made towards reforming the juvenile legal system to be more inclusive and supportive of LGBTQ youth.

Despite progress towards creating safer and more affirming environments within the Department of Youth Services (DYS), much remains to be done. The overarching challenge is preventing the entry of LGBTQ youth into these systems in the first place, which would require a holistic approach focused on law reform, equity, anti-racism, and dismantling the socio-structural factors that lead to incarceration. Furthermore, reforms face a critical barrier to informed impact as we currently lack comprehensive data on the sexual orientation, gender identity, and expression (SOGIE) of incarcerated individuals. The Department of Correction does not currently collect or publicize sufficient sexual orientation, gender identity, and gender expression (SOGIE) data on incarcerated people in Massachusetts. This data gap severely limits the understanding of the disparities faced by LGBTQ youth and hinders the development of targeted interventions. As such, the Commission recommends that SOGIE data be recorded and analyzed for LGBTQ populations within the criminal legal system. By addressing these gaps in data and fostering an environment of inclusivity and support, the Commission aims to significantly reduce disparities and improve the lives of LGBTQ youth involved in Massachusetts' juvenile and adult criminal legal systems.

## 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 legal systems.**

Without comprehensive data, the state has little insight to the widespread disparities experienced by LGBTQ youth in the Commonwealth. In 2018, the legislature created the Juvenile Justice Policy and Data Board (JJPAD) which was tasked with collecting data to identify disparities and make recommendations on how to improve the experience of youth in the juvenile legal system. However, there are still further improvements to be made in the collection of SOGIE data in the criminal legal systems, including by mandating the collection of SOGIE data in the adult legal system. One such path forward would be for the legislature to pass An Act to Promote Rehabilitation Including Guaranteed Health, Treatment, and Safety for Incarcerated LGBTQI+ People, also known as the RIGHTS Act (S.1499/H.2357), which would collect data on LGBTQI prisoners held in restrictive housing.

Additionally, the Commission advises that the legislature should pass An Act Improving Juvenile Justice Data Collection (S.931/H.1802), which would include sexual orientation and gender identity in the collection and reporting of juvenile data to identify and evaluate policies to reduce racial disparities in the juvenile justice system.

As noted in the above Child Welfare section of this annual report, the Commission further recommends that the legislature amend the appointed members of the JJPAD to add dedicated representatives for LGBTQ youth and youth with disabilities. Since December 2022, the Commission has been in conversations with the legislature on the best path forward for this endeavor.

### **2. Disrupt the school-to-prison pipeline by removing police from schools.**

The Commission continues to support the removal of police officers from schools and recommends that the legislature pass the newly refiled bill, An Act Relative to the Location of School Resource Officers (H.565), which would require that school resource officers be located at police stations and not on school grounds.

Furthermore, the Commission recommends that schools be mandated to collect SOGIE demographic information on students involved in disciplinary cases. As highlighted throughout this annual report, LGBTQ youth are more likely to be victims of bullying, and thus more likely to be involved in a disciplinary process that can sometimes lead to the victims being punished more than the perpetrator.

**3. Limit the use of force by law enforcement and correctional officers and establish community-based response systems to reduce police intervention.**

In 2020, Massachusetts passed several police reform bills following the murders of George Floyd and Breonna Taylor at the hands of police, as well as countless other instances of police brutality. Since 2020, there has been no further major evolutions in Massachusetts law, and the 2020 reforms fell short in several areas, including: failing to (1) restrict the government's use of dangerous, racially-biased and transphobic 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. In particular, the Commission strongly recommends that the State examine all local practices and policies as it relates to police responses to emergency calls to ensure that youth are protected from violence and discrimination when in crisis.

The Commission further recommends that Massachusetts ban the use of facial surveillance technology, such as suggested in An Act to Implement the Recommendations of the Special Commission on Facial Recognition Technology (S.927/H.1728). As discussed below, facial surveillance technology has been shown to increase the likelihood of false arrests and criminal charges against QTBIPOC individuals.

**4. Decriminalize consensual sexual relations among parties close in age and support education rather than criminal discipline.**

The Commission recommends that the state decriminalize the consensual sexual relations among parties close in age, such as relationships between 14 and 15-year-olds. LGBTQ youth are often the victims of discriminatory use of these laws as a means of punishing stigmatized relationships between LGBTQ young people, which more typically more affects young boys. Relatedly, the Commission further recommends that legislators decriminalize the engaging of minors in disseminating explicit visual material amongst peers, and stress 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 to clarify for 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.

**5. Eliminate common night-walking laws and increase funding for programs serving LGBTQ youth at-risk of sexual exploitation.**

The Commission recommends that the Commonwealth explore a path to the decriminalization of sex work for youth over the age of 18, through bills such as An Act Relative to the Expungement of Certain Marijuana

and Prostitution-Related Records (H.1757), which would eliminate common night-walking laws and expunge records for those convicted of sex work; and An Act to Prevent Human Trafficking and Improve the Health and Safety of Sex Workers (S.1046/H.1758), which would further support sex workers and victims of trafficking or exploitation by developing a Human Trafficking Prevention and Sex Worker Project, and establish an interagency committee to study more effectively a path for the full decriminalization of sex work in the Commonwealth. For years, research has shown that the criminalization of sex work has made sex workers more vulnerable to violence and discrimination from police, and leads to poorer public health outcomes. Furthermore, due to increased likelihood of experiencing homelessness and financial insecurity, LGBTQ youth are more likely to exchange sex to meet their financial and material needs, than their heterosexual, cisgender peers, as well as more at-risk of sexual exploitation and trafficking. As discussed thoroughly in the public health section of this annual report, too often, law enforcement officers and policymakers conflate ‘sex work’ with ‘sex trafficking’ which leads to ineffective policy implementations, and increased criminalization of LGBTQ youth.

**6. Improve conditions of confinement for incarcerated LGBTQ and intersex individuals.**

Nationally, LGBTQ and intersex individuals are overrepresented among prison inmates in the adult legal system, 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 the RIGHTS Act (S.1499/H.2357) to ensure stronger protections of LGBTQ incarcerated youth in the adult criminal legal system, as well as conduct research studies to better understand the experiences of LGBTQ individuals being detained across the state.

**7. Provide increased legal support for undocumented youth.**

At a time when the federal government is increasingly targeting undocumented communities and Massachusetts is seeing a significant increase in new arrivals to the state, it is imperative that the state takes 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.2288/S.1510), 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 legal system to include 18-to 20-year-olds.**

The Commission recommends that the legislature raise the age of the juvenile justice system to gradually include 18- to 20-year-olds to improve public safety and improve outcomes for the teens as proposed in An Act to Promote Public Safety and Better Outcomes for Young Adults (S.942/H.1710), also known as ‘Raise the Age.’ Massachusetts is well-known to have better outcomes for youth in the juvenile justice system through the Department of Youth Services and for youth over the age of 18, these formative years are particularly important for LGBTQ youth who often struggle with mental health issues.

**9. Increase transitional and permanent housing resources for formerly incarcerated LGBTQ youth.**

The Commission strongly recommends that the Commonwealth allocate funding to the development of and expansion of transitional housing resources for formerly incarcerated LGBTQ youth, particularly for those aged 22 to 24 who may not be eligible for other state services. An example of this transitional housing program is offered by the Transgender Emergency Fund Transitional Housing Program, which houses up to eight transgender and gender expansive individuals currently experiencing homelessness.

**10. Support legislative initiatives to improve the Massachusetts legal system, and support diversion of youth.**

The Commission supports the expansion of access to record sealing, and the automatic sealing of eligible juvenile and adult records within 90 days, as proposed in an *Act Providing Easier and Greater Access to Record Sealing* (S.979/H.1598), as the process of sealing records can be difficult and lengthy given the current backlogs. Furthermore, the Commission supports the expansion of access to judicial diversion for youth who commit low-level offenses in order to better support diverting youth away from the juvenile system, as proposed in *An Act Promoting Diversion of Juveniles to Community Supervision and Services* (S.940/H.1495). Furthermore, the Commission recommends that the state eliminate bail administrative fees for youth, and transfers authority over detention decisions from police to bail magistrates.

**11. Actively involve justice-involved youth in government decision affecting them, ensuring their experiences directly inform policies and programs designed to serve their needs.**

The inclusion of young people with lived experience in state systems is critical to ensuring real and effective change in initiatives to improve the criminal legal system. The Commission strongly recommends that policymakers, agencies, and community stakeholders actively work to provide paid, meaningful opportunities for justice-involved youth to participate in new initiatives, programs, and policy development.

**Research on Juvenile Detainment and Incarceration**

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This annual report highlights the unique challenges faced by LGBTQ youth, which increase their susceptibility to involvement in the juvenile and criminal legal systems. These challenges include homelessness, engagement in the child welfare system, the criminalization of survival sex work, drug use and/or sales, and employment discrimination. Data on the experiences of Massachusetts youth under 25 within the criminal legal systems remain limited. Anecdotal evidence from conversations with youth, providers, and advocates suggests a pressing need for further work, especially for youth over 18.

Nationally, lesbian, gay, and bisexual youth are twice as likely to be involved in the juvenile system compared to their heterosexual peers, while transgender and gender-expansive youth are four times more likely to encounter the criminal legal system than cisgender youth.<sup>9</sup> Youths of color report higher engagement with the legal system and are more frequently victims of police violence.<sup>10</sup> Research indicates that Black youth are four times more likely to be incarcerated, Native/Indigenous youth are nearly three times as likely, and Latinx/Latine youth are 1.5 times more likely than White youth.<sup>11</sup> It is estimated that 85-90% of LGBTQ youth in the juvenile legal system are youths of color.<sup>12</sup> Transgender and gender-nonconforming individuals face particularly high rates of incarceration, with transgender people of color

experiencing past incarceration rates four times higher than other LGBTQ people.<sup>13</sup> Up to 40% of persons assigned female at birth in the juvenile legal system identify as lesbian, bisexual, queer, and/or gender-nonconforming.<sup>14</sup> Additionally, 5% of LGBTQ youth report having been incarcerated, and 73% report having had personal interactions with law enforcement in the previous five years.<sup>15</sup> The Department of Youth Services (DYS) has committed to providing a more detailed breakdown of race/ethnicity and SOGI data in its next annual report. In 2018, the Department of Youth Services released a report on recidivism that included a demographic breakdown for LGBTQ youth, and unfortunately finding that youth who identify as LGBTQ+ had a higher recidivism rate of 27.8% compared to a recidivism rate of 19.9% for youth who did not identify as LGBTQ+.<sup>16</sup>

Over two-thirds of justice-involved youth have histories of interpersonal trauma, and most face discrimination based on race, ethnicity, gender identity, sexual orientation, and disability status.<sup>17</sup> Factors such as homelessness, overrepresentation in the foster care system, and the criminalization of sex work further increase their risk of incarceration. Given these complexities, there's a critical need for more research on the impact of sexual orientation, gender identity, race, and other social identities on incarceration and detention rates.

## Pathways to Involvement in the Juvenile and Criminal Legal Systems

LGBTQ youth face systemic challenges and societal discrimination that significantly contribute to their overrepresentation in the juvenile and criminal legal systems. These young individuals are often subjected to harassment, bullying, and violence, which can lead them to engage in criminalized compensatory behaviors and survival economies, including sex work and selling drugs. Moreover, discriminatory policies and policing strategies disproportionately target LGBTQ youth, particularly those of color and those experiencing homelessness.<sup>18</sup> Such interactions with the criminal legal system during adolescence—a critical period of brain development—can have lifelong repercussions.<sup>19</sup> There is an urgent need for reforms that address the root causes of discrimination and stigmatization against LGBTQ youth, ensuring disruption in pathways to involvement in the juvenile and criminal legal systems.

LGBTQ youth face a disproportionate risk of entering the juvenile and criminal legal systems, stemming from systemic issues such as poverty, homelessness, and engagement in compensatory behaviors like drug use. This vulnerability is exacerbated by the higher rates of poverty among LGBTQ individuals compared to the general population, with transgender youth experiencing even higher rates of poverty than other LGB populations.<sup>20</sup> The struggles with poverty and joblessness often push LGBTQ people towards criminalized economies, such as sex work or drug sales, as a means of survival.<sup>21</sup> These actions, while attempts to navigate through dire circumstances, frequently lead to incarceration or other forms of criminal legal system involvement.

The intersection of homelessness and the criminal legal system further complicates the lives of LGBTQ youth. Being unhoused or under-housed not only exposes LGBTQ youth to the elements but also to the



punitive mechanisms of law enforcement, including arrests for loitering or sleeping in public spaces.<sup>22</sup> In Massachusetts, one out of every three youths experiencing homelessness identifies as LGBTQ.<sup>23</sup> As a result of these experiences, LGBTQ youth may turn to sex work or selling drugs to survive, which can often lead to some type of involvement with the criminal legal system, including incarceration. The state's shelter system, especially for LGBTQ youth, is under-resourced and often unsafe, forcing youth out into public spaces and increasing their interactions with law enforcement.<sup>24</sup> Traditional emergency homeless shelters can be dangerous environments for LGBTQ youth due to several intertwined factors.<sup>25</sup> These facilities may lack staff trained in LGBTQ care, leading to an environment where discrimination, harassment, and even violence against LGBTQ youth can occur unchecked.<sup>26</sup> Additionally, shelter policies and practices may not respect the gender identities of transgender and nonbinary youth, forcing them into accommodations that do not align with their gender identity and exposing them to heightened risks of abuse and trauma.<sup>27</sup> This situation creates a vicious cycle where homelessness contributes to criminalization, which in turn, exacerbates the challenges faced by these youths. After release from incarceration, many returning youth struggle to find stability and often face homelessness.



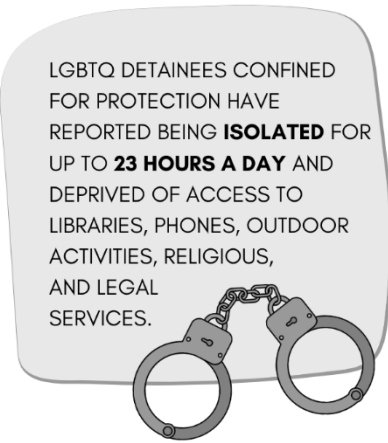
IN MASSACHUSETTS, **ONE OUT OF EVERY THREE** YOUTHS EXPERIENCING HOMELESSNESS **IDENTIFIES AS LGBTQ**

The communal living situations typical of emergency shelters can further exacerbate vulnerabilities for LGBTQ youth, who may face bullying and isolation from their peers.<sup>28</sup> Studies consistently show that LGBTQ young people who face anti-LGBTQ victimization, such as physical threats or harm, discrimination, or bullying, report higher instances of attempting suicide.<sup>29</sup> The combination of these elements creates an atmosphere where LGBTQ youth may not only feel unsafe but can also experience detrimental effects on their physical, mental, and emotional well-being, driving them away from seeking help or accessing the supportive services they desperately need. Improving LGBTQ-friendly shelter availability and the safety of emergency shelters, particularly for those under 18, are crucial steps toward addressing the systemic failures that funnel LGBTQ youth into the criminal legal system.

LGBTQ immigrant and asylum seeker - youth have received little consideration in policy development, research efforts, and institutionally funded opportunities. LGBTQ individuals seeking asylum encounter dehumanization, abuse, and transphobia in detention settings, including the denial of access to basic needs and medical care.<sup>30</sup> Overall, LGBTQ immigrant youth face unique pressures related to their immigrant status, which heightens their risk of homelessness.<sup>31</sup> These pressures include the fear of deportation and worsened mental health conditions stemming from discrimination and the stress of cultural adaptation.<sup>32</sup> There is a significant gap in research focused on understanding the experiences of LGBTQ immigrant youth, and without more data we cannot adequately support this population.

Further, the conditions within immigration detention facilities are particularly harmful for LGBTQ immigrants, both for adults and for youth. Massachusetts hosts nine immigration detention centers under the supervision of U.S. Immigration and Customs Enforcement (“ICE”).<sup>33</sup> Physical and sexual abuse remains a widespread issue in these adult detention centers, where the prevalence of sexual abuse mirrors the high rates found in prisons at large.<sup>34</sup> Transgender immigrants face even greater dangers, as the common practice of assigning them to facilities based on their sex assigned at birth (and not their contemporaneous

gender) not only inflicts psychological damage but also significantly heightens their risk of abuse.<sup>35</sup> For instance, a comprehensive survey in California revealed that transgender women placed in male prisons



were 13 times more likely to experience sexual abuse compared to their fellow inmates.<sup>36</sup> Rather than accommodating trans-detainees according to their gender identity, officials frequently resort to placing them in protective custody or solitary confinement under the mistaken belief that such segregation will protect them.<sup>37</sup> LGBTQ detainees confined for protection have reported being isolated for up to , deprived of access to libraries, phones, outdoor activities, religious, and legal services that are available to the general detainee population.<sup>38</sup> The psychological toll of solitary confinement has been well-documented by psychologists, and its impacts include severe anxiety, depression, paranoia, hallucinations, and a propensity for impulsive, self-harmful behaviors.<sup>39</sup> The Commission strongly

recommends that Massachusetts undertake additional research to gain a deeper understanding of the experiences faced by LGBTQ youth detained in the state's immigration facilities.

LGBTQ youth disproportionately engage in drug use and sales, which places them at higher risk of arrest and conviction for drug offenses.<sup>40</sup> Drug use can be a coping mechanism for many LGBTQ youths subjected to sexual-prejudice stigma and discrimination.<sup>41</sup> A recent study discovered a notably higher rate of marijuana use among sexual minority youth in neighborhoods experiencing a greater number of LGBT assault hate crimes.<sup>42</sup> These findings indicate that the context of the neighborhood, specifically the prevalence of LGBT hate crimes, might play a role in the differences observed in marijuana use based on sexual orientation. LGBTQ youth start using substances at an earlier age and have higher rates of use and misuse than their heterosexual and cisgender peers.<sup>43</sup> This pattern persists despite overall declines in substance use among the general youth population. National research indicates that 80% of young individuals in state juvenile legal systems were either under the influence drugs or alcohol at the time of their offense(s), tested positive for substances, were detained for alcohol or drug-related crimes, confessed to struggling with substance abuse or addiction, or exhibited a mix of these factors.<sup>44</sup> Approximately 10% of all juvenile arrests in the United States in 2020 were related to drug abuse violations.<sup>45</sup> Moreover, LGBTQ communities have historically faced hyper-policing intended to enforce cisgender and heterosexual norms, further increasing their risk of being arrested for their use or misuse of drugs.

### The Foster Care-to-Prison Pipeline

Massachusetts is celebrated for its leadership in LGBTQ rights, being the first state to legalize same-sex marriage in 2004 and home to the nation's only state LGBTQ youth commission. The Commonwealth boasts legal protections against discrimination based on sexual orientation and gender identity in several areas, such as public accommodations, housing, employment, and state services. Despite these advancements, the Massachusetts child welfare system lags behind. Notably, LGBTQ youth are disproportionately represented in these systems. In Massachusetts, according to the Department of Children and Families' (DCF) Quarter 1 report for FY 2024, 9% of youth in DCF services identify as LGBTQ.<sup>46</sup> However, this percentage may actually be much higher, as many youths and workers have previously reported to the Commission that they do not feel comfortable or safe enough to disclose their identity to DCF. Regrettably,

the child welfare system serves as a pathway for what is known as the “foster care-to-prison pipeline,” a process that funnels children from foster care directly into juvenile detention or adult correctional facilities.<sup>47</sup> At the national level, by age 17, more than half of all children in foster care have had an encounter with the juvenile legal system, whether through arrest, conviction, or detention.<sup>48</sup> For those children who have experienced five or more foster placements, there is a 90% chance of involvement with the criminal legal system.<sup>49</sup> This phenomenon impacts LGBTQ youth; specifically, 23% of LGBQ youth and 20% of transgender and gender-nonconforming youth in juvenile detention have reported prior placements in foster or group homes.<sup>50</sup> Furthermore, the foster care-to-prison pipeline disproportionately affects youth of color, and those with mental health issues.<sup>51</sup>

Over the last several years, the Commission has taken a deeper look at the experiences of LGBTQ youth in intersecting systems, including the child welfare system and criminal legal system. In 2021, the Commission published a report entitled, “LGBTQ Youth in the Massachusetts Child Welfare System: A Report on Pervasive Threats to Safety, Wellbeing, and Permanency,”<sup>52</sup> which shed light on the experiences of LGBTQ youth and their families involved with the Department of Children and Families (DCF). Though approximately 20% of the state's students identify as LGBTQ, the report found that specific data on LGBTQ youth in the Massachusetts DCF system was scarce.<sup>53</sup> The report analyzes national studies, public records, the Commission's findings from working with DCF, and anonymous interviews with DCF-involved youth, service providers, foster parents, and advocates.<sup>54</sup> The report found severe issues within the foster care system, including unsafe environments for LGBTQ youth, barriers to accessing necessary medical care and education, and challenges in achieving stable, permanent living situations.<sup>55</sup> Notably, the report concludes that the system has failed to ensure the safety and protection of LGBTQ youth from violence, abuse, and exploitation, particularly those in congregate care settings.<sup>56</sup> The Commission uncovered significant threats to the wellbeing of these youths, including extensive delays in obtaining medically necessary care, barriers to education, and a widespread invalidation of LGBTQ identities. It also noted poor permanency outcomes for LGBTQ foster youth, characterized by inappropriate placements, frequent moves, and difficult transitions into adulthood. The damage resulting from these failures is profound and, in some cases, irreversible, disproportionately affecting Black and Brown youth as well as transgender youth due to disparate access to resources and ongoing biases within the child welfare system.

Fortunately, DCF has made significant progress since the release of the Commission's report. Over the past three years, the Department of Children and Families (DCF) has significantly improved its practices for collecting Sexual Orientation and Gender Identity (SOGI) data, with much of this data being included in its quarterly reports since early fiscal year 2023. During a meeting in February 2024, the Commission learned that DCF is developing an LGBTQ training program to be hosted on MassAchieve, the state employee training platform. This program will include discussions at all area offices to guarantee both compliance and understanding. The newly established LGBTQIA+ Office at DCF will lead these discussions in collaboration with the leadership and training teams of the area offices. In addition, DCF has made significant progress in implementing LGBTQ-inclusive policies over the last four years and remains committed to continually assessing the effectiveness of these policies. Currently, DCF is reviewing its Gender-Affirming Medication Consent Policy, introduced in 2021, to update and clarify its language to address some ongoing issues and obstacles.

Despite the significant strides made by DCF, the Commission's report's findings, nevertheless, are alarming considering research on suicidality among LGBTQ youth with a history of foster care. LGBTQ youth who had been in foster care are three times more likely to have attempted suicide in the previous year compared to other LGBTQ youth.<sup>57</sup> Specifically, 45% of transgender and nonbinary youth and 38% of youth of color with a history of foster care involvement had attempted suicide in the twelve months prior to the Commission's 2021 survey.<sup>58</sup> It is imperative that systemic changes to better support and protect LGBTQ youth be undertaken within the foster care system.

To address the foster care crisis comprehensively, the Commission has recommended coordination across state agencies to tackle systemic biases and reallocate resources to address root causes like poverty and violence. Furthermore, as discussed at greater length in the FY 25 DCF recommendations included in this annual report, the Commission recommends that DCF and other stakeholders: collect and report data on sexual orientation and gender identity, develop and implement policies to ensure equitable services, train and provide resources for DCF providers and caregivers, and create structural changes that increase capacity to serve LGBTQ, including expanding the number of affirming homes. DCF has begun evaluation or implementation already for many of these recommendations, however, more work is needed. The Commission's FY 25 recommendations for the Department of Children & Families (DCF) include continuing thorough and accurate SOGI data collection with new mandatory data elements and staff training, maintaining and reviewing LGBTQ-inclusive policies, and considering the creation of an internal coding system for greater case transparency. DCF is advised to update the LGBTQ Guide to ensure it is accessible to all relevant parties and to implement the updated MAPP training curriculum with a system for regular reviews to ensure its relevance. Further, there's a need to improve the recruitment of LGBTQ-affirming foster parents and to create a statewide database of such homes. Further, the Commission recommends that DCF collaborate with LGBTQ youth and organizations to develop resources, address service gaps for LGBTQ immigrant youth, expand training on LGBTQ cultural engagement and other inclusivity topics.

Furthermore, the Commission, as discussed in greater detail the FY 25 CPCS recommendations included in this annual report, has made a series of recommendations to the Committee for Public Counsel Services (CPCS) aimed at enhancing the legal support provided to LGBTQ youth within the child welfare system, specifically through the Children and Family Law Division (CAFL). These recommendations are driven by the unique challenges and discrimination faced by LGBTQ youth in foster care, including violence, harassment, and issues with misgendering and bullying. CAFL lawyers play a critical role in ensuring that the rights of these youth are protected, and that they receive the necessary support for reunification with their families, transition to new homes, or aging out of the system with dignity. The Commission recognizes that CAFL has been exploring ways to deliver more consistent and affirming services to LGBTQ clients. To address these concerns, the Commission suggests that the CAFL Performance Standards explicitly include guidelines for representing LGBTQ clients; this would include important culturally competent interventions including using appropriate names and pronouns, facilitating name and gender marker changes, and pursuing continuous education to improve LGBTQ competency among lawyers. Moreover, the Commission recommends that there be a clear and efficient process for evaluating attorney performance in these areas, alongside accessible avenues for clients to report instances of bias or discrimination.

Further, the Commission recommends that there be consistent and high-quality training on LGBTQ subjects for CAFL staff and private attorneys. It is of critical importance that attorneys receive both introductory and

specialized training covering various LGBTQ topics, such as gender-affirming healthcare and advocacy in educational settings. Attorneys, especially those with long-standing practices, might not proactively seek out new training opportunities relevant to LGBTQ clients, thus necessitating a mandatory training requirement to ensure that all attorneys are equipped to serve this community effectively. The Commission advocates for the designation of one or more point people within CAFL as subject-matter experts on LGBTQ issues. This would provide a reliable resource for colleagues seeking advice on best practices for advocating for LGBTQ clients. The establishment of such positions, potentially initiated through legal fellowships, would be a critical step toward embedding LGBTQ cultural competency within CAFL's operations. Further, it is recommended that CAFL collect and report data on sexual orientation, gender identity, and other demographics to better understand and meet the needs of LGBTQ youth, including those of color and with disabilities. Finally, the recommendations, included in more detail elsewhere in this report, call for an investigation into and addressing of service provision gaps for immigrant youth, ensuring that these vulnerable groups receive appropriate and effective legal representation.

Within the foster care system, LGBTQ youth frequently face intolerance, mistreatment, and neglect from caregivers and peers.<sup>59</sup> The Commission has repeatedly advised DCF to improve the recruitment and training of LGBTQ-affirming foster parents and to develop a system for tracking such homes. The scarcity of affirming foster homes across the country and the state exacerbates the risks for LGBTQ youth, making them more likely to be placed in non-affirming group homes or foster homes, thereby increasing their vulnerability to violence and discrimination.<sup>60</sup> The trauma of being placed in the child welfare system, coupled with this rejection, can have severe effects on their mental and emotional health.<sup>61</sup> Many of these youth encounter untreated mental health issues or are over-medicated with psychotropic drugs.

In addition to the systemic failings in foster care, the criminalization of mental illness plays a significant role in propelling LGBTQ youth from foster care into the prison system.<sup>62</sup> Rather than receiving trauma-informed and identity-affirming care, many foster youth are incarcerated during mental health crises.<sup>63</sup> And, the transition out of foster care presents its own set of challenges for LGBTQ youth, including unstable housing, insufficient educational opportunities, unemployment, and physical and mental health issues, all of which heighten their risk of entanglement with the criminal legal system.<sup>64</sup>

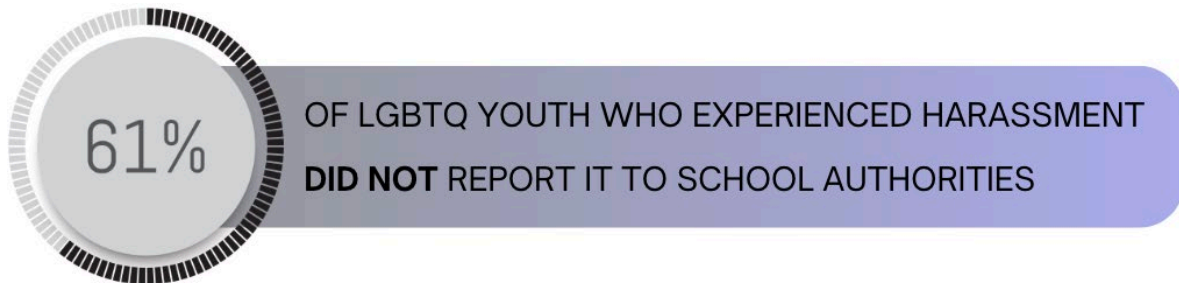
For LGBTQ youth, the inadequacies of the child welfare system often force a dire choice between remaining in an abusive environment or fleeing which can lead to homelessness, engaging in survival sex work, or becoming victims of trafficking. Even those who age out of the system encounter minimal support, facing unstable housing, inadequate access to education, unemployment, and health issues, which can spiral into interactions with the juvenile legal system.

## The School-to-Prison Pipeline

According to recent data, a significant number of LGBTQ students going to school in Massachusetts have faced discriminatory policies or practices within their schools. Over 40% of these students have experienced some form of anti-LGBTQ discrimination.<sup>65</sup> This includes being barred from using chosen names or pronouns (14%), using gender-aligned bathrooms (16%), and accessing appropriate locker rooms (12%).<sup>66</sup> And, 14% of LGBTQ youth have faced disciplinary action for public displays of affection, not similarly enforced against non-LGBTQ students.<sup>67</sup> Some students have also reported being restricted from wearing

clothing considered "inappropriate" based on gender (11%) or from participating in sports teams consistent with their gender identity (7%).<sup>68</sup> Transgender and nonbinary students have disproportionately high rates of gender discrimination in schools,<sup>69</sup> with data showing that transgender students have reported being prevented from using their chosen name or pronouns (23%), accessing bathrooms (26%) and locker rooms (19%) matching their gender, wearing certain clothing (13%), and playing on sports teams that align with their gender (11%).<sup>70</sup>

LGBTQ students face high rates of bullying and harassment in Massachusetts, including at school and at home. Recent data indicates that 1 in 3 LGBTQ youth have experienced threat or harm based on their sexual orientation or gender identity, and nearly 70% have experienced discrimination on this basis.<sup>71</sup> Only 29% of LGBTQ youth have identified home as an LGBTQ affirming space, indicating an overall lack of familial support that can impact their wellbeing.<sup>72</sup> A significant portion of LGBTQ students feel unsupported in the face of harassment.<sup>73</sup> And 61% of LGBTQ youth who experienced harassment did not report it to school authorities, citing fears of repercussions or doubts about receiving adequate assistance. This lack of trust is further exacerbated by the patterned, negative treatment of LGBTQ youth who do report the harassment. Frequently, LGBTQ youth who endure bullying or harassment find themselves facing more severe disciplinary actions than the perpetrators themselves.<sup>74</sup> In some cases, LGBTQ youth have even been suspended after reporting incidents of bullying.



The alarming rates of abuse and harassment experienced by LGBTQ students in Massachusetts reflect broader national trends. Across the country, LGBTQ youth are disproportionately suspended and expelled from school, often paving the way for their involvement in the juvenile legal system. A recent national survey, the U.S. Trans Survey, found that eighty percent of adult transgender participants and sixty percent of transgender respondents aged 16 and 17, who were identified or perceived as transgender during their K-12 education, reported facing at least one type of negative experience or mistreatment at school.<sup>75</sup> This included verbal harassment, physical assaults, cyberbullying, restrictions on dressing according to their gender identity or expression, refusal by teachers or staff to use their chosen names or pronouns, or denial of access to bathrooms or locker rooms that aligned with their gender identity.<sup>76</sup> This harm is exacerbated in schools with the presence of School Resource Officers (SROs), where LGBTQ youth are more likely to be referred to law enforcement for disciplinary infractions.<sup>77</sup> As a result, these interactions perpetuate a phenomenon referred to as the school-to-prison pipeline, in which a series of punitive policies and practices within the education system disproportionately funnel students, particularly those already at risk, out of classrooms and into the juvenile and criminal legal systems.<sup>78</sup> The school-to-prison pipeline reflects a prioritization of punishment over education, contributing to a cycle of incarceration that disproportionately affects marginalized communities, including LGBTQ youth.<sup>79</sup> Once involved in the juvenile legal system,

students face numerous barriers to re-entering traditional schooling. Many of these students never graduate from high school, further limiting their opportunities for future success and increasing their likelihood of incarceration or re-incarceration.

The repercussions of discrimination and harassment extend beyond the school environment. LGBTQ youth in Massachusetts are statistically more prone to engaging in physical altercations and carrying weapons, likely to protect themselves, compared to their heterosexual and cisgender peers, leading to arrest and potential incarceration. Moreover, the disparities are particularly stark for LGBTQ youth of color, with a higher likelihood of police involvement during their middle and high school years. These disciplinary actions can have long-lasting consequences, potentially leading to a criminal record that detrimentally impacts their prospects in terms of employment and housing.

### Criminalization of Consensual Sexual Relationships and Sex Work

As reiterated throughout other sections in this annual report, the Commission steadfastly advocates for the decriminalization of sex work for individuals over 18, as decriminalization would alleviate public health disparities, enhance housing accessibility, and diminish the entanglement of LGBTQ youth in the criminal legal system. Furthermore, decriminalization enables a more strategic allocation of resources towards effectively safeguarding vulnerable youth from commercial sexual exploitation and trafficking. This strategic redirection of resources is imperative, as the conflation of sex work with sex trafficking often leads to ineffective and inefficient programs, further stigmatizing and criminalizing both consensual sex workers and sexually exploited victims alike.<sup>80</sup>

Furthermore, the Commission recommends a substantial investment in programs tailored to address the vulnerabilities of youth susceptible to commercial sexual exploitation, with a specific focus on LGBTQ youth and cisgender boys, who are frequently overlooked in discussions concerning sexual exploitation and trafficking. Additionally, the state is urged to broaden its approach to youth sex work away from the criminal legal system and instead towards assisting youth that engage in sex work to meet their financial or material needs. For instance, initiatives providing gender-affirming care products could significantly mitigate the risks associated with engaging in sex work by supporting transgender and gender expansive youth who may turn to sex work to afford essential items such as wigs, binders, packers, and makeup.

Despite the U.S. Supreme Court ruling anti-sodomy laws unconstitutional in 2003 and Massachusetts recognizing same-sex marriage since 2004, laws that penalize sodomy, "unnatural acts," and blasphemy still exist on the Commonwealth's books.<sup>81</sup> These laws, though not actively enforced, have been criticized for their potential threat to the LGBTQ+ community and others. In January 2024, the Massachusetts State Senate passed Senate Bill 2551 aimed at removing outdated and discriminatory laws from the state's statutes.<sup>82</sup> The bill also seeks to repeal laws related to "common night-walking," which refers to an individual who is out at night, inviting others to participate in illegal sexual activities.<sup>83</sup> Typically, this term is used to describe a sex worker who seeks out clients in public spaces. This archaic law disproportionately harms women, particularly Black and Latino women in low-income neighborhoods. The bill is seen as a step toward respecting individual rights and eliminating laws based on outdated notions of morality and social norms. As of the drafting of the report, the bill is still pending in the House Committee on Ways and Means. The Commission supports this bill, and others like it, aimed to decriminalize adult sex work, as its impact



would be far-reaching for many LGBTQ youths over 18. Decriminalizing sex work is a crucial step towards enhancing legal protections, improving access to justice and healthcare, and combatting violence against sex workers, thereby fostering healthier and more equitable communities.

In addition, the Commission advocates for the decriminalization of consensual teen sex and sexting, proposing adjustments to the current age of consent laws for minors involved in consensual sexual activities.<sup>84</sup> Despite the absence of explicit sexting laws in Massachusetts, child pornography statutes pose potential legal ramifications for minors under 16 engaging in consensual sexting, which can lead to criminal convictions.<sup>85</sup> It is recommended that legislative reforms be taken to support minors in navigating evolving technology and dating culture without subjecting them to criminal penalties.

Moreover, evidence shows discriminatory policing of consensual teen sexual relationships, particularly impacting LGBTQ youth, who are unfairly labeled as sex offenders.<sup>86</sup> These unjust legal practices perpetuate cycles of poverty, instability, and criminalization, emphasizing the necessity of decriminalizing consensual sexual relations among close-in-age parties. Further, discriminatory criminal penalties are sometimes levied on individuals living with HIV, particularly among LGBTQ youth and youth of color, underscoring the urgency for legal reforms to prevent further marginalization and discrimination.<sup>87</sup>

Recognizing the disproportionate harm inflicted by laws criminalizing adult sex work and consensual sexual relationships for youth, especially on LGBTQ youth, immigrants, and people of color, the Commission advocates for the passage of legislation aimed at promoting the health and safety of individuals in the sex trade and consensual sexual relationships.

### Discriminatory Law Enforcement Strategies

Studies show that prejudice and discrimination can guide the actions of law enforcement, leading to LGBTQ youths, especially girls and those of color, being disproportionately targeted.<sup>88</sup> LGBTQ individuals, especially those from minority backgrounds, often encounter adverse reactions from police. A national survey discovered that 31% of LGBTQ victims of hate-driven violence experienced hostile responses from the police officers they approached, and 35% reported police indifference towards their victimization.<sup>89</sup> Transgender victims of hate crimes notably faced higher instances of violence from police compared to others, with Black LGBTQ individuals experiencing police use of force nearly three times more frequently than other victims.<sup>90</sup>

In addition, it is likely that many hate crimes go unreported as there exists significant differences between recorded hate crime statistics and reports from victims.<sup>91</sup> LGBTQ individuals often hesitate to report hate crimes due to fears for their safety and the anticipated negative response from law enforcement.<sup>92</sup> Law enforcement officers may be hesitant to investigate these crimes due to unease in dealing with LGBTQ individuals and a lack of definitive instructions on hate crime case protocol.

### Experiences of LGBTQ Youth in the Criminal Legal System

LGBTQ youth face systemic challenges and discrimination throughout the pre-trial, trial, and incarceration phases within both juvenile and criminal legal systems.<sup>93</sup> Research, including findings from the Williams Institute, reveals that LGBTQ youth, particularly those of color, endure longer periods within the juvenile

legal system and are at a higher risk of facing discrimination and violence while detained or incarcerated.<sup>94</sup> Notably, LGBTQ youth are significantly more likely to be detained for extended periods, with some studies indicating they have a two- to three-times higher chance of being held for over a year compared to non-LGBTQ peers.<sup>95</sup> Lengthier detention periods are troubling due to their harmful effects on young people. Apart from well-documented risks like the spread of negative peer influences, heightened trauma, and an increased chance of subsequent legal troubles, prolonged detention carries further adverse consequences. Extended time in detention can disrupt a young person's access to ongoing mental and behavioral health services within the community, undermine the effectiveness of rehabilitation programs, postpone the process of taking accountability, and may even lead to premature death.<sup>96</sup>

The Department of Youth Services (DYS) tracks the sexual orientation, transgender status, and intersex status of young people in their care, including during pretrial detention. For 2023 pre-trial detention admissions, DHS found only 6% (47 individuals) identified as LGBTQ.<sup>97</sup> This figure is lower than national averages.<sup>98</sup> The lower rate of LGBTQ+ youth in pretrial detention in Massachusetts might be seen as a positive development, but it could also suggest that many detained youths choose not to reveal their sexual orientation or gender identity during the intake process. The discrepancy in the representation of LGBTQ+ youth in detention in Massachusetts, whether it be an overrepresentation or underrepresentation, comes with distinct reasons for their detention when compared to non-LGBTQ+ youth.<sup>99</sup> Among the 768 detention admissions, those who identified as LGBTQ+ were far more likely to be held on cash bail compared to their non-LGBTQ+ counterparts.<sup>100</sup>

Despite legislative efforts to protect LGBTQ youth in incarceration settings, such as the Prison Rape Elimination Act (PREA) of 2003 and the federal Juvenile Justice and Delinquency Prevention Act, the implementation of these protective standards has been inconsistent.<sup>101</sup> This inconsistency sometimes exacerbates the challenges LGBTQ youth face, including higher rates of abuse and harassment.<sup>102</sup> Specifically, the Bureau of Justice Statistics reports that incarcerated gay, bisexual men, and transgender women are approximately ten times more likely to suffer sexual victimization than their heterosexual counterparts.<sup>103</sup> Moreover, a staggering 85% of LGBTQ inmates have experienced solitary confinement, with about 30% of LGB young people in prison placed in segregated housing, significantly higher than the 18% of their non-LGB peers.<sup>104</sup> These numbers may be particularly alarming for transgender youth however, there is a dearth of data on the subject. According to the 2022 Department of Youth Services report, “youth who identify as transgender are assigned to alternative placement based on their preference on a case-by-case basis, depending on self-identification and safety measures.”<sup>105</sup> Yet, Massachusetts data on how frequently these alternative placements occur and what incidents result from placements that do not align with a transgender youth's gender are not sufficiently available.

Solitary confinement or “administrative segregation” remains a critical issue for detained and incarcerated LGBTQ youth.<sup>106</sup> It is reportedly used for the protection of LGBTQ youth against sexual violence and other forms of abuse, however, this practice has been deemed inhumane by the Children's Defense Fund due to its severe negative impacts on mental health, including heightened suicide risks and increased abuse by staff.<sup>107</sup> As of March 2024, American Psychological Association (APA) officially recommended banning the use of solitary confinement for youths in juvenile legal settings, except in emergencies.<sup>108</sup> The Association cited evidence indicating the harmful effects of isolation on young individuals' mental health and development.<sup>109</sup> This resolution advocates for emergency-only use of solitary confinement as well as

limiting its duration, implementing alternative behavior management strategies, and ensuring ongoing mental health support for isolated youths.<sup>110</sup> Additionally, it calls for federal and state authorities to track and report the use of solitary confinement, detailing the data by various demographics, including gender, race/ethnicity, LGBTQ+ status, and disability.<sup>111</sup>

The sexual and reproductive healthcare needs of LGBTQ youth are often unmet within both juvenile and criminal detention facilities, contributing to a higher rate of sexually transmitted infections and HIV transmission among this population upon release.<sup>112</sup> Young people under state care (including in detainment and incarceration) face heightened risks, necessitating a comprehensive response from the authorities responsible for their well-being. Data shows that those living outside traditional home environments are more likely to engage in risky behaviors, including substance misuse and unprotected sex.<sup>113</sup> Adolescents in juvenile detention centers tend to start having sex at younger ages and report higher rates of sexually transmitted infections (STIs) compared to their peers not in such facilities.<sup>114</sup> A significant number of these young individuals entered state control after living on the streets, where they might have engaged in dangerous behaviors to meet basic needs, thus elevating their risk of STIs, HIV, or becoming victims of sexual violence. Federal bodies, including the Center for Disease Control and the National Institute of Justice, have identified that juveniles in confinement face a significantly higher risk of HIV and STIs; and this risk follows them after they leave juvenile detention facilities.<sup>115</sup>

Healthcare professionals in prisons and detention facilities should deliver reliable, evidence-based medical treatment that aligns with recognized healthcare standards; this includes immediate provision of HIV treatments and healthcare services tailored to the needs of transgender youth. It is crucial for all personnel to safeguard the privacy of young individuals by securing their health records and limiting the dissemination of sensitive information to non-medical staff, such as a youth's HIV status or LGBTQ identification. Further, many juvenile legal facilities are inadequately equipped to meet the medical needs of transgender youth, including the provision of transition-related hormones or hormone blockers.<sup>116</sup> The pressing sexual health needs of young individuals in state facilities require a dedicated effort by the authorities overseeing the juvenile and criminal legal institutions. Unlike their peers not in custody, these youths often lack regular access to educational resources that they would have received in the public school system or guidance from a parent regarding health, including sexual education. Furthermore, they are unable to reach out to external sources for medical care, counseling, support, and information. Youth who are incarcerated rely on the state to fulfill these essential needs.

After release, LGBTQ youth experience the collateral consequences of incarceration. The concept of collateral consequences is defined to include the negative impacts that arise for young people and their families following involvement with the juvenile legal and the criminal legal systems, including through stages such as arrest, referral, intake, detention, adjudication, residential placement, probation, and release.<sup>117</sup> These impacts are particularly pronounced for individuals from racially marginalized communities or those with lower socioeconomic status. The repercussions of these consequences can be enduring and often unforeseen, affecting a young person's life trajectory in ways that extend far beyond the initial interaction with the criminal legal system. The Office of Juvenile Justice and Delinquency Prevention has documented over ten collateral consequences for previously incarcerated youth, including barriers to accessing local public education and higher education as such youth may have trouble re-enrolling in school, transferring credits, and may even be disqualified from receiving federal student

loans.<sup>118</sup> Furthermore, the families of these young individuals may also experience collateral consequences, facing financial burdens, limited housing options, and potentially criminal charges if they are deemed responsible for the minor's actions.<sup>119</sup>

Those who are eligible for expungement or sealing of their criminal record must face lengthy processing times (sometimes over a year) and, many struggle to afford an attorney to assist them in filing.<sup>120</sup> Studies indicate that sealing records can significantly enhance job access and wages.<sup>121</sup> Clean Slate is a legislative proposal aimed at reforming the process of sealing criminal and juvenile records to alleviate the long-term consequences of having a criminal record, which includes barriers to employment and housing.<sup>122</sup> Several bills were proposed in 2023 that would mandate the Commissioner of Probation to automatically seal an individual's record after their statutorily required waiting period has passed, eliminating the need for individuals to navigate a complex and slow petition process currently plagued by backlogs.<sup>123</sup> This change is intended to streamline the sealing process, which is critical for individuals trying to move past their criminal records and improve their access to jobs and housing. Furthermore, the proposed legislative reform would immediately seal offenses at the time of final disposition if they did not result in a conviction, thereby protecting the presumption of innocence. These efforts are part of a national trend, with several states (PA, CT, NJ, NY, CA, CO, DE, MI, OK, VA, and UT) already implementing automatic record clearing to great effect.<sup>124</sup> The Clean Slate bills introduced in Massachusetts were sent to study and did not move forward this legislative session.

In summary, while there are protective measures in place, LGBTQ youth continue to face significant disparities and discrimination within the juvenile and criminal legal systems. Data indicates that there is an urgent need for comprehensive reform and more inclusive, equitable treatment practices. Further, enhanced SOGI data recording is needed to demonstrate the experiences of LGBTQ youth in both systems.

## Progress in Massachusetts on Juvenile Legal System

In April 2018, Massachusetts undertook a significant step in reforming its juvenile and criminal legal systems with the enactment of a comprehensive criminal reform package. This legislation holds promise for LGBTQ youth, who face disproportionate challenges within these systems.<sup>125</sup> A critical feature of this reform is the decriminalization of non-violent, school-based offenses, a change that directly benefits LGBTQ students. These students are notably more susceptible to severe disciplinary actions in school settings compared to their heterosexual and cisgender counterparts, with evidence suggesting they are three times as likely to face such consequences. By decriminalizing non-violent acts, the legislation aims to disrupt the school-to-prison pipeline that particularly threatens LGBTQ youth of color.

The reform package offers mechanisms for diverting cases from the criminal legal system before arraignment, thereby preventing formal court processing and the subsequent creation of a juvenile record.<sup>126</sup> This approach is pivotal for LGBTQ youth, who are already more vulnerable to dropping out of high school due to stigma, discrimination, and harassment. By channeling youth towards rehabilitation, treatment, and other supportive services, the reforms seek to reduce recidivism and avert further harm. Furthermore, the reforms address the disproportionate incarceration rates and the conditions of confinement for LGBTQ youth. The legislation codifies the prohibition of solitary confinement for LGBTQ

individuals and allows for the expungement of non-serious offenses committed before the age of 21.<sup>127</sup> Given that LGBTQ individuals face discrimination in employment, housing, and social services, mitigating the additional burden of a criminal record is a crucial step towards equality.

To enhance the health and safety of incarcerated LGBTQ individuals, the reform law established a special commission and created the Juvenile Justice Policy and Data Board.<sup>128</sup> These bodies are tasked with evaluating the juvenile legal system's policies, examining the potential for improved data collection across agencies, and providing recommendations for implementing statutory changes.<sup>129</sup> With an emphasis on collaboration, these initiatives aim to bolster services for LGBTQ youth and advise on best practices for collecting and reporting data concerning sexual orientation, gender identity, and expression. Despite the reforms and the decreased number of youths in the juvenile legal system over time, disparities persist, particularly among LGBTQ youth of color, who remain overrepresented.<sup>130</sup> This situation underscores the need for ongoing attention and action to ensure that the reforms translate into meaningful improvements for all LGBTQ youth within Massachusetts's juvenile and criminal legal systems.

In December 2020, the legislature passed An Act Relative to Justice, Equity, and Accountability in Law Enforcement in the Commonwealth, marking a significant step toward police reform.<sup>131</sup> This Act establishes a new commission for the statewide certification of police officers, ties qualified immunity to decertification, introduces stricter facial recognition guidelines, creates a task force to examine body camera regulations, enhances use of force policies, and initiates investigations into structural racism, among other measures.<sup>132</sup> Despite these advances, the legislation represents a compromise, and further efforts are necessary to safeguard LGBTQ youth, especially those of color, from police brutality and unequal law enforcement practices, including the abolishment of qualified immunity.

Over the last decade, there had been a promising overall reduction in youth admissions to the juvenile legal system, however, we are now seeing a concerning rise. In 2007, Massachusetts witnessed a high influx of youth into detention, with 4,345 young individuals admitted that year.<sup>133</sup> However, by the end of 2022, this figure significantly reduced to 728, marking an 83 percent decline.<sup>134</sup> Unfortunately, this trend has not continued into recent years. A recent JDAI report has found a significant uptick in admissions to the juvenile legal system compared to FY22, continuing a trend of increased activity since the pre-pandemic period of FY19.<sup>135</sup> And these effects are disproportionately felt depending on which county the youth reside, as data reveals that there is a differential application of criminal legal policies and practices across Massachusetts.<sup>136</sup> This upswing begins at the system's "front door" with a notable rise in applications for complaint—largely fueled by an increase in arrests—and extends through all major court process milestones.<sup>137</sup> Specifically, the growth is attributed to a surge in cases involving youth accused of misdemeanor or lower-level offenses.<sup>138</sup> Despite the increase in FY23, the volume of cases involving youth entering and progressing through the juvenile legal system remains below the levels observed prior to the enactment of the Criminal Justice Reform Act (CJRA) in FY18.<sup>139</sup> However, should the recent two-year trend of increases persist, incarceration rates are projected to return to pre-CJRA figures within the next one to two years.

Furthermore, the JDAI report indicates a deepening of racial and ethnic disparities at the initial stages of the criminal legal process compared to the previous year, particularly concerning applications for complaint initiated by arrest rather than court summons.<sup>140</sup> In FY23, compared to their white counterparts,

Black/African American youth were 3.85 times more likely to have charges filed against them through an application for complaint and 4.89 times more likely to be arrested and taken to court.<sup>141</sup> They also faced a 2.98 times higher likelihood of being summoned to court. Latino/Hispanic youth were 2.35 times more likely to have charges filed against them in this manner, 2.89 times more likely to be arrested and brought to court, and 1.93 times more likely to be summoned to court than white youth.<sup>142</sup>

In addition to racial disparities, recent data show the alarming impact of the child welfare system. For example, in 2023, 1 in 2 (53%) of all youth admitted into juvenile detention had active cases with the Department of Children and Families (DCF), indicated by either a Care and Protection order or a Child Requiring Assistance matter.<sup>143</sup> This involvement with DCF can impact the length of their stay in detention, regardless of the severity of their charges. Detained youth are brought in with a legal document (mittimus) specifying conditions of bail, including cases where release is only possible into DCF custody.<sup>144</sup> Often, DCF lacks appropriate placements for those held on low bail for minor offenses, leading to prolonged detentions not because of the severity of their charges but due to the absence of suitable release placements.<sup>145</sup>

However, the Department of Children and Families has made strides in supporting LGBTQ youth within the child welfare system. The Department recently adopted comprehensive policies and created a dedicated role aimed at fostering an inclusive environment. In 2022, DCF introduced a new policy that defined its values and guiding principles for engaging with LGBTQIA+ children and their families.<sup>146</sup> The Department of Children and Families' LGBTQIA+ Nondiscrimination Policy underscores the Department's commitment to creating a safe, affirming, and discrimination-free environment for LGBTQIA+ individuals, including children, youth, parents, caregivers, and foster parents.<sup>147</sup> The policy emphasizes respect for everyone's chosen names and pronouns, ensuring these are used in all interactions and documentation without requiring a court-ordered name or gender change.<sup>148</sup> The guidelines also support the expression of gender identity through clothing and other means, providing resources like gender-affirming clothing to transgender and gender-diverse youth.<sup>149</sup> Additionally, the policy prohibits any attempts to change a youth's sexual orientation or gender identity through so-called "sexual orientation and gender identity change efforts" by healthcare providers.<sup>150</sup> And in January 2023, DCF welcomed its inaugural Director of LGBTQIA+ Services. This new role is dedicated to leading efforts that enhance the support for children and youth under DCF's care, focusing on equipping their staff with the necessary resources to create a secure and inclusive environment for gender-expansive young individuals.<sup>151</sup>

In January 2022, the Massachusetts Trial Court/Juvenile Court Department received a \$1.5 million Federal Grant from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) for a Family Drug Court Program.<sup>152</sup> This initiative, which is a collaboration involving the Juvenile Court and leadership from various state departments including DCF, Massachusetts Probation Service, DPH, and DMH, aims to carry out a statewide needs assessment and establish 8 family treatment court sessions over three years.<sup>153</sup> Additionally, this program aligns with the "Upstream" initiative that began in April 2021, focusing on mapping child welfare resources to identify gaps and create action plans for better collaboration across systems. This initiative has already seen a summit in Hampden County, bringing together various stakeholders.

The Commonwealth of Massachusetts has implemented a new policy to provide no-cost phone calls for incarcerated individuals across state and county correctional facilities, which came into effect December 1,

2023.<sup>154</sup> This policy is a result of legislation signed by Governor Maura Healey, aimed at ensuring equitable access to communication for inmates and their families, recognizing the importance of maintaining connections to aid rehabilitation, reduce recidivism, and enhance community safety.<sup>155</sup> The initiative includes no limits on the number of calls, with the aim to alleviate financial burdens on families and support the previously incarcerated individuals' reintegration into society.<sup>156</sup> Additional efforts are being made to increase call access and explore alternative communication methods, such as through tablets.<sup>157</sup> The Department has taken steps to inform the incarcerated population and their families about this change and is working on infrastructure improvements to accommodate the expected increase in call volume.<sup>158</sup> This move makes Massachusetts the fifth state in the nation to eliminate fees for prison phone calls, joining Connecticut, California, Minnesota, and Colorado, reflecting a broader trend towards reducing the financial impact of incarceration on families.<sup>159</sup>

Massachusetts has become the first state to ban life sentences without parole for individuals under 21, following a recent decision by the State's Supreme Judicial Court.<sup>160</sup> Previously, Massachusetts mandated life without parole for first-degree murderers aged 18 to 20.<sup>161</sup> This new ruling acknowledges the neurological similarities between "emerging adults" and juveniles, highlighting that their brains are not fully matured, which impacts their decision-making.<sup>162</sup> As a result of this decision, approximately 70 individuals currently serving life sentences will now be eligible for parole in Suffolk County alone.<sup>163</sup> The case prompting this change involved Sheldon Mattis, who was sentenced to life without parole at 18 for a murder committed in 2011.<sup>164</sup> His case, among others, will be resentenced, aligning with the court's stance that younger adults deserve a chance for redemption based on potential maturity and rehabilitation.<sup>165</sup> This landmark decision has been welcomed by criminal justice reform advocates as a significant step towards acknowledging developmental science in legal penalties.

In February 2024, the Healey-Driscoll Administration announced that nearly \$6.5 million in grants has been allocated to reduce recidivism among young adults in Massachusetts.<sup>166</sup> This funding supports nonprofits in collaboration with the Massachusetts Department of Correction and Sheriffs' Offices to offer reentry services for 18- to 25-year-olds exiting incarceration.<sup>167</sup> The FY24 Emerging Adult Reentry Initiative aims to fund evidence-based programs facilitating successful community reintegration for these young adults, including pre- and post-release services.<sup>168</sup> This initiative is part of a broader commitment to improve public safety and outcomes for criminal-involved individuals by reducing barriers to successful reentry.<sup>169</sup> Additionally, the administration has introduced several other reentry initiatives focusing on housing, mentoring, and support services, all geared towards enhancing public safety, reducing recidivism, and aiding the reintegration of formerly incarcerated individuals into the community. The Commission recommends that the funds be strategically used to address the unique needs of LGBTQ youth engaged in the criminal legal system. These funds should support programs that offer not only reentry services, but also specific interventions tailored to the challenges faced by LGBTQ youth, such as disrupting the school and foster to prison pipelines and specific allocations to services and resources for LGBTQ youth impacted by the criminal legal system.

In March 2024, Governor Maura Healey of Massachusetts announced an initiative to pardon adult misdemeanor marijuana possession convictions; a move that aligns with President Biden's call for such actions at the state level.<sup>170</sup> The Governor's Council approved the measure April 3<sup>rd</sup>, 2024.<sup>171</sup> This measure will apply to all eligible adult convictions in Massachusetts state courts before March 13, 2024.<sup>172</sup> The



pardon, which is seen as the most comprehensive gubernatorial action following the President's pardon of federal convictions, is designed to remove barriers to employment, housing, and education for individuals with past convictions for acts that would no longer be prosecuted today.<sup>173</sup> This step is part of a broader commitment by the Healey administration to promote fairness and equity within the criminal justice system, acknowledging the significant changes in marijuana laws over the past decade and addressing historic wrongs particularly tied to the War on Drugs.<sup>174</sup> Various leaders and organizations across the state, including legal, law enforcement, and civil rights groups, have expressed strong support for this effort, emphasizing its potential to rectify racial disparities and improve economic stability for affected individuals and families. Though the measure only applies to adult convictions, the Commission applauds this significant step to improve the lives of those with cannabis convictions, including those who were young adults (i.e. 18-24) at the time of their conviction.

Despite considerable reforms within the juvenile and criminal legal systems, much remains to be accomplished in safeguarding LGBTQ individuals older than 18. Although it is possible to expunge non-serious offenses committed before the age of 21 from a person's record, this procedure is not automatic and often involves a complex and protracted process. LGBTQ youth frequently encounter discrimination in areas such as employment, housing, and accessing social services. The presence of a criminal record, even for minor offenses, can significantly worsen these challenges.

## Restorative Justice, Diversion, and Alternatives to Confinement

Given the significant and often irrevocable harm caused by both juvenile detention and criminal adult incarceration on LGBTQ youth (as explored above), especially for Black youth and other youth of color, the Commission advocates for a pivotal shift towards humane and effective responses to juvenile illegal behavior, emphasizing the need for alternatives that promote healing and growth rather than punitive measures.

There are numerous alternative approaches that significantly outperform incarceration in supporting at-risk youth and disincentivizing criminal conduct, such as diversion, credible messenger mentoring, cognitive behavioral therapy, restorative justice conferencing, intensive multipronged family focused treatment models, and community reinvestment.<sup>175</sup> Each model focuses on key elements such as intensive mentorship, family involvement, and individualized support plans, demonstrating success in reducing recidivism rates and fostering positive developmental outcomes among youth and caregiver participants.<sup>176</sup>

Diversion programs offer a way to stop young people from getting a criminal record by guiding them to service-oriented alternatives that keep them out of the court process.<sup>177</sup> These programs provide several benefits, such as being more cost-effective, lessening trauma with healing approaches, and providing ongoing support for the youth even after their involvement with the juvenile and criminal legal systems ends. While the specifics of diversion programs can differ greatly, they work best when the help and opportunities they provide are optional, non-punitive, and easy to access. While diversion doesn't completely negate the harmful impact of a young person's initial encounter with the criminal legal system, it can significantly reduce the lasting damage of being formally charged with a crime.

In October 2021, the Massachusetts Department of Youth Services (DYS), in collaboration with the Office of the Child Advocate (OCA), initiated the Youth Diversion Learning Lab.<sup>178</sup> This initiative seeks to divert

youth from the formal juvenile legal system, an approach increasingly recognized across the Commonwealth for its negative impact on youth well-being.<sup>179</sup> The Diversion Learning Lab program was crafted with several key aims at its core. First, it seeks to decrease the probability that young individuals will commit offenses again, thereby contributing to greater public safety.<sup>180</sup> Second, the program encourages youth to take accountability for their actions. It aims to nurture positive youth development, focusing on cultivating beneficial qualities and skills in young people. Lastly, a fundamental goal of the Diversion Learning Lab is to guarantee fairness and equity throughout the program's processes, ensuring all participants are treated justly and equitably. Diversion Coordination Programs have been established in counties like Worcester, Middlesex, and Essex, with the potential for statewide expansion, if effective.<sup>181</sup> While there is a variety of diversion practices across the state, the overarching goal is to adopt evidence-based methods to improve outcomes for youth involved in the juvenile legal system.

The Diversion Learning Lab aims to reduce future offending, enhance public safety, hold youth accountable, support their development, and promote equity in the diversion process.<sup>182</sup> The program model, crafted by the JJPAD Board's Community-Based Interventions Subcommittee and outlined in the Model Program Guide, emphasizes collaboration among various stakeholders, including law enforcement, judges, and community organizations.<sup>183</sup> The program offers voluntary participation, comprehensive service provision including risk and needs assessments, individualized case plans, and active case management. It also maintains communication with referrers to monitor progress and addresses any challenges, thereby supporting the youth and their families in accessing necessary services and overcoming barriers to success.<sup>184</sup>

In October 2023, the Massachusetts Office of the Child Advocate (OCA) released a progress report tracking results from the first year of implementation (calendar year 2022) of the Youth Diversion Learning Lab in three initial pilot sites in Worcester, Essex, and Middlesex Counties.<sup>185</sup> The report revealed several significant findings regarding the program's performance and impact in 2022.<sup>186</sup> Throughout the year, 134 young individuals were referred to the program, with the rate of monthly referrals increasing as awareness of the program grew among potential referrers.<sup>187</sup> A primary aim of the initiative is to address the disproportionate representation of Black and Latino youth within the juvenile legal system. Initial data indicate progress in reducing disparities among Hispanic/Latino participants, who accounted for 46% of those reaching the intake phase by year's end.<sup>188</sup> However, it highlighted the need for further efforts to ensure Black youth, who represented only 8% of referrals, receive fair access to the program. Feedback from a survey among young participants who finished the program in 2022 revealed that 86% reported feeling equipped to steer clear of legal issues in the future.<sup>189</sup> Similarly, 86% recognized the program's effectiveness in encouraging them to contemplate any harm they might have inflicted.<sup>190</sup>

Credible messenger mentoring initiatives employ individuals from the community who have previous experience with the criminal legal system.<sup>191</sup> These individuals offer comprehensive assistance to young people and their families, usually serving as a component of a broader, multifaceted intervention strategy.<sup>192</sup> Cognitive behavioral therapy coupled with supportive mentors can engage at-risk youth and equip them with behavioral interventions to prevent harmful and potentially illegal behavior.<sup>193</sup> Intensive multipronged family focused treatment models designate therapists with specialized training to collaborate with young individuals and their families over a period of several months.<sup>194</sup> These programs aim to enhance how families operate together, pinpoint and tackle the underlying reasons for delinquent

behavior, and facilitate significant changes in behavior.<sup>195</sup> Restorative justice conferencing for young individuals accused of crimes offer a substitute to conventional courtroom proceedings.<sup>196</sup> Such programs often include the participation of victims and conclude with a meeting where victims, the accused youths, and supportive adults in their lives gather to address the impact of the crime and devise strategies for the youths to "make amends."

In 2017, the Restorative Justice Juvenile Mediation Project (RJUMP) (and half a dozen other community based organizations) partnered with the Suffolk County District Attorney's Office to launch the Juvenile Alternative Resolution Program (JAR) in Suffolk County.<sup>197</sup> This pioneering initiative, in collaboration with community youth service organizations and victim/survivor groups, aims to reform juvenile offenders through restorative justice services and mediation.<sup>198</sup> By facilitating dialogues between young offenders and their victims, the program addresses the root causes of delinquent behavior and steers participants away from the criminal legal system, thereby avoiding the stigma of a criminal record.<sup>199</sup> The Project focuses on the underlying issues that lead to criminal activity, such as trauma, fear, and a lack of belonging, helping participants to recognize and heal from their pain and to become proactive in making positive changes in their lives.<sup>200</sup> Only the most serious offenses – sex offenses, gun crimes, and crimes causing serious injury to a victim – are automatically ineligible for diversion.

RJUMP's services include various forms of moderated dialogues and circles that bring together victims, offenders, their families, and support groups to discuss the impact of the crime and explore ways for offenders to make amends.<sup>201</sup> These include victim/offender dialogues, reparation agreements where participants decide on actions the offender should take to repair the harm caused, and restorative family conferences that address familial issues contributing to delinquent behavior. Additionally, the program offers parent/child mediation to resolve family conflicts, restorative youth dialogues aimed at high-risk juveniles to uncover and address underlying criminal behavior, and mentorship for serious cases requiring closer supervision.<sup>202</sup> These interventions not only aim to resolve immediate issues but also to identify and address deeper problems within offenders' lives, promoting long-term well-being and steering youth away from illegal behavior.

During its first year of implementation, the JAR program welcomed 70 young individuals charged with over 100 different crimes.<sup>203</sup> Remarkably, fewer than 5% of the participants—just three youths—were dismissed from the program due to non-compliance with its terms.<sup>204</sup> Following the conclusion of its pilot stage, the JAR initiative broadened its reach to encompass additional areas within Boston. Notably, around 65% of delinquency cases in Suffolk County, totaling over 500 cases, were diverted through the JAR program.<sup>205</sup>

Community reinvestment aims to cut the issue of juvenile delinquency off at the root cause: historic disinvestment of marginalized communities, often of color.<sup>206</sup> Increased state funding and support for preventative community-based initiatives designed to minimize system involvement and foster prosocial activities among youth can have impactful effects for youth offenders.<sup>207</sup> Recognizing the critical role that social connections and positive engagements play in reducing the likelihood of juvenile delinquency, the Commission urges an expansion in services that enhance social ties and support positive development and wellbeing in young people. Studies indicate that individuals who feel accepted by their community post-conviction are more inclined to adopt positive social behaviors, thereby reducing their chances of reoffending.<sup>208</sup> Specifically, such interventions should include peer support and mentorship, academic

achievement and re-engagement with education, vocational training and employment opportunities, life skills and civic participation, and strategies for violence prevention and disengagement from gangs.

By adopting a holistic and evidence-based approach, communities can significantly reduce reliance on incarceration, improve public safety, and offer a more just and effective response to youth illegal behavior. By embracing alternative interventions and systemic reforms, we can support at-risk youth in constructive ways that encourage personal growth, reduce reoffending, and build safer communities. This transformative approach not only mitigates the immediate and collateral consequences of incarceration but also advances the principles of justice, equity, and humanity within our juvenile and criminal legal systems.

### Empowering Currently and Formerly Incarcerated LGBTQ Youth Voices

The Commission recommends that youth with lived experience be involved in crafting policy reforms to the juvenile and criminal legal systems. Including youth with lived experience as partners in policy and system reform is essential for creating more effective and equitable juvenile and criminal legal systems. This approach is also supported by the National Council of Juvenile and Family Court Judges (NCJFCJ),<sup>209</sup> which has highlighted the need for engaging individuals who have firsthand experience with the carceral system to ensure that policies and practices are truly person-centered. Those with lived experience offer unique insights that can lead to more impactful reforms, challenging existing practices and driving substantial change.<sup>210</sup>

Partnerships with youth with lived experience should be based on mutual respect for the lived expertise these individuals bring, facilitating shared leadership and decision-making.<sup>211</sup> This collaborative approach ensures that the voices of those most affected by policies are not only heard, but are seen as integral to the formulation and implementation of those policies. Engagement must be genuine and involves preparing and supporting youth to participate meaningfully in discussions and decisions; this includes providing orientation about system changes, training in public speaking, and ensuring that their contributions do not negatively impact their personal cases or future. Moreover, recognizing and compensating these individuals for their time and insights acknowledges the value of their contributions, aligning with the principles of equity and respect.

Effective engagement involves including youth with lived experience throughout the entire process—from planning and design to implementation and evaluation.<sup>212</sup> This ensures that programs are responsive and truly meet the needs of the communities they aim to serve. It also helps in identifying potential unintended consequences of policies and programs. Moreover, engagement should be rooted in empowerment and equity, focusing on giving these individuals not just a voice but actual decision-making power. This approach helps rectify power imbalances and ensures that the engagement is transformational rather than transactional. For engagement to be impactful, it must be sustained and meaningful. This involves setting clear roles and expectations, and compensations that acknowledge the value of the contributions made by individuals with lived experience. Successful engagement requires appropriate infrastructure and resources, including dedicated staff to facilitate engagement, adequate funding, and support systems that help mitigate risks like secondary trauma for those with lived experience. Engagements must also be culturally sensitive and trauma-informed, respecting the diverse backgrounds and experiences of

participants. This approach not only enhances the effectiveness of the engagement but also fosters a safer environment for participants.

Engaging youth in crafting policies, especially those related to juvenile legal reform, is crucial because they are often the most directly affected by these policies.<sup>213</sup> Young people bring invaluable assets to reform efforts, such as unique perspectives derived from personal experience, passion, and creativity. When youth are involved, they not only contribute to the development of more effective and relevant policies but also gain personal growth opportunities that help them develop into responsible, active members of their communities. The engagement of youth in policymaking helps break stereotypes and compels a broader audience to confront the realities of the juvenile justice system and its impact on real lives. Providing youth with platforms to advocate for change enables them to influence systemic reform meaningfully. This involvement enhances their self-efficacy and connectedness to their communities, offering them significant leadership and advocacy experiences that foster their development into capable adults.<sup>214</sup> To the extent possible, organizations that rely on youth with lived experience should offer them the option to include their advocacy or research contributions for the organization on any future employment documents, including resumes, and support them with recommendations for additional future opportunities.

Moreover, youth involvement in policy reform aligns with the principles of youth development, which advocate for young people to feel connected to and responsible for their community's well-being. By engaging youth, not only are the policies improved, but the youth themselves benefit from the empowerment and skills they gain through active participation. This approach challenges traditional views of system-involved youth, recognizing them as valuable contributors rather than just offenders. And data shows that programs integrating lived experience not only result in better outcomes but also foster greater community trust and connectedness.<sup>215</sup> Youth engagement in policymaking is not just beneficial but essential for creating just effective, and empathetic juvenile and criminal legal policies and systems.

## Acknowledgments & Citations

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<sup>164</sup> *Commonwealth v. Mattis*, 493 Mass. 216, 224 N.E.3d 410, 2024 Mass. LEXIS 8 (Supreme Judicial Court of Massachusetts January 11, 2024, Decided).

<sup>165</sup> *Id.*

<sup>166</sup> Massachusetts Office of Grants and Research, Executive Office of Public Safety and Research. 2024. “Healey-Driscoll Administration Awards Nearly \$6.5 Million in Grants to Reduce Recidivism Among Young Adults”, February 8, 2024, <https://www.mass.gov/news/healey-driscoll-administration-awards-nearly-65-million-in-grants-to-reduce-recidivism-among-young-adults>.

<sup>167</sup> *Id.*

<sup>168</sup> *Id.*

<sup>169</sup> *Id.*

<sup>170</sup> Governor Maura Healey and Lt. Governor Kim Driscoll. 2024. “Governor Healey Announces Nation-Leading Effort to Pardon Marijuana Possession Misdemeanor Convictions”, March 13, 2024, <https://www.mass.gov/news/governor-healey-announces-nation-leading-effort-to-pardon-marijuana-possession-misdemeanor-convictions>.

<sup>171</sup> Doran, Sam. WBUR. 2024. “Council Approves Blanket Pardon for Cannabis Possession Charges”, April 3, 2024, <https://www.wbur.org/news/2024/04/03/council-approves-blanket-pardon-for-cannabis-possession-charges>.

<sup>172</sup> Governor Maura Healey and Lt. Governor Kim Driscoll. 2024. “Governor Healey Announces Nation-Leading Effort to Pardon Marijuana Possession Misdemeanor Convictions”, March 13, 2024, <https://www.mass.gov/news/governor-healey-announces-nation-leading-effort-to-pardon-marijuana-possession-misdemeanor-convictions>.

<sup>173</sup> *Id.*

<sup>174</sup> *Id.*

<sup>175</sup> The Sentencing Project: Research and Advocacy for Reform. 2022. “Why Youth Incarceration Fails: an updated review of the evidence”. <https://www.sentencingproject.org/app/uploads/2023/03/Why-Youth-Incarceration-Fails.pdf>

<sup>176</sup> *Id.*

<sup>177</sup> Office of Juvenile Justice and Delinquency Prevention. 2024. “Diversion Programs Offer Treatment While Keeping Youth Out of the Justice System”, <https://ojjdp.ojp.gov/newsletter/ojjdp-news-glance-february-2024/diversion-programs-offer-treatment-while-keeping-youth-out-justice-system>.

<sup>178</sup> JDAI Diversion, 2024. “Massachusetts Youth Diversion Learning Lab”, <https://www.mass.gov/info-details/jdai-diversion>, Accessed April 17, 2024.

<sup>179</sup> *Id.*

<sup>180</sup> *Id.*

<sup>181</sup> *Id.*

<sup>182</sup> *Id.*

<sup>183</sup> *Id.*

<sup>184</sup> *Id.*

<sup>185</sup> Massachusetts Office of the Child Advocate. 2023. “The Massachusetts Youth Diversion Program: Impact Report: year one of implementation (January-December 2022)”, October 2023, <https://www.mass.gov/doc/oca-report-on-the-massachusetts-youth-diversion-program/download>.

<sup>186</sup> *Id.*

<sup>187</sup> *Id.*

<sup>188</sup> *Id.*

<sup>189</sup> *Id.*

<sup>190</sup> *Id.*

<sup>191</sup> Executive Office of Public Safety and Security. 2024. “Credible Messenger Program”, Accessed April 17, 2024, <https://www.mass.gov/info-details/credible-messenger-program>.

<sup>192</sup> *Id.*

<sup>193</sup> National Institute of Justice. 2010. “Preventing Future Crime with Cognitive Behavioral Therapy”, May 28, 2010, <https://nij.ojp.gov/topics/articles/preventing-future-crime-cognitive-behavioral-therapy>.

<sup>194</sup> National Institute of Justice. 2012. “Program Profile: Multidimensional Family Therapy (MDFT)”, September 21, 2012, <https://crimesolutions.ojp.gov/ratedprograms/267#1-0>.

<sup>195</sup> *Id.*

<sup>196</sup> Office of Juvenile Justice and Delinquency Prevention. 2024. “Restorative Justice for Juveniles”, Accessed April 17, 2024, <https://ojjdp.ojp.gov/model-programs-guide/literature-reviews/restorative-justice-for-juveniles#2-0>.

<sup>197</sup> Umass Boston, Restorative Justice Project, Accessed April 17, 2024, <https://www.umb.edu/cpdd/key-areas/law-justice-reform/restorative-justice-project/#d.en.63570>

<sup>198</sup> Suffolk County District Attorney. 2024. “The Juvenile Resolution Program”, Accessed April 17, 2024, <https://archive.suffolkdistrictattorney.com/the-juvenile-alternative-resolution-program/>

<sup>199</sup> *Id.*

<sup>200</sup> Umass Boston, Restorative Justice Project, Accessed April 17, 2024, <https://www.umb.edu/cpdd/key-areas/law-justice-reform/restorative-justice-project/#d.en.63570>

<sup>201</sup> *Id.*

<sup>202</sup> *Id.*

<sup>203</sup> Boston Bar Journal. 2018. “Successful Alternatives: Juvenile Diversion and Restorative Justice in Suffolk County”, October 4, 2018, <https://bostonbar.org/journal/successful-alternatives-juvenile-diversion-and-restorative-justice-in-suffolk-county/>

<sup>204</sup> *Id.*

<sup>205</sup> *Id.*

<sup>206</sup> Harvel, Samantha et al. 2019. “Promoting a New Direction for Youth Justice”, *Research Report Urban Institute*, March 2019, [https://www.urban.org/sites/default/files/publication/100013/innovative\\_strategies\\_for\\_investing\\_in\\_youth\\_justice\\_0.pdf](https://www.urban.org/sites/default/files/publication/100013/innovative_strategies_for_investing_in_youth_justice_0.pdf)

<sup>207</sup> Juvenile Justice Policy and Data Board. 2022. “Racial and Ethnic Disparities at the Front Door of Massachusetts’ Juvenile Justice System”, November 2022, <https://www.mass.gov/doc/racial-ethnic-disparities-at-the-front-door-of-massachusetts-juvenile-justice-system-understanding-the-factors-leading-to-overrepresentation-of-black-and-latino-youth-entering-the-system/download>

<sup>208</sup> Johanna Folk et al. 2017. “Connectedness to the Criminal Community and the Community at Large Predicts 1-year post-release Outcomes Among Felony Offenders”, *European Journal of Social Psychology*, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4978434/>.

<sup>209</sup> National Council of Juvenile and Family Court Judges, Strategies for Engaging Youth and Families with Lived Experiences, 2020, [https://www.ncjfcj.org/wp-content/uploads/2020/09/NCJFCJ\\_Strategies\\_for\\_Engaging\\_PWLE\\_Final.pdf](https://www.ncjfcj.org/wp-content/uploads/2020/09/NCJFCJ_Strategies_for_Engaging_PWLE_Final.pdf)

<sup>210</sup> *Id.*

<sup>211</sup> *Id.*

<sup>212</sup> National Center on Substance Abuse and Child Welfare. 2022. “Engaging Parents and Youths With Lived Experience” <https://ncsacw.acf.hhs.gov/files/live-experience.pdf>.

<sup>213</sup> National Collaboration for Youth and National Juvenile Justice Network. 2007. “Engaging Young People in Juvenile Justice Reform”, *Policy Brief*, May 2007, [https://www.njjn.org/uploads/digital-library/resource\\_497.pdf](https://www.njjn.org/uploads/digital-library/resource_497.pdf).

<sup>214</sup> *Id.*

<sup>215</sup> Alliance for Children’s Rights. 2022. “Engaging Lived Experience in Public Policy Discussions” <https://allianceforchildrensrights.org/wp-content/uploads/Engaging-Lived-Experience-Report.pdf>.

COMMISSION ON LGBTQ YOUTH

# ADVANCING JUSTICE



## ABOUT

Harassment, bullying, and violence often lead to LGBTQ youth coping through criminalized compensatory behaviors, and survival economies - such as sex work and the selling of drugs. Police are also more likely to disproportionately target LGBTQ youth, particularly youth of color and those experiencing homelessness.

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.

## RECOMMENDATIONS

**1** Increase SOGI data collection to identify and reduce disparities throughout the criminal legal systems.

**2** Raise the age of the juvenile system to include 18-to 20-year-olds.

## LEGISLATION

S.1499/H.2357: RIGHTS Act  
S.931/H.1802: Juvenile Justice Data Collection  
S.942/H.1710: Raise the Age



# 84%

Of youth in the Massachusetts juvenile justice system are youth of color.

# 9 IN 10

LGBTQ students who experienced harassment in Massachusetts high schools did not report the incident to school staff.

# 79%

of QTBIPOC middle and high school students across the nation interacted with the police at some point



# Expanding Inclusive Service Provision for Foreign-Born LGBTQ Youth

## Introduction

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*(first published in FY 2024 Annual Recommendations Report, minor updates made to bring current to FY 2025)*

In FY 2024, the Commission published a first-of-its-kind dedicated section on research and recommendations to improve policies, services, and programs for LGBTQ foreign-born Massachusetts residents, including first-generation, undocumented, asylee, and refugee youth. The Commission uses the term ‘foreign-born’ throughout this report to encompass the experiences of those who are legal residents and undocumented residents, as well as those who may have only temporarily migrated to the state. As detailed throughout this section, there are many reasons that LGBTQ individuals and families may immigrate to the U.S., including to escape persecution, violence, and discrimination in their country of origin. While Massachusetts has made great strides in recent years towards improving its service provision for these communities, further steps should still be taken to ensure that all LGBTQ youth can thrive.

## FY 2025 Recommendations to the Governor on Foreign-Born LGBTQ Youth

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- 1. Improve the availability of multilingual, LGBTQ-affirming services for foreign-born residents, and increase funding for existing programs.**

The Commission recommends that the state increase and improve its current service provision for immigrants, refugees, and asylees who are LGBTQ. As explored below, while very little state-specific research and data exists, there remains a great need for affirming services, particularly in the areas of mental health care and housing support. It is clear that organizations currently working to serve LGBTQ immigrant, refugee, and asylee populations have limited capacity and funding to meet the demand for their services. For example, the LGBT Asylum Task Force, based in Worcester, is one of very few LGBTQ-specific asylum seeker support programs in the whole of the United States, and provides long-term rental assistance to asylum seekers who by law cannot work for at least 180 days after entering the U.S.

Furthermore, the Commission recommends that state agencies, nonprofit organizations, and community programs examine their outreach and accessibility for LGBTQ residents who may not be fluent in English. The Commission supports *An Act Relative to Language Access and Inclusion*, ([S.1990/H.3084](#)), which would require state agencies to provide public materials and information in the primary languages spoken by Massachusetts residents aside from English. Additionally, to avoid unnecessary obstacles, service providers should ensure that forms are clear to non-native English speakers, and that ID or citizenship information is not required to access services not dependent on immigration status. Organizations can also improve accessibility by hiring and appropriately compensating bilingual staff, providing materials and signs in multiple languages, and fostering relationships with interpreting services to improve service provision for non-English-speaking clients.



**2. Establish an LGBTQ Immigrant & Refugee Task Force.**

The Commission recommends that Massachusetts explore the creation of an LGBTQ Immigrant & Refugee Task Force composed of LGBTQ refugees, families, first-generation youth, and advocates to inform services at the state and local levels. As demonstrated for three decades by the Commission, having a dedicated voice at the state level to oversee policy development and service improvement is essential. By establishing a specific task force, those who are often left without a voice in Massachusetts decision-making are able to influence effective change.

**3. Address the concerning lack of SOGIE data collection at the state level.**

As the Commission works to better understand the experiences of foreign-born LGBTQ youth in Massachusetts, the staggering lack of available data and research at the local, state, and national levels presents a significant barrier. The Commission strongly recommends that all state agencies explore ways to increase their data collection and outreach efforts to better capture the experiences of all LGBTQ youth across the state.

**4. Protect and support undocumented youth.**

Increasingly, undocumented communities are being targeted across the country by federal, state, and local governments. The Commission recommends that Massachusetts continue to explore ways to increase protections and services for undocumented youth in the Commonwealth. Over the last few years, the state has taken numerous steps that work to address and improve the experiences of undocumented youth. Most recently in January of 2023, Barnstable County Sheriff's Office, which was the last sheriff's office in New England to have a formal agreement with the U.S. Immigration and Customs Enforcement (ICE), ended the agreement that empowered Massachusetts sheriffs' offices to detain, interrogate, and transport residents suspected of being undocumented immigrants.<sup>1</sup> In the same month, in Boston, Boston Police Department (BPD) reported that it had ignored all 12 federal requests to detain suspected undocumented immigrants, and noted that zero residents were detained by BPD in 2022.<sup>2</sup>

To further extend protections and support to undocumented youth, the Commission recommends that the legislature pass *An Act to Protect the Civil Rights and Safety of all Massachusetts Residents* ([S. 1510/H.2288](#)), also known as the Safe Communities Act, which would increase access to court and police protection for undocumented youth by ending local and state involvement in civil immigration enforcement. The Commission further supports the Tuition Equity Act, *An Act Providing Access to Higher Education for High School Graduates in the Commonwealth* ([S. 817/H.1281](#)) to increase access to state financial aid and in-state tuition for undocumented youth who graduated from a Massachusetts high school, and *An Act to Ensure Equitable Health Coverage for Children*, ([S.740/H.1237](#)) which would broaden youth eligibility for MassHealth coverage.

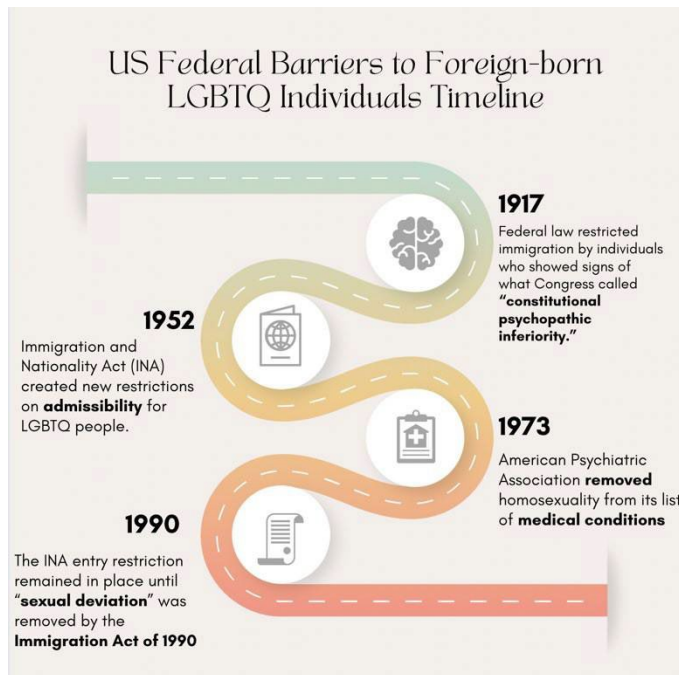
## National & State Immigration Context

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Individuals choose to immigrate or seek asylum in the United States for a variety of reasons, such as work opportunities, access to education and medical services, and other conditions that influence an

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individual's quality of life.<sup>3</sup> LGBTQ individuals often migrate to the U.S. to escape persecution and oppression due to their sexual orientation or gender identity. According to Human Rights Watch, at least sixty-seven countries have national laws criminalizing same-sex relations between consenting adults.<sup>4</sup> In addition, at least nine countries have national laws criminalizing forms of gender expression that target transgender and gender-nonconforming people.<sup>5</sup>



However, despite these reasons, the United States for decades has continued to establish and exacerbate barriers to prevent foreign-born LGBTQ individuals from fully finding integration and affirming spaces across the nation. In 1917, federal law restricted immigration by individuals who showed signs of what Congress called "constitutional psychopathic inferiority."<sup>6</sup> This law prevented LGBTQ people from immigrating to the United States, even when they faced persecution in their home country. Similarly, the 1952 Immigration and Nationality Act (INA) created new restrictions on admissibility for LGBTQ people.<sup>7</sup> The INA replaced the exclusion for immigrants possessing a "psychopathic personality" with a ban on "sexual deviation," a catch-all to exclude LGBTQ people from entering the United States.

Although the American Psychiatric Association removed homosexuality from its list of medical conditions in 1973, the INA entry restriction remained in place until "sexual deviation" was removed by the Immigration Act of 1990.<sup>8</sup> Despite this reform, many LGBTQ immigrants were still denied admission to the United States, since the ban on people with HIV entering the country was not lifted until 2010.<sup>9</sup> Similarly, although the United States recognized persecution on the basis of sexual orientation as grounds for asylum in 1994, Congress passed the Defense of Marriage Act (DOMA) in 1996, which openly discriminated against same-sex married couples by denying them access to marriage-based federal benefits, including the ability to sponsor a spouse for a green card.<sup>10</sup> It was not until 2013, when the Supreme Court found Section 3 of DOMA unconstitutional, that same-sex couples could petition for their partners and family members. Although these events demonstrate a stride toward greater freedom and equality, LGBTQ foreign-born undocumented and documented people continue to face barriers to success in the United States.

Although roughly 1 in 6 of Massachusetts residents are foreign-born (almost 1.2 million people, or 16.9% of the population) and another 1 in 7 are U.S.-born with at least one foreign-born parent, Massachusetts has a mixed history with policy development to benefit foreign-born residents.<sup>11</sup> The historian Russ Lopez tells the story of Villa Victoria as representing how LGBTQ+ immigrants resisted policy development in Boston. Beginning in the 1950s, Latino immigrants began to populate the south end, a predominantly

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queer neighborhood at the time. The Boston Redevelopment Authority planned urban developments for the neighborhood, which residents feared would create a higher cost of living. Residents created their own planning process, creating low-income housing now known as Villa Victoria.<sup>12</sup>

However, as noted above, in recent years, Massachusetts has taken several strides forward to better support foreign-born individuals, families and communities, but has continued to see controversial challenges to these efforts. For example, though vetoed by former Governor Baker in the summer of 2022, Massachusetts lawmakers passed a bill to allow undocumented residents to obtain driver's licenses through the Registry of Motor Vehicles (RMV) which the Commission had supported for several years. Shortly after, a push to overturn the new law appeared on the midterm ballot as Question 4, which passed by slim margins: about 54% of voters supported the measure and 46% did not.<sup>12</sup> The Commission would also like to note that research on LGBTQ migrants predominantly focuses on the level of national policy.<sup>13</sup> Such a focus does not mean that states do not have a mixed history of working against or benefiting LGBTQ+ migrants, but rather this focus reflects the need for more scholarship to specifically study the lived experiences and histories of LGBTQ+ migrants within Massachusetts.

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## Research: Understanding Policy and Resource Needs

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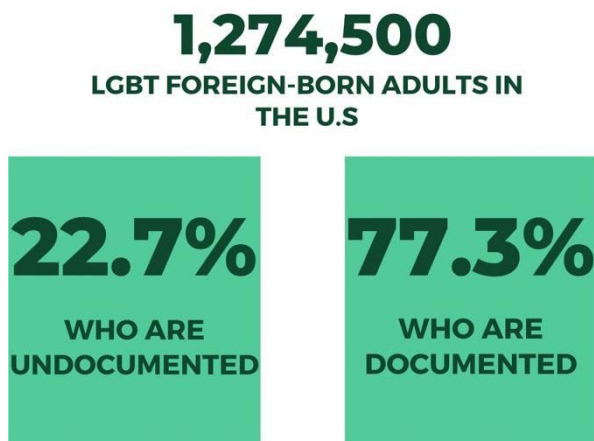
### Data Overview and Limitations

In the United States, little information is available about the number or characteristics of LGBTQ immigrants. Using data from the Pew Research Center, the 2017 Gallup Daily Tracking Survey, and the U.S. Census Bureau's American Community Survey, UCLA's School of Law Williams Institute estimates that there are approximately 1,274,500 LGBT foreign-born adults in the U.S., including 289,700 (22.7%) who are undocumented and 984,800 (77.3%) who are documented.<sup>13</sup> Their report found the following: relative to all undocumented immigrants, LGBT undocumented immigrants are more often male, between the ages of 18 and 29, and Latino/a; the same holds true for LGBTQ documented immigrants.

Similarly, using data from The Trevor Project's 2020 National Survey on LGBTQ Youth Mental Health,<sup>14</sup> researchers found that nearly 1 out of 4 LGBTQ youth (24%) in their sample indicated that they are a first-generation youth. However, more research needs to be done to capture the national and state number and characteristics of first-generation LGBTQ youth, and their experiences in state systems.

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Representative information about LGBTQ foreign-born youth specifically is largely missing for the U.S. population because large surveys conducted by the U.S. Census Bureau, such as the American Community Survey and Current Population Survey, do not collect



data about sexual orientation and gender identity or expression (SOGIE).<sup>15</sup> Additionally, neither federal nor state agencies collect SOGIE data in its immigration programs, making data on this population scarce.<sup>16</sup> Beyond the given estimates in this report, not much is reported about the number of or specific experiences of foreign-born LGBTQ youth in Massachusetts; all of the data presented in this report stems from national research, as there is little to no accessible state-level data available on foreign-born LGBTQ youth in Massachusetts.

Additionally, in research, scholars of immigration and sexuality have suggested a profound heteronormativity in immigration scholarship and a clear assumption of LGBTQ people possessing citizenship in their country of residence.<sup>17</sup> These blind spots in both kinds of scholarship lead to the erasure of the lives, experiences, and needs of those who are LGBTQ and not a citizen of the country where they reside.

### Note on Intersectionality

For every LGBTQ person, “coming out” is a process that continues throughout life.<sup>18</sup> Identifying within the LGBTQ community has its coming out process, which can include challenges around personal acceptance, family acceptance, and societal stigmas. Similarly, being part of a family with undocumented or mixed immigration status also comes with unique struggles, including navigating various government systems and institutions, and forcing LGBTQ youth to make difficult choices between their well-being and that of their family. Additionally, due to multiple intersecting factors including race, ethnicity, sexual orientation, gender identity, and disability, foreign-born LGBTQ youth can often face compounded stigma and discrimination that contributes to a lack of access to health care, housing, economic security, legal services, and education.

### Mental Health

As discussed in the mental health section of this annual report, studies continue to suggest that LGBTQ youth face significant disparities in suicide risk compared to their straight and cisgender peers.<sup>19</sup> LGBTQ youth are not inherently prone to suicide risk because of their sexual orientation or gender identity, but rather, they are placed at higher risk because of societal the discrimination, stigmatization, and violence stemming from racism, homophobia, and transphobia. LGBTQ youth living in the U.S. represent a diversity of experiences, including youth who are foreign-born. Studies have shown, however, that foreign-born individuals often experience considerable stressors such as discrimination, acculturation stress, and immigration concerns that lead to poor health outcomes.<sup>20</sup> Acculturative stress is the psychosocial strain

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experienced by immigrants in response to challenges encountered while adapting to cultural differences in a new country. These stressors result from circumstances such as immigration status, language barriers, economic deficiencies, disruption in family cohesion, and discrimination.<sup>21</sup> Although the process of immigrating to a new country and acculturating to an unfamiliar set of cultural beliefs and societal practices presents challenges for immigrants regardless of gender identity or sexual orientation, research has shown that LGBTQ youth face unique challenges in this process. At the intra-individual level, some difficulties LGBTQ immigrants may face include racism-related stress and anxiety, chronic expectations of being negatively stereotyped by others, and being hyper-vigilant to potential threats related to their sexual identity.<sup>22</sup> At the interpersonal or intergroup level, conflicts between cultural values or pressures and personal beliefs may also present challenges for LGBTQ immigrants.

For example, traditional gender role expectations and norms of masculinity and femininity are particularly stringent within Latino communities. For gender non-conforming gay Latinos, the cultural value of “machismo”, a strict and idealized form of masculinity for men, may be a source of conflict and challenge.<sup>23</sup> Additionally, because of the varying values, norms, and expectations of their various communities, LGBTQ immigrants may encounter difficulties with different social groups and communities. For example, LGBTQ foreign-born individuals are often not welcomed or accepted in many ethnic communities, and may then be discouraged from accessing sources of support that might typically be utilized either in their ethnic community (e.g., family members) or in the LGBTQ community (e.g., support services and organizations) due to overt hostility or the perception of being unwelcome.<sup>24</sup>



In the Trevor Project’s recent 2021 research brief “LGBTQ Youth from Immigrant Families,” researchers attempted to examine mental health at the intersection of these two identities;<sup>25</sup> it was found that first-generation LGBTQ youth actually reported slightly lower rates of anxiety, depression, and suicidal ideation compared to LGBTQ youth whose parents were born in the U.S. However, researchers discovered that suicide risk among first-generation LGBTQ youth was more associated with worrying about themselves or a family member being deported due to immigration policies. Roughly 30% of first-generation LGBTQ youth worried “sometimes” or “a lot” about immigration-related detainment or detention compared to 5% of LGBTQ youth whose parents were born in the U.S. Immigration fears were reported most often by first-generation Latinx LGBTQ youth, followed by first-generation LGBTQ youth who are more than one race/ethnicity.

Overall, first-generation LGBTQ youth who reported being worried about themselves or a family member being deported had 63% greater odds of reporting a suicide attempt in the past year. Additionally, discrimination based on actual or perceived immigration status was reported by nearly 1 in 10 of first-

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generation LGBTQ youth compared to 2% of LGBTQ youth whose parents were born in the U.S. First-generation LGBTQ youth who faced discrimination based on their actual or perceived immigration status had more than 2.5 times greater odds of attempting suicide compared to first-generation LGBTQ youth who did not.

The Trevor Project study demonstrates the impact that a young person's immigration status can have on their mental health, or the immigration status of close family members. As previous research demonstrates, feeling unsure about access to education, health care, and the

possibility of deportation can cause a great deal of stress and anxiety that can affect a young person's sense of belonging and well-being.<sup>26</sup> This also leads LGBTQ youth to avoid interaction with police and potentially with immigration officials like I.C.E. by avoiding activities such as seeking mental health, or even reporting discrimination or violence, as they may potentially have to reveal their immigration status. This constant self-monitoring and reluctance to seek mental health care to stay under the radar from police and immigration officials, can increase stress and anxiety, and act as a barrier to mental health care. As discussed in the New England-based MIRA Coalition's 2021 Annual Report, some foreign-born individuals hesitate to reach out even to local nonprofit organizations for resources, for fear of being turned over to ICE, highlighting the critical need of local and state agencies to be intentional about building outreach and trust with foreign-born individuals or families with mixed-resident status.<sup>27</sup> Additionally, when discussing intersectionality, ethnic identity in addition to immigration status should be noted. Researchers have found that immigrants with higher levels of residential segregation such as Salvadorian, Dominican, and Indian immigrants, have greater access to non-profit resources. However, less socially segregated immigrants such as Italian, Portuguese, and Vietnamese do not have as much access that specifically focuses on the needs of their ethnic identity.<sup>28</sup>

As noted above, some cities in Massachusetts, such as Boston, have passed legislation that bars city police from cooperating in most cases with federal immigration authorities to detain immigrants who are in the country illegally, and have also ended agreements through county sheriff's offices with ICE. These measures allow Massachusetts to make progress at creating a space where foreign-born undocumented residents can live without fear of being deported.<sup>28</sup>

## Criminal Justice Involvement

As noted in the criminal justice section of this annual report, research has shown that LGBTQ people are more likely to interact with law enforcement due to discrimination, over-policing, and violence. Although 4.1% of adults in the U.S. identify as LGBTQ, they are three times more likely to be incarcerated than the general population.<sup>29</sup> A large contributing factor to the high incarceration rate of LGBTQ people is the discrimination they face in many aspects of life, including housing and employment discrimination.<sup>30</sup> Without protections for basic necessities, such as employment and safe shelter, LGBTQ people are at risk of being homeless or being forced to rely on survival economies, such as sex work.<sup>31</sup> A 2022 national study by Lambda Legal found that 57% of LGBTQ people surveyed reported face-to-face contact with police within the past five years; of those individuals, 45% reported that police engaged in misconduct (false accusations, verbal assault, or sexual harassment).<sup>32</sup>



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Another factor contributing to the increased interaction between LGBTQ people and law enforcement is the high rate of violence they face. According to the 2021 Massachusetts Hate Crime Report, the number of hate crime incidents reported by police in Massachusetts rose 4% from 2020 to 2021. The increase, from 386 to 403 incidents, is part of a broader trend in the state that has seen hate crimes increasing every year since 2018. The data reveals that some groups have seen an increase in the number of hate crimes targeted toward them: anti-LGBTQ violent attacks rose from 61 incidents to 74, or 14.3% to 18.6%.<sup>33</sup>

The increased police contacts and violence faced by LGBTQ people are compounded by immigration status. As Legal Services NYC states, “homophobia and transphobia, combined with being undocumented, puts LGBTQ people at greater risks of police contact.”<sup>34</sup> For instance, according to the 2015 U.S. Transgender Survey, the rate of reported incidents of hate violence against LGBTQ undocumented immigrants is rising, from 6% of LGBTQ survivors of hate violence in 2014 to 17% in 2015.<sup>35</sup> Additionally, nearly 1 in 4 transgender unauthorized immigrants reported being physically attacked in the past year.<sup>36</sup> Undoubtedly, these rates of discrimination and violence have likely increased since this survey was conducted, as anti-immigrant rhetoric and misinformation significantly increased across the nation after 2016.<sup>37</sup>

One likely explanation for these high rates of violence is the compounded discrimination that LGBTQ foreign-born individuals face living at the intersection of multiple marginalized communities. When law enforcement is working with immigration enforcement, LGBTQ immigrants are reluctant to look to law enforcement for assistance, placing them at an even greater risk of violence and health disparities.

## Barriers to Accessing Services

As noted above, many LGBTQ foreign-born youth can face significant barriers to accessing affirming services for housing, healthcare, and legal, education, and employment services. The following research section includes information stemming from two major studies centering LGBTQ immigrant communities: a 2017 report from the Center for American Progress on “Serving LGBTQ Immigrants and Building Welcoming Communities,” detailing services available to LGBTQ immigrants in six major U.S. cities - Chicago, New York, Miami, Houston, Los Angeles, and Washington, D.C.<sup>38</sup> and a 2011 article detailing findings from a needs assessment conducted in Southern Arizona from LGBTQ foreign-born individuals, as well as service providers.<sup>39</sup> Both studies provide a starting point for other scholars and service providers elsewhere who are invested in these communities and issues in their own cities and towns. However, it is important to note the age of both reports, with one being more than ten years old; given the limited nature of more recent and inclusive studies, the Commission strongly recommends that Massachusetts conduct a needs assessment for LGBTQ foreign-born residents in the next few years.

The first, and sometimes most prevalent, barrier to many LGBTQ foreign-born youth participating in services is often language access. In fact, roughly 1.2 million foreign-born Massachusetts residents have limited English proficiency (LEP).<sup>40</sup> Alarming, research has shown that people with LEP are more likely to live in poverty, making access to basic services critical.<sup>41</sup> Yet without language access resources, it is difficult for these individuals to locate and use services. Similarly, LEP has been linked to poor health



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outcomes; on a practical level, not speaking English proficiently and needing interpretation services are two major barriers to accessing and remaining in health care services, including mental health care.<sup>42</sup> The inability to communicate in the dominant language of care space influences health outcomes by producing social isolation, insecurity, lack of access to relevant information, and difficulty establishing social relationships, which in turn impacts self-esteem and position within the family and other social systems.

### Housing

As noted in the section of this annual report on youth experiencing homelessness, research indicates that LGBTQ people are disproportionately impacted by homelessness, and LGBTQ foreign-born youth are more likely to face challenges to gaining access to housing services. In the 2011 Chávez study, undocumented non-citizens were more than twice as likely to report experiencing homelessness, to be physically assaulted in a place of public accommodation, and to be evicted because of their gender identity. Additionally, many participants had or knew someone who had, at various points, been thrown out of their homes because of their sexuality or gender identity. Unfortunately, more recent research attempting to understand experiences of LGBTQ undocumented individuals experiencing homelessness does not currently exist. Most of these individuals turned to other family members or friends as opposed to any service agencies or providers; other than through friends, most participants had no information about where to seek help if they found themselves without housing. This problem can be compounded for those with limited English language skills or knowledge of U.S. culture.<sup>43</sup>

In Massachusetts, 30% of respondents in the 2022 Youth Count identified as LGBTQ, 60.2% identified as BIPOC, and 8% were born outside of the U.S.<sup>44</sup> However, the 2022 Youth Count did not include a breakdown of youth born outside of the U.S. But, the 2021 Youth Count survey did include a brief breakdown on the challenges faced by youth born outside of the U.S. in accessing housing services during the COVID pandemic, with 55% of youth struggling to afford food, 45% to find a place to sleep, and 40% could not access public places (like parks).<sup>45</sup>

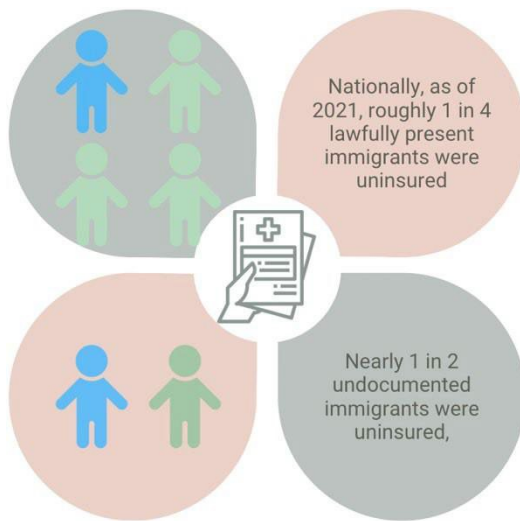
As mentioned in the homelessness section of this annual report, the Commission recommends that the Massachusetts legislature pass *An Act Providing Upstream Homelessness Prevention Assistance to Families, Youth, and Adults* ([S.856/H.1312](#)), to protect all low-income state residents, which includes LGBTQ foreign-born youth, from eviction or foreclosure by codifying and streamlining access to DHCD's homelessness prevention program, Residential Assistance for Families in Transition (RAFT), and restoring critical COVID-era protections.<sup>4</sup>

### Healthcare

As highlighted in the various health sections of this annual report, LGBTQ youth often receive a lower quality of care than their cisgender, heterosexual peers, particularly as many medical providers display a lack of sensitivity to the unique health care needs of LGBTQ communities. However, the problem is often even more severe for undocumented youth, as undocumented individuals are barred from accessing federally funded insurance plans, and even purchasing insurance in state exchanges.<sup>47</sup> In Massachusetts, MassHealth does offer some healthcare coverage options for undocumented communities, but access is

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mostly limited to emergency services rather than preventative care.<sup>48</sup> Nationally, as of 2021, roughly 1 in 4 lawfully present immigrants, and nearly 1 in 2 undocumented immigrants were uninsured, compared to 8% of non-elderly U.S.-born citizens.<sup>49</sup>



Between a lack of insurance, fear of discrimination and violence, and fear of being reported to immigration authorities, many LGBTQ undocumented youth go without adequate health and gender-affirming care. Furthermore, foreign-born communities also struggle to access care due to factors such as cultural misunderstanding and insensitivity, and a lack of translated health-related information held by and supplied to these diverse communities. Many immigrants either do not seek healthcare or find themselves subject to cultural insensitivity because services are not linguistically appropriate or fail to align with the immigrant group's cultural values.<sup>50</sup>

Legally, ICE recognizes health care centers as “sensitive locations” and cannot detain Massachusetts residents at a hospital, doctor’s office, health clinic, or urgent care center, unless there are special circumstances or with prior approval. Furthermore, federal and state privacy laws protect health information held by health care providers, and providers should only collect what information is medically relevant and needed for treatment.<sup>51</sup> However, many foreign-born communities continue to express concerns around fear of cultural insensitivity and being detained by immigration officials when seeking health care.

In the 2017 report from the Center for American Progress, twelve of the thirty-two organizations interviewed provided health care services for undocumented individuals, with the most common service provided being HIV/AIDS prevention and treatment. The range of health care services offered by these 12 organizations included mental health care, treatment for substance and drug abuse, medical care, health education, and prevention and testing for HIV/AIDS and other sexually transmitted infections. One LGBTQ community organization in Houston made a specific accommodation by amending its policies so that interpreters could join clients in therapy sessions, therefore ensuring that its mental health services were accessible to immigrants with limited English language proficiency. Providers indicated the importance of understanding the particular challenges faced by LGBTQ immigrants in relation to their mental health such as trauma, substance and drug abuse, domestic violence, sexual abuse, hate crimes, coming out, and being transgender.<sup>52</sup>

## Legal & Employment Services

Research demonstrates that, whether they are seeking asylum or involved in other sorts of legal action, immigrants represented by legal counsel are more likely to win their cases in court. More specifically, they are nearly six times more likely to prevail in court than immigrants lacking representation.<sup>53</sup> Immigrants

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in Massachusetts are six times more likely to win a deportation case if they have legal representation; 62% win their cases when they have representation compared with 10% when they do not.<sup>54</sup>

Many immigration organizations in the New England area offer a variety of legal services, including DACA and naturalization applications, family-based immigration, visas for victims of certain crimes, detention representation, and work permit renewals.<sup>55</sup> However, it is essential that legal resources also advertise LGBTQ-specific legal resources, as LGBTQ immigrants often lack access to counsel, as well as immigration assistance, to protect themselves against discrimination and bias in areas of housing, employment, and family recognition.

Furthermore, there are a number of barriers that LGBTQ foreign-born youth encounter when attempting to find employment which might include unfamiliarity with the U.S. job market; legal barriers, such as asylum seekers not being able to work for at least 180 days after arrival; lack of appropriate identification or legal documents; lack of stable housing or financial security; skills or certifications that do not transfer between countries; and language barriers. Consequently, when foreign-born youth do manage to find work, they are often exploited by their employers and have few avenues for recourse, or choose not to report the exploitation for fear of being detained and/or deported.<sup>56</sup> The Commission recommends that when agencies, such as MassHire, provide job readiness and placement services they identify LGBTQ-friendly workplaces, and also ensure that LGBTQ foreign-born youth understand their legal rights and resources for reporting exploitation, assault, or discrimination.

Many foreign-born individuals may have limited educational opportunities in their country of origin, particularly for those coming from countries at war. As mentioned above, even those who have achieved educational degrees or certification may have difficulty transferring the credentials from their country of origin to the U.S.<sup>57</sup> Transferring degrees, like licenses and certificates, is often expensive and complex, and is one of the most time-consuming parts of an immigrant's career process, and can take as little as several weeks or as long as several months to complete - or may not happen at all. For those who lack access to their transcripts of documentation, it can be almost impossible to transfer credentials to the U.S., with no federal standards or regulations to assist them.

Additionally, some foreign-born individuals may have to retake licensing exams, degree programs, and/or training. One study found that 25% of immigrants with foreign degrees are underemployed or unemployed, compared to 17% of those born in the U.S. with degrees.<sup>58</sup> This problem is particularly acute in health care, where more than 20% of immigrants with foreign medical credentials are unable to practice in Massachusetts due to "costly licensing requirements, language barriers, lack of targeted career services and other factors."<sup>59</sup> Helping these practitioners gain accreditation in Massachusetts through comprehensive training and language programs, or by modifying license requirements, would ensure that the Commonwealth avoids underutilizing an important, readily available talent resource.

## Education Access & DACA

The Deferred Action for Childhood Arrivals (DACA) program provides temporary protection from deportation for Dreamers, the term used to refer to people who would have been protected by the yet-to-pass federal “Dream Act” which would protect undocumented youth who migrated to the U.S. as children but may be vulnerable to deportation.<sup>60</sup> Since the program was established in 2012, DACA recipients have been able to pursue higher education, participate fully in the labor force, purchase homes and cars, and support their families. For DACA recipients who identify as LGBTQ, the program has meant even more: it has allowed them to openly be themselves, free from the daily fear of deportation.

The Williams Institute estimated in 2020 that around 36,000 LGBTQ people may be enrolled in the DACA program;<sup>61</sup> and a previous 2017 survey found that



approximately 10% of DACA recipients identified as LGBTQ.<sup>62</sup> DACA has helped LGBTQ young people improve their economic security and meet their education goals. According to the survey, 76.4% of LGBTQ respondents reported that, with DACA, they have been able to earn more money and become financially independent.<sup>63</sup> In addition, 94.5% of LGBTQ survey respondents were currently employed compared with 55.8% who were employed before they received DACA. Not only were more LGBTQ individuals able to obtain employment with DACA, but they also obtained higher-paying jobs with benefits. Average hourly wages rose 73.7%, and 63.4% of LGBTQ respondents had jobs with health insurance or other benefits since receiving DACA. Among those currently in school, 92.8% said that with DACA they could pursue educational opportunities they previously could not, and 49.2% were currently enrolled in school with 77.6% pursuing a bachelor’s degree or higher.

In recent years, the fate of DACA has been uncertain, receiving scrutiny from courts and government attempts to terminate the program. The Trump administration ended the program in 2017, a decision overturned by the U.S. Supreme Court in June 2022.<sup>64</sup> As of today, Dreamers are still waiting on Congress to pass legislation that provides them with the permanent protection they need and deserve. If LGBTQ DACA recipients lose their protected status, not only will they no longer be able to work and thrive in the

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U.S., but they will also face deportation to countries they may not have set foot in since childhood and where their lives could be in danger. Before being deported, LGBTQ immigrants would likely spend time in a detention facility, an environment where horrific abuse is well-documented.

Currently, Massachusetts only allows students holding some form of federal documentation (e.g., DACA) to pay in-state tuition, even as many other states allow all status and non-status holding students to pay in-state prices.<sup>65</sup> Some states further allow these students access to financial aid, though this is less common. These policies can yield real benefits for students because in-state tuition is often significantly cheaper. Extending in-state tuition benefits to all immigrants regardless of status is one way to ensure that all young people who grew up in Massachusetts can continue their studies, allowing youth not covered by DACA to attend public colleges and universities.

While next to no data focuses on undocumented youth's access to K-12 education in Massachusetts, one study outlines three reasons why undocumented Latino youth delay high school enrollment in the state.<sup>66</sup> Whereas the case *Plyler v. Doe* guarantees undocumented children the right to K-12 education, the study argues that the lived experiences of undocumented youth suggest that their immigration status still prevents them from receiving an education. Undocumented youth often evade school enrollment out of fear of deportation, misinformation about their educational rights, and the labor market. The study finds work as the most important factor in determining the lives of Latino youth which often means they prioritize it over their education.

Additionally, the study emphasizes the misinformation surrounding undocumented youth's ability to attend high school. While undocumented youth may be legally allowed to attend high school, no policy ensures they have access to the information that they can legally attend high school. For example, school administrators would sometimes deny enrollment to undocumented youth because they were unaware that proof of citizenship is not a legal prerequisite for enrollment. School personnel would often ask for social security numbers for enrollment as well.

## Resources

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The above information provides numerous questions around the reality of the day-to-day experiences of LGBTQ foreign-born youth in Massachusetts. The Commission hopes that this new section in its annual report encourages policymakers and advocates to better understand the intersecting identities that many LGBTQ youth in Massachusetts face. Below is a list of programs and services available to LGBTQ foreign-born youth in Massachusetts.

### [The Office for Refugees and Immigrants \(ORI\)](#)

The ORI supports services that meet the cultural and linguistic needs of refugees and immigrants through a network of service providers in Massachusetts. There are, however, no programs specifically tailored for LGBTQ communities, nor does ORI collect any data or information on the LGBTQ populations it serves.

### [De Novo](#)

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Provides high-quality, free legal assistance to low-income immigrants and asylum seekers who are living in MA. They assist with asylum cases, which deal with immigrants who flee their home country because of past persecution or fear of persecution because of race, religion, gender, nationality, social group, or political views. De Novo also assists torture survivors, victims of LGBTQ or gender-based violence, and unaccompanied minors, among other special vulnerable populations.

### [The Department of Mental Health - Multicultural Mental Health Resource Directory](#)

This Directory contains information about organizations in Massachusetts that offer culturally and linguistically appropriate services for communities of color, the LGBTQ community, the Deaf and hard of hearing community, immigrants, and refugees. Although this Directory contains information about a variety of organizations in MA that offer culturally and linguistically appropriate services for both immigrants and the LGBTQ community, there are no organizations that offer services for LGBTQ immigrant youth specifically.

### [LGBT Asylum Task Force](#)

Provides shared housing for LGBTQ asylum seekers in Worcester, Massachusetts. If funds are available, they provide a small monthly stipend to pay for food, transportation, and other basic expenses. Housing and stipend support continues until asylum seekers receive their work permits (EAD). They also provide a list of pro bono immigration lawyers that might be able to assist asylum seekers with the application process. Additionally, they help asylum seekers to get connected to a doctor and therapist at the local health center.

### [Greater Boston Immigrant Defense Fund](#) & [United Legal Defense Fund for Immigrants](#)

Both Funds support local organizations that provide representation to individuals in deportation proceedings who are otherwise unable to afford it. In addition to legal representation, both these Funds support nonprofits running legal education programs for immigrants such as “know your rights” trainings to prevent detention and deportation, and help immigrants navigate application processes. In the case of the United Legal Defense Fund, this support extends to covering court or other fees.

## Acknowledgments & Citations

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# COMMISSION ON LGBTQ YOUTH

## INCLUSIVE SERVICE PROVISION FOR FOREIGN-BORN LGBTQ YOUTH



### ABOUT

For LGBTQ foreign-born youth who face discrimination based on their sexual orientation and gender identity as well as their immigration status, the state of Massachusetts must work to remove these barriers to integration. To ensure that LGBTQ youth thrive, it is critical to invest in culturally competent immigration integration resources that are responsive to the needs of diverse communities.

# 1 IN 6

of Massachusetts residents are foreign-born

# 30%

of first-generation LGBTQ youth worry about deportation "sometimes" or "a lot"

# 1 IN 10

of first-generation LGBTQ youth reported experiencing discrimination based on actual or perceived immigration status

### RECOMMENDATIONS

- 1 Improve the availability of multilingual, LGBTQ-affirming services for foreign-born residents, and increase funding for existing programs.
- 2 Establish an LGBTQ Immigrant & Refugee Task Force.
- 3 Address the concerning lack of SOGIE data collection at the state level.
- 4 Protect and support undocumented youth.

### LEGISLATION

- S. 1510/H.2288: Safe Communities Act
- S.817/H.1281: Access to Higher Education
- S.740/H.1237: MassHealth coverage



# Understanding Environmental Justice

## Introduction

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*(first published in FY 2024 Annual Recommendations Report, minor updates made to bring current to FY 2025)*

Research examining the environmental justice needs of LGBTQ communities is still emerging, but a growing body of evidence indicates that environmental justice is a key element of the complex web of inequities that impact the health and well-being of LGBTQ youth, particularly LGBTQ youth of color and Indigenous, immigrant, disabled, and low-income LGBTQ youth. The necessity of examining the undue environmental burdens placed on LGBTQ youth is undeniable; exposure to environmental stressors such as air pollution and toxic chemicals exacerbates the health and economic inequalities LGBTQ communities already face. Those who hold multiple marginalized identities, such as QTBIPOC youth, experience compounding effects from multiple overlapping systems of oppression.

Developing a more complete picture of the burdens and injustices faced by LGBTQ youth in Massachusetts, a population which itself holds great diversity, requires bringing intersectionality to the forefront and understanding the interactions between the multiple social, economic, environmental, and institutional systems that impact LGBTQ youth. As environmental justice and climate justice become increasingly high policy priorities in Massachusetts under the leadership of Governor Maura Healey, we must make sure that the needs of diverse LGBTQ communities are meaningfully incorporated into environmental and climate policymaking.

In this section of the Commission's annual report, the environmental justice needs of LGBTQ youth in Massachusetts will be explored. First, we will review what is meant by "environmental justice" and discuss the importance of intersectionality in examining the needs of LGBTQ youth and understanding environmental injustice. Next, two conceptual frameworks from public health – Cumulative Impacts and Social Determinants of Health – will be introduced to inform our understanding of how environmental exposures lead to outcomes in health and well-being. With these frameworks in mind, we will discuss certain environmental exposures which disproportionately affect LGBTQ populations, including ambient air pollution, secondhand smoke, and toxic chemicals in beauty and personal care products. Next, we will investigate the links between disproportionate environmental exposures and health disparities, examining how underlying health challenges disproportionately affecting LGBTQ communities, barriers accessing health care, and other socioeconomic factors worsen the health impacts of exposure. Finally, we will discuss the disproportionate impacts of climate change on LGBTQ populations and the unique needs of LGBTQ youth related to climate justice, such as the need for inclusive disaster response systems.

## FY2025 Recommendations to the Governor and Legislature on Environmental Justice

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### **1. Expand existing policies and programs addressing environmental inequities to include and address the unique impacts on LGBTQ youth across the Commonwealth.**

The Commission recommends that the Commonwealth examine and expand existing policies and programs working to address environmental inequities to ensure that this critical work is addressing unique impacts on LGBTQ youth, particularly BIPOC youth, youth with disabilities, and low-income youth. In January 2023, Governor Maura Healey signed an Executive Order to establish the Office of Climate Innovation and Resilience to coordinate climate policy across state agencies and communities; the Commission urges this new office to center QTBIPOC communities in its work, and to take a broad understanding of how to tackle climate justice.

### **2. Promote QTBIPOC youth voice in environmental justice initiatives, research, working groups, and task forces.**

As the Commonwealth further explores its engagement in environmental and climate justice, the Commission strongly recommends that policymakers and agencies engage QTBIPOC youth in important discussions in recognition of their presence in environmental justice communities. Furthermore, the Commission advises that the state should engage LGBTQ youth in community-based participatory approaches when considering policies addressing toxic chemicals in makeup, and tobacco cessation campaigns.

### **3. Improve access to quality health care, affordable housing, and stable income.**

As detailed throughout the annual report, LGBTQ youth well-being is affected by a wide array of systemic inequities. In order to best address environmental well-being for LGBTQ youth, the state must simultaneously improve access to quality health care; increase access to affordable, accessible, stable, and safe housing; and address the significant wealth inequities disproportionately affecting BIPOC youth in Massachusetts.

## Research: Understanding Environmental Justice and LGBTQ Youth

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Environmental justice describes the right of all people to be protected from environmental hazards and to enjoy the benefits of a clean, healthy environment. Historically, environmental justice organizing emerged out of grassroots activism that sought to address the unfair exposure of poor, Black communities to industrial pollution and hazardous land uses through the lens of civil rights.<sup>1</sup> Environmental justice is also inextricably tied to Indigenous rights and movements for Landback.<sup>2</sup> Indigenous communities are leaders in fighting fossil fuel expansion and industrial pollution, protecting shared resources such as clear water, and stewarding the land and its biological diversity in Massachusetts, the United States, and across the globe.<sup>3,4</sup> Restoring lands to Indigenous control is a crucial aspect of environmental justice.<sup>5</sup>

One of the tenets of environmental justice as defined by the Massachusetts Executive Office of Energy and Environmental Affairs (EEA) is the “equal protection and meaningful involvement of all people and communities” in the environmental policymaking process.<sup>6</sup> Environmental justice principles have been incorporated into policies and programs at the federal, state, and local level to help address the disproportionate share of environmental burdens experienced by low-income communities and communities of color and ensure a more equitable distribution of environmental assets, such as green space.<sup>7</sup> Many of these programs and policies rely on identifying “environmental justice populations” based on census data on income, race, ethnicity, and English language proficiency.<sup>8</sup> In Massachusetts, the EEA works to engage environmental justice populations in environmental decision-making, improve neighborhood environmental quality, and protect communities from pollution through its Environmental Justice Policy.<sup>9</sup>

While environmental justice has traditionally focused on the disproportionate burdens faced by low-income communities of color, researchers and activists are increasingly recognizing disparities in the environment based on many axes of oppression, such as gender, age, religion, immigration status, ability, and sexual orientation.<sup>10</sup> Intersectionality reminds us that examining environmental injustice through the lenses of race and class alone is not enough – we must consider the unique environmental injustices that LGBTQ, Indigenous, immigrant, and disabled communities experience, and, most crucially of all, the compounding injustices experienced by people who hold multiple oppressed identities, such as QTBIPOC youth.<sup>11</sup>

### Cumulative Impacts and Social Determinants of Health

Before we explore research on environmental inequities impacting LGBTQ youth, let’s first consider a few frameworks from public health that may help us better understand the relationship between exposures to toxic chemicals in the environment and negative health impacts, particularly for communities facing multiple stressors such as LGBTQ youth. The relationship between exposure to pollution and the long-term impacts of that exposure on your health is rarely straightforward. First, there is often a time lag between the exposure and the development of a disease which makes it difficult to link the two. Furthermore, the long-term health conditions that are caused by toxic chemicals and environmental hazards are often complex and influenced by many genetic and environmental risk factors, making it very difficult to prove that a specific exposure was the cause of a condition such as cancer or heart disease.

To make matters even more complicated, most people are exposed to many chemicals over the course of their lifetime, and health conditions might not be caused by one specific exposure, but they may rather be a result of the cumulative impact of all these exposures added together over time. There are also many socioeconomic factors that play important mediating roles in determining the level of risk posed by exposure. For example, someone with stable access to food, housing, health care, and employment will likely be more resilient in the face of exposure than someone who faces barriers to accessing these resources. So, considering these complexities, how can we make sense of the impacts of the environment on communities facing environmental injustice?

Cumulative Impacts and Social Determinants of Health are two frameworks from environmental and public health that can help us understand the relationship between exposure to pollution and detrimental long-term health outcomes. The Cumulative Impacts model of environmental health highlights the fact that, in the real world, people are rarely exposed to a single pollutant at a high concentration, but rather accumulate multiple burdens of chemical exposures and non-chemical co-stressors from many different exposures over their lifespan. Non-chemical co-stressors refer to factors that can worsen the health impacts of exposure to pollution, such as access to health care, housing, and economic stability. The Cumulative Impacts approach reflects growing recognition that the health impacts of exposure to pollution must be examined in the context of socioeconomic status, preexisting health conditions, and other environmental stressors such as extreme temperatures and lack of access to green space which can exacerbate the effects of exposure.<sup>12</sup> Communities experiencing a disproportionate burden of environmental health risks, often due to multiple environmental and socioeconomic stressors which act cumulatively to create persistent environmental health disparities, are sometimes referred to as “overburdened communities.”<sup>13</sup>

Social Determinants of Health is another framework that describes how inequitable social systems create conditions for health inequalities among marginalized populations.<sup>14</sup> Due to their marginalized status, residents of environmental justice communities may both bear a disproportionate burden of environmental health risk, and face additional barriers and burdens that contribute to worse health outcomes after exposure.<sup>15</sup> For example, inequitable social systems affecting LGBTQ youth impede economic stability, prevent access to health care, increase rates of homelessness, and contribute to preexisting mental and physical health burdens. These factors both increase the risk of exposure to harmful pollution and reduce the capacity to respond to environmental harm, such as by accessing necessary health care.<sup>16</sup> Who can take paid time off work due to a medical condition, and who might lose their source of income as a result? Who has access to regular cancer screenings, and who might not have regular access to a doctor, resulting in a later diagnosis? Who has greater access to green space, which has been shown to support mental and physical health? Social Determinants of Health reminds us that while it is important to examine disparities in who is exposed to pollution, exposure is only half of the story. We must also consider who experiences the conditions for health and wellbeing, and who is at greater risk of harm due to the social and institutional marginalization that accompanies disproportionate exposure.

### Data Limitations

Unfortunately, there are significant data gaps when it comes to examining the environmental justice needs of LGBTQ youth. Gender and sexuality are still not commonly considered as important factors in environmental justice research, and there are limited studies and data sources that explore the intersections of gender and sexuality with access to environmental benefits and exposure to hazards. Overall, there is limited data on where LGBTQ people live, which poses a challenge to understanding the environmental injustices faced by LGBTQ communities since much of environmental justice research depends on residence data. For instance, U.S. Census Bureau data is widely used to examine disparities in



THE 2020 CENSUS DID GIVE PEOPLE THE OPTION TO IDENTIFY A RELATIONSHIP AS SAME-SEX FOR THE FIRST TIME, BUT THIS COMES **NOWHERE** CLOSE TO ENCOMPASSING THE DIVERSITY OF LGBTQ COMMUNITIES

exposure to environmental hazards and access to environmental benefits and does not typically include expansive SOGIE (sexual orientation and gender identity/expression) data.

The 2020 Census did give people the option to identify a relationship as same-sex for the first time, but this comes nowhere close to encompassing the diversity of LGBTQ communities. Data on same-sex households omits partners that don't live together, single LGBTQ people, most LGBTQ youth, many bisexual and trans people, and still operates within the gender binary, excluding nonbinary and intersex people.<sup>17</sup> Collecting more complete LGBTQ residence data will be crucial for deeper analysis of environmental disparities facing LGBTQ youth.

There are also numerous barriers to response when collecting data on sexuality and gender identity, particularly when surveying LGBTQ youth. LGBTQ people responding to a survey may not reveal their identity due to institutional discrimination, social stigma, or to maintain their safety. In addition, gender and sexuality are fluid and people may change how they identify over time. The process of exploring how you relate to gender and sexuality, prefer to identify, and express yourself is a continuous, lifelong journey. To capture the complexity of LGBTQ identities and experiences, surveys should include not only identity but also attraction and behavior. Very few surveys currently do so. The Centers for Disease Control Youth Risk Behavior Survey provides a good example in its questions about both gender identity and sexual contacts but could also include questions about attraction to capture an even more comprehensive picture.

Although more data explicitly exploring the intersections of gender and sexuality with environmental justice is urgently needed, we can begin to examine the environmental justice needs of LGBTQ youth using data about socioeconomic factors that cause LGBTQ youth to be disproportionately exposed to pollution and social determinants of health that worsen the impacts of exposure. In addition, it is important to consider the value of multiple types of knowledge. Although data is a powerful tool, it also has many limitations and uncertainties. In the sections that follow, we will not only consider surveys and studies that use numerical data to draw conclusions, but also draw on experiential knowledge shared directly by community members.

## Exposure to Pollution and Environmental Hazards

Research on LGBTQ health disparities is vast but has historically left out the role of the physical environment.<sup>18</sup> However, there is mounting evidence that LGBTQ communities are disproportionately exposed to pollution and environmental hazards; it is especially important to consider the disproportionate environmental exposures faced by LGBTQ populations affected by multiple intersecting systems of oppression. Research and organizing around disparities in exposures based on race, class, and Indigeneity are extensive and clearly demonstrate that low-income communities of color experience the

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greatest exposure to pollution in the places they live, work, and play, as well as the consumer products they use. Black and Indigenous communities bear particularly high burdens of pollution and environmental health risk. When considering the impacts of environmental exposures on LGBTQ populations, it is crucial to highlight that QTBIPOC youth and low-income LGBTQ youth may experience multiple compounding burdens of environmental exposure.

First, there is growing evidence that ambient air pollution disproportionately affects LGBTQ youth because of the places LGBTQ people live. Due to higher rates of poverty compared to non-LGBTQ populations, LGBTQ people may be more likely to live in neighborhoods where they will face higher exposure to air pollution. In 2021, survey data from the Behavioral Risk Factor Surveillance System (BRFSS) and the U.S. Census Household Pulse System (HPS) showed that 17% of LGBTQ people, 21% of trans people, and 25% of LGBTQ people of color lived in poverty in the U.S., compared to 12% of non-LGBTQ people and 20% of non-LGBTQ people of color.<sup>19</sup> The last state-level analysis of LGBTQ poverty rates was completed in 2019 using BRFSS survey data from 2015-2017. In this dataset, the poverty rate was higher for LGBTQ people in Massachusetts (13%) than for cis straight people (9%), LGBTQ people of color (26%) had a higher poverty rate than white LGBTQ people (9%), and LGBTQ people aged 18-44 (16%) had a higher poverty rate than LGBTQ people aged 45 or older (8%).<sup>20</sup> Disparities in exposure to ambient air pollution based on race and class are well-documented in Massachusetts and across the United States, further demonstrating that low-income QTBIPOC youth in particular face particularly disproportionate burdens of air pollution. There are many reasons why low-income and communities of color often face higher exposure to pollutants, including discriminatory housing policies and urban planning decisions that disproportionately locate hazardous land uses such as landfills, power plants, and major highways in lower income areas and communities of color.<sup>21,22</sup>

DUE TO HIGHER RATES OF POVERTY COMPARED TO NON-LGBTQ POPULATIONS, LGBTQ PEOPLE MAY BE **MORE LIKELY** TO LIVE IN NEIGHBORHOODS WHERE THEY WILL FACE **HIGHER** EXPOSURE TO AIR POLLUTION



Research directly relating air pollution to the places where LGBTQ people live is limited, but two studies, one focusing on Houston, Texas, and one examining trends on a national scale, have used census data on same-sex couples to examine the relationship between same-sex enclaves and air pollution.<sup>23,24</sup> These early analyses indicate that sexual orientation, even when accounting for race, is a strong indicator of living in an area with higher levels of air pollution. Similar disparities may exist for different types of neighborhood environmental exposures such as water and soil contamination and should be studied further.

Higher rates of homelessness and housing instability among LGBTQ youth may also result in greater exposure to environmental hazards. People experiencing homelessness frequently face high exposure to ambient air pollution, soil contamination, and water pollution due to living outdoors, often near major roadways and other emission sources.<sup>25</sup> Criminalization worsens exposures, as police sweeps may force people into more environmentally hazardous areas such as freeway underpasses.<sup>26</sup> LGBTQ youth are more likely to experience housing instability and homelessness in Massachusetts, and thus at greater risk of

facing associated environmental injustices. In a dataset from the 2022 Massachusetts Youth Count annual survey which seeks to learn about the needs of youth who are unstably housed or experiencing homelessness, 12% of LGBTQ youth experiencing homelessness reported being unsheltered the night before.<sup>27</sup> Working to decrease rates of homelessness and housing instability among LGBTQ youth and improve access to services is vital to reducing unjust environmental exposures faced by LGBTQ youth.

Exposure to tobacco smoke is another environmental justice concern for LGBTQ youth. Numerous studies show that LGBTQ populations are more likely to smoke cigarettes than non-LGBTQ populations.<sup>28</sup> In Massachusetts, the 2019 Youth Risk Behavior Survey (MYRBS) data showed that LGBTQ youth (12%) were more likely to smoke cigarettes than non-LGBTQ youth (5%).<sup>29</sup> Higher rates of smoking in LGBTQ communities also mean higher exposure to secondhand smoke in the places where LGBTQ people live and socialize. One study in California found that LGBTQ people were twice as likely to be exposed to secondhand smoke in their household.<sup>30</sup> Another study found that visitors of LGBTQ bars and venues were 38% more likely to be exposed to secondhand smoke than non-LGBTQ venues.<sup>31</sup> Exposure to secondhand smoke is associated with respiratory illnesses, cancer, and heart disease.<sup>32</sup>

As further evidence of disproportionate exposure, health conditions linked to air pollution and secondhand smoke have been found at disproportionate rates among LGBTQ communities, including LGBTQ youth. Multiple analyses have found that asthma and chronic obstructive pulmonary disease, two respiratory illnesses related to environmental exposures such as air pollution and smoking, disproportionately affect LGBTQ populations.<sup>33,34,35,36</sup> One study based on national YRBS data found that rates of asthma are significantly higher among LGBTQ youth (28%) compared to non-LGBTQ youth (21%);<sup>37</sup> YRBS data on asthma rates among Massachusetts youth is not currently available.<sup>38</sup> Studies have also found higher rates of cardiovascular diseases linked to environmental exposures in some LGBTQ subpopulations.<sup>39</sup>

### Chemical Exposures from Beauty and Personal Care Products

Consumer products such as beauty and personal care products are another source of environmental chemical exposure that may disproportionately affect LGBTQ and QTBIPOC youth. Many beauty products that are used and sold widely in the United States contain toxic chemicals that can harm health, such as phthalates, parabens, formaldehyde, lead, mercury, and other compounds that are linked to endocrine disruption, cancer, reproductive harm, and neurodevelopmental harm in children.<sup>40</sup> A new study in 2021 found that over half of cosmetic products sold in the US contain PFAS, a “forever chemical” associated with serious health conditions such as cancer and pregnancy complications.<sup>41</sup>

The burdens of toxic chemical exposures from beauty and personal care products are not distributed equally. Socioeconomic factors, systemic racism, and societal norms impact the type and quality of products that people use, affecting their exposure to toxic chemicals and posing risks to their health.<sup>42</sup> Although much more research is needed in this area, LGBTQ people, particularly drag communities and LGBTQ youth, may face unequal chemical burdens from beauty and personal care products. In a 2021 discussion hosted by West Harlem Environmental Action, also known as WE ACT for Environmental

Justice, a panel of researchers, advocates, and queer drag performers discussed the impact of toxic chemicals found in beauty and personal care products on the queer community. For example, a panelist mentioned that young people who are first starting out in drag or are exploring gender expression may use cheaper products that contain more toxic chemicals due to budget and availability constraints.<sup>43</sup>

As an increasing number of studies reveal the widespread use of toxic substances in beauty and personal care products sold in the U.S., many states are taking legislative action to ban toxic ingredients in cosmetics. Action at the state level is crucial to fill gaps posed by the federal government's limited authority to regulate the cosmetics industry. In 2023, at least 12 states including Washington, Hawaii, Illinois, Massachusetts, Michigan, Nevada, New Jersey, New York, North Carolina, Oregon, Rhode Island, Texas, and Vermont are considering policies to restrict or require disclosure of toxic chemicals in cosmetics and personal care products.<sup>44</sup> Some states have already taken significant actions to regulate the safety of personal care products. California has passed several laws that regulate cosmetics ingredients and labeling, including the California Safe Cosmetics Act in 2005, the California Toxic-Free Cosmetic Act in 2020, and a ban on PFAS in personal care products.<sup>45</sup> In Massachusetts, a bill to ban PFAS from consumer products, including personal care products, was filed in February 2023.<sup>46</sup>

### From Environmental Exposures to Health Outcomes

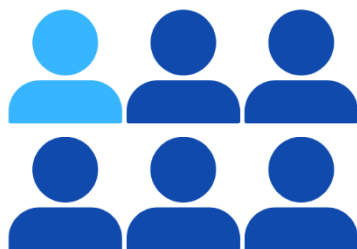
In addition to disparities in exposure, LGBTQ communities are likely to experience more serious health impacts from those exposures due to socioeconomic inequities and preexisting conditions. In epidemiology, effect modification refers to a situation where the impact that an exposure has on a health outcome is affected by a third variable, such as access to health care or a preexisting health condition. Not only do LGBTQ populations experience disproportionate exposure to environmental hazards, but they also likely experience more severe health outcomes from those exposures. Underlying health conditions disproportionately affecting LGBTQ communities, challenges accessing health care, and stressors such as economic instability and housing insecurity may worsen the health impacts of exposure.<sup>47</sup> Black, Indigenous, immigrant, disabled, and low-income LGBTQ communities facing the combined burdens of heightened environmental exposures and structural racism, colonialism, ableism, and poverty are particularly at risk for health disparities. For example, research on the socioeconomic status of Two-Spirit and LGBTQ Indigenous people has found that 26% are unemployed, 55% experience food insecurity, and 23% live in extreme poverty due to discrimination, marginalization, stigmatization, and historical trauma.<sup>48,49</sup>

Preexisting health conditions among LGBTQ+ populations, such as HIV, can worsen the health impacts of pollution. Since HIV compromises the immune system, people with HIV are particularly susceptible to negative health consequences from exposure to environmental hazards such as air pollution. Numerous studies have investigated how exposure to air pollution exacerbates HIV; air pollution can cause and worsen conditions like pneumocystis pneumonia and tuberculosis (TB). One study linked exposure to particulate matter, nitrogen dioxide and ozone, three of the most common air pollutants, with pneumonia hospitalization in people with HIV.<sup>50</sup> Another found positive association between carbon monoxide and

nitrogen dioxide exposure and contracting TB.<sup>51</sup> Studies also suggest that the combined effects of air pollution and HIV may amplify the development of cardiovascular disease.<sup>52</sup>

Hazardous environmental conditions can also exacerbate the high mental health burdens that LGBTQ youth already face. The link between environmental exposures and mental health challenges is understudied, but emerging research demonstrates that exposure to air pollution, noise pollution, extreme weather, and environmental disasters can increase the risk of mental health conditions such as depression.<sup>53,54,55</sup> More research into the connection between pollution exposure and mental health is extremely important for understanding the needs LGBTQ youth, who already face heightened risks to their mental health and wellbeing.

In addition to risks from preexisting conditions, LGBTQ populations may have a decreased capacity to respond to the health impacts of pollution due to barriers to obtaining medical care and difficulty avoiding hazardous environmental conditions. The challenges LGBTQ people often face in receiving health care are well-documented. LGBTQ people are less likely to seek medical care until they have a serious health issue because of fear of discrimination or costs.<sup>56</sup> One study found that more than 1 in 6 LGBTQ adults avoided seeking health care because of anticipated discrimination.<sup>57</sup> Another study on LGBTQ youth's perceptions



MORE THAN 1 IN 6 LGBTQ ADULTS  
AVOIDED SEEKING HEALTH CARE BECAUSE  
OF ANTICIPATED DISCRIMINATION

of health care revealed that most youth did not feel their health care needs were well met and expressed concerns about disrespectful behavior, poor communication, lack of confidentiality, and discrimination.<sup>58</sup> These realities place LGBTQ youth in a more vulnerable position when dealing with the health impacts of environmental exposures if they are less willing or able to access comprehensive health care. Higher rates of poverty, unemployment, and homelessness among LGBTQ youth can be additional barriers to accessing adequate health care. As previously discussed, these factors

may also force LGBTQ youth to live in environmentally hazardous living situations or make it challenging for them to change hazardous conditions.

All in all, it is clear that LGBTQ youth not only face higher exposure to environmental hazards but are likely to experience worse health outcomes from those exposures due to these additional burdens and risk factors. Holistic actions to decrease health disparities and support the wellbeing of LGBTQ youth such as reducing rates of poverty, increasing access to health care, and ensuring access to mental health support are crucial to working towards environmental justice.

## Climate Justice and Inclusive Disaster Response

Climate justice is a framework that addresses the disproportionate impacts of climate change on historically marginalized groups. It is abundantly clear that the negative social, economic, and health impacts of climate change will disproportionately affect communities already facing marginalization; climate change will exacerbate existing inequalities. Globally, nationally, regionally, and locally, low-income communities, communities of color, Indigenous communities, and people with disabilities are on

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the frontline of climate impacts such as extreme weather, flooding, heat, poor air quality, access to food and clean water, and sea level rise. Not only are marginalized communities experiencing the worst impacts, but they also face barriers to adaptation and resilience.<sup>59</sup> In Massachusetts, climate justice and resilience is becoming a top policy priority, as evidenced by Governor Maura Healey's Executive Order establishing the first ever Climate Chief position and Office of Climate Innovation and Resilience on her first day in office in January 2023.<sup>60</sup> LGBTQ youth are another key group that may be particularly vulnerable to the impacts of climate change, and unique considerations to include this population in climate justice efforts should be taken into account.

First, supporting LGBTQ youth in securing stable housing and economic opportunities is crucial for climate justice. LGBTQ youth who are facing housing instability, experiencing homelessness, or living in less climate-resilient areas due to lower economic opportunities may face greater exposure to extreme heat, flooding, storms, and environmental disasters such as hurricanes and wildfires. LGBTQ communities may also be more susceptible to the health impacts of climate change due to preexisting conditions and challenges accessing adequate health care. LGBTQ people who face barriers accessing medical care or who have preexisting health conditions such as HIV may be particularly impacted by extreme heat or poor air and water quality caused by environmental disasters. For instance, people with HIV may be more seriously affected by mold in their homes caused by water damage from flooding.<sup>61</sup> Environmental disasters and hardships due to climate impacts can also have immediate mental health impacts and may exacerbate existing mental health challenges LGBTQ populations face.<sup>62</sup>

Discriminatory disaster response policies and services also cause LGBTQ communities to bear a greater burden of climate impacts. A growing body of research into the unique marginalization and vulnerability LGBTQ populations face during environmental disasters demonstrates that LGBTQ populations bear greater impacts from environmental disasters due to hindered access to disaster response resources and discrimination from disaster response services.<sup>63,64</sup> For example, the prevalence of religious organizations in disaster relief services can be a barrier to access, particularly for trans individuals.<sup>65</sup> Furthermore, staying in an emergency shelter can be a dangerous and traumatic experience for some LGBTQ communities, particularly Black trans women. In one reported case following Hurricane Katrina, two Black trans women were arrested after using the women's restroom at an emergency shelter.<sup>66</sup> For trans and undocumented people, identification requirements can pose another barrier to accessing federal emergency relief services.<sup>67</sup>

Lack of strong legal protections for LGBTQ communities in disaster response programs and policies allows discrimination in disaster response services to continue. However, laws protecting LGBTQ people from discrimination and requiring local governments to work collaboratively with LGBTQ communities to plan for disasters can be passed at the state level. In 2012, the Human Rights Campaign (HRC) released a report on how best to eliminate discrimination in disaster preparation and response including recommendations about including members of the LGBTQ community in the disaster response planning process, respecting family structure and relationship status, and ensuring safety in emergency shelters.<sup>68</sup> Massachusetts has an opportunity to lead in this space by putting HRC's guidance into action, since very few states or local governments have incorporated the recommendations into disaster response efforts so far.



The importance of environmental justice to the health and wellbeing of LGBTQ youth is abundantly clear. The specific needs of LGBTQ populations must be incorporated into environmental and environmental justice policy in Massachusetts, particularly during this time of exciting innovation in environmental policymaking under the leadership of Governor Maura Healey. More research examining the environmental justice needs of LGBTQ communities is needed to better understand the unique disparities in environmental exposures and health outcomes that LGBTQ communities face. However, existing research clearly shows that environmental justice is a key element of the multifaceted system of inequities that impact the health and wellbeing of LGBTQ youth, particularly LGBTQ youth of color and Indigenous, immigrant, disabled, and low-income LGBTQ youth. By embracing the needs of QTBIPOC youth, Massachusetts can be a leader in working towards environmental justice for all.

## Acknowledgments & Citations

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COMMISSION ON LGBTQ YOUTH

# ENVIRONMENTAL JUSTICE



## ABOUT

Environmental justice is a key element of the complex web of inequities that impact the health and well-being of LGBTQ youth, particularly LGBTQ youth of color and Indigenous, immigrant, disabled, and low-income LGBTQ youth. The necessity of examining the undue environmental burdens placed on LGBTQ youth is undeniable; exposure to environmental stressors such as air pollution and toxic chemicals exacerbates the health and economic inequalities LGBTQ communities already face. QTBIPOC youth experience compounding effects from multiple overlapping systems of oppression. Developing a more complete picture of the burdens and injustices faced by LGBTQ youth in Massachusetts requires bringing intersectionality to the forefront and understanding the interactions between the multiple social, economic, environmental, and institutional systems that impact LGBTQ youth.

## RECOMMENDATIONS

- 1** Expand existing policies and programs addressing environmental inequities to include and LGBTQ youth across the Commonwealth.
- 2** Promote QTBIPOC youth voices.
- 3** Improve access to quality health care, affordable housing, and stable income.



**38%**

more likely to be exposed to second-hand smoke in LGBTQ bars/venues than in non-LGBTQ bars

**29%**

of LGBTQ youth suffer from asthma

**23%**

of Two-Spirit and LGBTQ Indigenous people live in extreme poverty due to discrimination, marginalization, stigmatization, and historical trauma



## Examining Economic Justice

### Introduction

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LGBTQ youth in Massachusetts face several barriers to economic success, ranging from lack of educational and career readiness resources to discrimination based on their LGBTQ identity. LGBTQ youth have diverse identities and needs that must be addressed in education to sufficiently prepare them for the workforce. LGBTQ youth are overrepresented in the foster care system due to a lack of supportive homes, are more likely to age out of the foster care system than their cisgender and straight peers and are more likely to experience homelessness when aging out of the foster care system. Youth in the juvenile justice system, including LGBTQ youth, lack quality instruction, educational materials, and support in transitioning out of the system to employment. LGBTQ youth who are immigrants, children of immigrants, or refugees may face language barriers to education and employment, which limit their access to employment opportunities. In general, LGBTQ high school students lack appropriate resources on career readiness and navigating being LGBTQ in the workplace.

Once they transition from education to the labor force, LGBTQ youth experience higher unemployment rates than their cisgender and straight peers due to several factors, and often face discrimination based on their race and gender identity, which makes it difficult to obtain employment and maintain job stability. As a result, LGBTQ youth can experience homelessness or housing instability at a higher rate than their cisgender and straight counterparts, which makes it difficult to obtain work or job stability. In Massachusetts in general, there is a concentration of job opportunities in the metro Boston area. However, there is limited access to public transportation from suburban and rural areas, a shift from remote work to in-person or hybrid work, and a lack of accessible public transportation for youth with disabilities. This makes it difficult for those who already face a lack of career opportunities based on their location, especially those in Western Mass and rural areas, to obtain employment above entry-level, minimum wage positions. For LGBTQ youth who do not have the financial support of their families based on their identity, it is not possible to cover the expenses for commuting into Boston for work or renting an apartment near public transportation.

The MA legislature must engage in initiatives to remove barriers to employment, foster career readiness, and to support LGBTQ youth's transition to the labor force so that the Commonwealth is a place where all youth can thrive - both holistically and economically.

### FY 2025 Recommendations on Economic Justice

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**1. Improve access to LGBTQ-affirming job and professional development opportunities in rural areas.**

As noted repeatedly throughout this report, access to LGBTQ-affirming job opportunities can be limited even in Massachusetts, particularly for young people outside of the Greater Boston area. The Commission highly recommends that the state work to help create and fund new programming that helps connect young

people to new career opportunities, or low-cost transportation options. Additionally, supporting programs that offer career mentoring are essential to helping young people build their skills and resume experience.

**2. Improve independent living support for transition-age foster youth.**

Transition-aged foster youth often face some of the highest disparities in health, employment, housing, and more across Massachusetts. It is critical that youth who are transitioning out of state services, especially the Department of Children & Families, are given the support needed to find affirming employment, understand financial planning, and get support with their education. Additionally, ensuring that trans and nonbinary youth have their documentation in order with any gender marker or name changes is essential to helping youth reduce experiences of discrimination when job-hunting.

**3. Fund employment programming designed to support LGBTQ youth experiencing homelessness.**

Across several listening sessions that the Commission held in FY 2024 with LGBTQ young people experiencing homelessness, one of the top issues of concern was finding stable and LGBTQ-affirming employment. However, one of the biggest barriers to finding stable employment was their experiences of homelessness. Many of the participants in the sessions noted that it is often difficult to concentrate on a workday if they are also concerned about where they will be sleeping that night (whether that be on a friend's couch, or a shelter, or the street). Furthermore, lack of access to appropriate clothing, hygiene and gender-affirming products, lack of appropriate documentation, and poor mental health were also listed as significant barriers.

While organizations like Breaktime do provide employment support for LGBTQ young people experiencing homelessness, it is critical that the state broadens its understanding of what homelessness prevention resources and programming are and increases funding to help build capacity through new and existing support programs.

## Research on Economic Justice for LGBTQ Youth

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### Employment

LGBTQ youth, especially QTBIPOC youth, reported higher unemployment rates than their cisgender and straight counterparts. According to the 2022 US Trans Survey, transgender individuals reported an 18% unemployment rate from October to December 2022 compared to the national average of 3.6% in Q4 of 2022<sup>1</sup>; 34% of transgender individuals reported living in poverty in 2022<sup>2</sup> compared to the national poverty rate of 11.5% in 2022<sup>3</sup>. The Bureau of Labor Statistics still does not collect data on LGBTQ identity on most of its surveys, making it difficult to generate exact unemployment rates for LGBTQ youth in Massachusetts. There is data that show higher unemployment rates for other at-risk groups: people of color, foreign-born individuals, justice-involved individuals, individuals with disabilities, and youth between the ages of 18-24.<sup>4</sup>

Considering the labor shortage in Massachusetts, the Commission highlights the need for efforts to employ workers from these marginalized groups, among which LGBTQ youth are disproportionately represented. Barriers to these groups include English language speaking requirements, requirements prohibiting

## ECONOMIC JUSTICE

individuals with a criminal record, accessible transportation, and access to healthcare. Solutions to removing these barriers include funding English language programs, onboarding and training that includes teaching career specific English terminology, removing requirements prohibiting individuals with a criminal record from working, improving transportation to be more accessible, and professional development.<sup>5</sup> Additional support for LGBTQ youth seeking employment should be put into place, such as professional development tailored to LGBTQ identity and initiatives connecting LGBTQ youth with supportive employers and LGBTQ owned businesses. Organizations such as the Human Rights Campaign offer resources for employers to make their workplaces more inclusive environments and for professional development for LGBTQ workers, such as mentorship. Making workplaces LGBTQ inclusive and safe will help recruit and retain LGBTQ talent.

Employment is essential for economic security for LGBTQ youth who are more likely than their peers to experience homelessness and adverse health conditions. For example, a 2022 employment intervention study found that employment reduced the risk of contracting HIV among young men who have sex with men and transgender youth of color<sup>6</sup> by preventing homelessness and exposure to HIV through transactional sex work among LGBTQ youth of color participants.

LGBTQ individuals face hiring discrimination in various stages, from submitting an online to interviewing for a position in person. Recent field experiments in economics show that there is hiring discrimination based on gender identity. Transgender women applying to entry-level positions were 6% less likely to receive a callback (interview invitation or job offer) from an employer than cisgender men, facing a penalty for being transgender and a penalty for being a woman,<sup>7</sup> while nonbinary applicants who included they/them pronouns on their resumes were 5.4% less likely to receive a callback than cisgender applicants.<sup>8</sup> In addition to discrimination based on LGBTQ identity, employers discriminate based on race: employers were 30% more likely to hire white workers than Black workers.<sup>9</sup> LGBTQ individuals who hold multiple marginalized identities face increased discrimination when searching for a position.

Discrimination makes workplaces unsafe for LGBTQ individuals due to customer prejudice that is not addressed properly by management which values profitability and customer satisfaction over the safety of their staff.<sup>10</sup> In many cases, managers turn a blind eye when customers harass and show aggression toward LGBTQ employees who display non-normative gender and sexual identities.

There is recorded occupational segregation for LGB men and women, which is higher in occupations dominated by the same gender, for younger workers, and for workers without a college degree.<sup>11</sup> LGB youth may experience this segregation more than LGB adults because of their age and the amount of time required to obtain a college degree. This segregation and hiring discrimination against LGB men and women may be caused by occupational contexts that evoke stereotypes about sexual orientation (Mishel 2020). For example, there is more acceptance of gay men in women-dominated fields than straight men because of stereotypes about gay men being more feminine.

In addition to employment discrimination, LGBTQ youth experience lower earnings than their cisgender and straight counterparts. Specifically, there are wage penalties for gay men, bisexual men, bisexual women,<sup>12</sup> and transgender individuals.<sup>13</sup> Women, especially Black and Latinx women, earned less in 2023 than white men.<sup>14</sup> As a diverse group, LGBTQ youth may also be impacted by the recorded wage penalties for women,<sup>15</sup> people of color, immigrants, and individuals with a disability. LGBTQ youth who hold multiple

marginalized identities experience a significant negative impact on earnings from aggregated wage penalties.

### Geography

Another barrier to employment and job opportunities is geographical location. The economic outcomes of youth may vary based on their location within the Commonwealth. In January 2024, the unemployment rate for the metro Boston area was 3.2%, while it was 4.1% for the metro Springfield area.<sup>16</sup> There is a lack of recent data on unemployment rates and income that include demographics such as LGBTQ identity and race throughout the regions of the state. There is a trend of greater economic performance in the metro Boston area which has a large share of the professional, scientific, and technical services sector of the state with its growth in life sciences research, technology, and remote work.<sup>17</sup>

In contrast with the economic growth in metro Boston, Western MA and the Cape and Islands region have lagged behind other regions in overall performance and employment opportunities.<sup>18</sup> The lack of job opportunities in these regions may lead many workers to commute to Boston for work. This lack of affordable public transportation may prevent youth, who are at the start of their careers and do not have significant savings, from obtaining a job that leads to a better career trajectory in Boston. Remote work may remove the geographical barrier to employment; however, many companies have adopted hybrid schedules or are in favor of implementing return-to-office plans by the end of the year.<sup>19</sup>

### Transportation

With the many employment opportunities in Boston, workers from throughout the state commute into the city for work, which has proven to be a barrier to employment. Riders of the MBTA have increasingly experienced frequent station shutdowns, slow zones, train breakdowns, line closures, and infrequent service.<sup>20</sup> Buses that transport commuters between closed stations are frequently blocked by traffic and parked cars.<sup>21</sup> The unreliability of the MBTA makes it difficult to use public transportation to commute into Boston or, for those who live in the city, outside of Boston for work. In a Boston Globe interview, several MBTA commuters commented on the recent difficulties of traveling to work in Boston and shared plans of moving to cities that have more reliable transportation, even in inclement weather.<sup>22</sup> The unreliability of the MBTA risks losing workers from out of the city, especially those without other means of transportation.

For youth who come from low-income socio-economic backgrounds and for those without familial support, such as LGBTQ youth who have been rejected by their families based on their identity, purchasing a car is not an option. The reliance of marginalized youth on public transportation underscores the need to improve the MBTA and provide additional means of public transit until improvements have been fully implemented. Considering that the MBTA reported needing \$24.5 billion to fully repair its system,<sup>23</sup> commuters will likely suffer from public transportation issues for the near future.

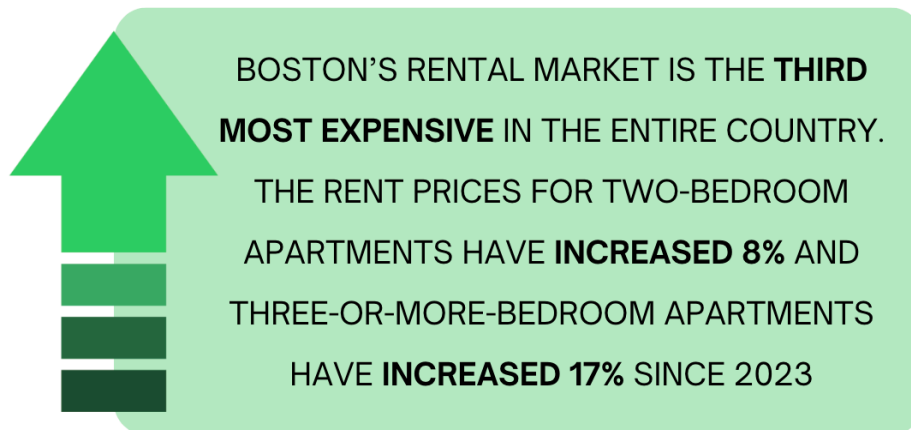
Public transportation is even less accessible for those in Western MA and rural areas. Those who commute to Boston for work may have to drive hundreds of miles and spend hundreds of dollars on gas alone every week, before even taking into consideration the cost of parking.<sup>24</sup> With the contrast between job market growth in Boston and decline in Western MA, workers who seek a career instead of a minimum wage



position may have no option but to commute to the city; this leaves behind those from marginalized communities in Western MA and rural areas who cannot finance a car, driving hundreds of miles per week, and the high cost of parking in Boston. Youth workers in high school and at the start of their careers may lack the resources necessary to regularly commute to the city. Additional resources should be provided for employment transportation in support of workplace development for youth.

## Housing and Rental Markets

Despite the difficulties of commuting into the city, many choose the commute over the increasingly expensive costs of buying a home or renting an apartment in or near Boston. The MA housing market has seen a 9.7% increase in the median price of homes in February 2024 since February 2023,<sup>25</sup> the demand for homes greatly outpaces the supply of them,<sup>26</sup> and mortgage rates more than doubling in 2023.<sup>27</sup> A recent Redfin study reveals that homebuyers in the metro Boston area need a salary of \$194k to afford a median priced home, while that number is \$119k in the area around Worcester.<sup>28</sup> These salaries are difficult for youth to obtain: the median salary for Generation Z (ages 18-27) is \$40k,<sup>29</sup> making it difficult for youth to put down a deposit on a house and pay a mortgage on their own. The median salary of householders ages 18-25 is \$54k compared to the state median salary of \$94k.<sup>30</sup> Massachusetts is the state with the lowest homeownership rate for Generation Z in the country at 9.7%, according to the 2020 American Community Survey.<sup>31</sup>



Boston's rental market is the third most expensive in the entire country according to Apartment Advisor, beat only by New York City and Jersey City. The prices of renting an apartment in Boston have increased from January 2023 to January 2024, notably with the prices of 2-bedroom apartments increasing by 8% and 3-bedroom-plus apartments increasing by 17%.<sup>32</sup> The high prices of apartments in the city make it difficult for youth starting their careers to live close to a job in the city where the most opportunities for employment are. This pushes them farther away from employment opportunities, makes them spend more on commuting to work, and makes them save less to buy a home.

The high prices of buying a home or renting an apartment have driven many youth to live with their parents. The percentage of youth aged 18-24 in the US who live with their parents has increased from 63% to 71%, which is a level not seen since the Great Depression.<sup>33</sup> For LGBTQ youth who are kicked out or cut off from financial support by their parents due to their gender identity or sexual orientation, living with family may

not be an option. According to a report by the Trevor Project, 28% of LGBTQ youth reported experiencing homelessness or housing instability, over 8% reported running away from home due to fear of mistreatment due to their LGBTQ identities, and 5% reported being kicked out or abandoned by parents or caregivers due to their LGBTQ identities.<sup>34</sup> Buying a house and renting an apartment are more difficult for LGBTQ youth who suffer from a higher unemployment rate, a lower income than their cisgender and straight peers, and a higher risk of youth homelessness.

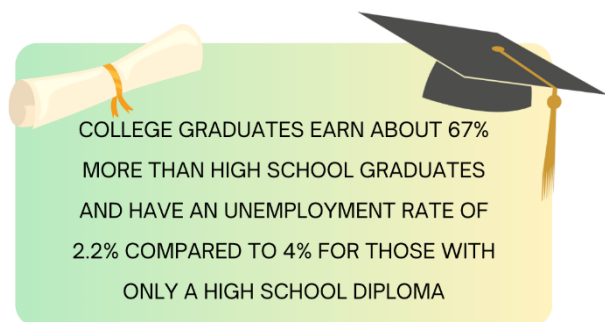
In fall 2023, Governor Maura Healey introduced the Affordable Homes Act, a bill that would spend \$4 billion on creating over 40,000 units of accessible housing.<sup>35</sup> Governor Healey's goal is to increase affordable housing for everyone, especially for first-time homebuyers and renters.<sup>36</sup> Affordable housing, especially that in the city or close to public transportation, will reduce the barriers to employment for LGBTQ youth.

## Education

Education is an important determinant of economic outcomes for youth. According to the US Bureau of Labor Statistics, those with a high school diploma earn 25% more than those with less than a high school diploma and have an unemployment rate of 4% compared to 5.5% for those with less than a high school diploma.<sup>37</sup> LGBTQ youth may have a more difficult time finishing high school than their cisgender and straight peers due to educational exclusion, which includes discrimination, bullying, and harsher discipline for LGBTQ youth, specifically those who are Black, Latinx, Native, and Indigenous.<sup>38</sup>

A promising alternative to traditional high school is technical or vocational education. While technical education offers various benefits such as increased earnings without a college degree, MA technical schools have a shortage of seats and have discriminated against vulnerable youth populations, including youth of color, youth from low-income families, English language learners, and students with disabilities.<sup>39</sup> Although there is recorded discrimination in the admissions process for MA technical schools, there has not been research into anti-LGBTQ discrimination. This should be investigated considering the history of discrimination against other at-risk youth in the admissions process.

In addition to obtaining a diploma, there are benefits to attending higher education. According to the US Bureau of Labor Statistics, those with a college degree earn about 67% more than those with only a high school diploma and have an unemployment rate of 2.2% compared to 4% for those with only a high school diploma.<sup>40</sup> There are many barriers to higher education, such as the high cost of tuition which causes many students to take out loans and potentially go into debt. In November 2023, Governor Maura Healey announced a financial aid expansion for MA students who attend MA community colleges, MA state universities, and the University of Massachusetts. This MASSGrant Plus Expansion program will cover tuition, fees, books, and supply-costs for Pell-Grant eligible students and reduce expenses for middle-income students by up to 50%.<sup>41</sup> Providing this kind of support and decreasing



the barriers to higher education will lead to better economic outcomes for youth overall and youth from marginalized communities.

Youth with disabilities and immigrant youth may need additional resources to succeed academically and transition to the workforce or to higher education. DESE provides educational resources to support students with disabilities and ensure that education is accessible. Bilingual education and English language learning (ELL) are critical to the academic success of immigrant youth.<sup>42</sup> In addition to ELL, schools must provide resources for the social-emotional and trauma-informed needs of immigrant youth and youth who are refugees.<sup>43</sup> DESE provides educational resources for educators and immigrant youth and should ensure that all schools have funding to appropriately support immigrant youth.

### Foster Care System

Two specific groups of at-risk youth that warrant additional resources are youth in the foster care system and those who are justice-involved. LGBTQ youth and youth of color are overrepresented in the foster care system and are underserved because of a lack of LGBTQ supportive homes.<sup>44</sup> Most LGBTQ youth transitioning out of the foster care system reported not having sufficient resources for a successful transition to high education or employment. Those LGBTQ youth lacked guidance and support for their sexual orientation and gender identity, LGBTQ safe spaces, access to healthcare such as gender affirming care and HIV/STI prevention, and experienced threats to health and safety within and outside of the foster care system.<sup>45</sup> There should be research into the transition of LGBTQ youth out of the foster care system and resources that make the transition more successful. Research on statistics such as unemployment rates over time after leaving the foster care system and the median income of youth who leave the foster care system would be helpful. Additional research into the intersectionality between gender identity, sexual orientation, and race would help identify and address the issues that LGBTQ youth and LGBTQ youth of color face in the foster care system.

Youth with disabilities are overrepresented in the foster care system and need additional resources and support for transition to higher education and employment.<sup>46</sup> There is a higher rate of LGBTQ youth with disabilities than among cisgender and straight youth, so this issue has a greater impact on LGBTQ youth in foster care, who already face issues and a lack of resources related to their gender identity and sexual orientation. A 2023 Disability Law Center (DLC) report exposed the diversion of millions of dollars in SSA benefits for youth in foster care to Massachusetts's general fund. DLC recommended ending that practice, protecting assets for youth's futures, and making the process of distributing benefits transparent to children and foster parents.<sup>47</sup> The removal of funds from vulnerable youth populations in the foster care system (namely youth of color, LGBTQ youth, and youth with disabilities) must be rectified as those youth need significantly more resources than the foster care system currently offers them.

When compared to their peers, youth transitioning out of the foster care system have less stable employment, work fewer hours, and earn less.<sup>48</sup> Only 58% of youth who age out of foster care earn a high school diploma compared to 87% of their peers and only 8% earn a college degree by age 26. Only 46% of youth who age out of foster care are employed by age 24, though the employment may be unstable, and 36% experience homelessness at least once before age 26.<sup>49</sup> The lack of educational attainment of youth who age out of foster care is a clear failing of the system and negatively affects prospects for future

employment. Youth in the foster care system need more resources to obtain a high school or technical degree, learn career readiness skills, and successfully transition out of the system into stable employment.

### Juvenile Justice

Similarly, a lack of high-quality educational materials and instruction in the juvenile justice system contributes to poor educational and career outcomes for justice-involved youth.<sup>50</sup> Developing a standardized curriculum and recruiting and retaining high quality instruction will help prepare justice-involved youth for their transition to education and employment after release. There is a lack of research on the impact of high-quality education and career readiness resources on marginalized youth in the juvenile justice system.

Justice-involved individuals face hiring discrimination and higher unemployment rates. Formerly incarcerated individuals in the US were found to have an unemployment rate of 62-65% during the four years after release, with no more than 40% of them employed at the same time; 33% of them found no employment in the first four years after release. In contrast, the peak unemployment rate for the US population during 2020 was 15%. The median weekly earnings for formerly incarcerated individuals was \$269 during their first year after release, compared to \$507 for the general population.<sup>51</sup> The disparities in employment and income between formerly incarcerated individuals and the general population show the barriers that justice-involved persons face in the labor market.

Unsuccessful reentry into society and unemployment may lead to recidivism, while employment stability has been shown to reduce recidivism.<sup>52</sup> A 2023 study found that Adverse Childhood Experiences (ACEs), i.e. traumatic events experienced as a minor, are more common among youth in the justice system. Developing programs to address the impact and trauma of ACEs among justice-involved youth may help reduce youth recidivism.<sup>53</sup> Increasing services and funding for transition support programs would assist justice-involved youth in finding and maintaining employment. For example, the Department of Youth Services works with Commonwealth Corporation to offer Residential Work Programs that connect justice-involved youth with employment and housing, educational services, and career readiness training.

Certain youth face higher rates and an increased risk of recidivism, including Black non-Latinx, Latinx, and multiracial non-Latinx youth and justice-involved youth with psychiatric and substance problems.<sup>54</sup> Implementing mental health and rehabilitation programs into the juvenile justice system may reduce the risk of recidivism. Black individuals are overrepresented in the justice system due to racial discrimination and systemic bias.<sup>55</sup> Racial discrimination compounded with discrimination against justice-involved individuals has a significant impact on formerly incarcerated Black individuals.

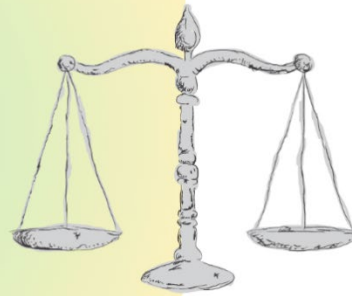
Specifically in MA, racial disparities persist in the justice system years after former Governor Charlie Baker signed legislation to reform the justice system according to a new report by the Massachusetts Institute for a New Commonwealth.<sup>56</sup> Since 2018, MA incarceration rates fell faster than the national average for all races; however, the rates for white people decreased by 40% compared to 32% for Latinx individuals and 21% for Black individuals. There have been significant improvements in the criminal justice system, though there are still various issues that need to be addressed.

## Impact of Anti-LGBTQ Bills & Legislation

Anti-LGBTQ legislation has been rampant across the US, with a record high of 510 anti-LGBTQ bills being introduced into state legislatures in 2023, which is three times the number of that in 2022. Of those 510 bills, 84 have been passed in 23 different states.<sup>57</sup> There has also been an increase in anti-LGBTQ hate crimes and violence across the country: the FBI's Annual Crime Report for 2022 revealed an increase in violence based on sexual orientation and gender identity.<sup>58</sup> This treatment of LGBTQ individuals has caused many individuals and families to move from states that are unsafe for LGBTQ individuals to states that are much more accepting.

According to the 2022 USTS preliminary findings, 10% of respondents moved to another area because of discrimination, and 5% moved to another state after their own state considered or passed legislation restricting their access to healthcare or bathrooms;<sup>59</sup> 47% of transgender and non-binary individuals recorded wanting to leave their states due to anti-LGBTQ legislation.<sup>60</sup> The number of anti-transgender bills that have been passed and the number that have been enacted have significantly increased in 2023 and in 2024 thus far.<sup>61</sup>

**510 ANTI-LGBTQ BILLS WERE  
INTRODUCED INTO STATE  
LEGISLATURES IN 2023. OF THOSE 510  
BILLS, 84 HAVE BEEN PASSED IN 23  
DIFFERENT STATES.**



There is a gap in data on LGBTQ individuals and families with LGBTQ youth who have fled their states due to anti-LGBTQ discrimination and legislation. There should be research into the experiences of LGBTQ individuals and families with LGBTQ youth who have moved due to anti-LGBTQ legislation, including the impact of moving on their income, personal finance, and access to healthcare. Costs of living are generally more expensive in blue states which may be the destination of LGBTQ individuals and families evading conservative, anti-LGBTQ legislation.<sup>62</sup> Socio-economic status may be a barrier to LGBTQ individuals and families with LGBTQ youth who seek to escape anti-LGBTQ legislation.

Massachusetts has been a leader in LGBTQ rights since it became the first state to legalize same-gender marriage in 2003. The state was ranked the eleventh safest state for LGBTQ individuals in 2023 according to SafeHome<sup>63</sup> and received a strong score on the HRC's 2023 State Equality Index,<sup>64</sup> which makes it a destination for LGBTQ individuals selecting a new state as their home. Governor Healey has advertised Massachusetts in states with anti-LGBTQ legislation, such as Florida and Texas. The advertisements are pride-themed with the slogan "Massachusetts: For us all". LGBTQ advocacy groups in Boston have reported an influx of LGBTQ people relocating to the state, showing their demand for states that are LGBTQ inclusive

and safe. These people include LGBTQ parents whose children are bullied based on their parents' identities, parents of LGBTQ youth, and LGBTQ young adults.<sup>65</sup>

However, the costs of living, particularly housing and rent, may deter LGBTQ individuals and families with LGBTQ youth from choosing Massachusetts as their new home. Efforts to create more affordable housing and accessible transportation will not only provide opportunities for those in the state, but also tap into LGBTQ talent from outside the state.

## Conclusion

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The unique economy of Massachusetts has many barriers for LGBTQ youth to thrive economically. These barriers include job opportunities clustered in Boston, the extremely high costs of housing and rent in and near the city, and the failure of public transportation (namely the MBTA), which together make it difficult for youth from marginalized communities and youth from low-income backgrounds to start a career, especially without parental support.

LGBTQ youth need additional resources and government enforcement of anti-discrimination laws in order to have better economic outcomes. Economic disparities for LGBTQ youth include greater unemployment rates and lower earnings than their cisgender and straight peers. LGBTQ youth who are Black, Latinx, transgender, have disabilities, in the foster care system, and justice-involved face additional struggles in succeeding academically, transitioning to the workforce, and obtaining employment stability. More research is necessary to understand the barriers to employment for youth with multiple marginalized identities and to address them with the appropriate resources.

## Resources for LGBTQ Youth

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### LGBTQ job fairs

Massachusetts LGBT Chamber of Commerce

LGBTQ Career Development & Personal Finance

Out and Equal <https://outandequal.org/toolkits-guides/>

LGBTQ Financial Planning <https://www.nerdwallet.com/l/lgbtq-financial-planning-guide>

LGBTQ Friendly Job Websites

LGBT Connect <https://www.lgbtconnect.com/>

Pink Jobs <https://pink-jobs.com/>

### College Scholarships

BAGLY resources page highlights MA specific scholarships for LGBTQ youth

HRC LGBTQ+ Student Scholarship Database for undergraduate and graduate students

MCLGBTQY Jeff Perrotti LGBTQ+ Leadership Award

## Food

Project Bread FoodSource Hotline <https://www.projectbread.org/get-help>

## Acknowledgments & Citations

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# ECONOMIC JUSTICE



## ABOUT

LGBTQ youth in Massachusetts face several barriers to economic success, ranging from lack of educational and career readiness resources to discrimination based on their LGBTQ identity. LGBTQ youth have diverse identities and needs that must be addressed in education to sufficiently prepare them for the workforce.



## RECOMMENDATIONS

1

Improve access to LGBTQ-affirming job and professional development opportunities in rural areas.

2

Improve independent living support for transition-age foster youth.

3

Fund employment programming designed to support LGBTQ youth experiencing homelessness.

34%



of trans individuals across the nation reported living in poverty in 2022

3RD

Boston's rental market is the third most expensive in the entire country

71%

of young people 18-24 in the US live with their parents rather than buying a home or renting



# Eliminating Barriers to Service

## Introduction

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(first published in FY 2024 Annual Recommendations Report, minor updates made to bring current to FY 2025)

Supporting and affirming LGBTQ youth in Massachusetts requires an integrated and comprehensive effort by all state systems, leaders, educators, providers, and advocates. In the development of the Commission's FY 2024 annual report, it noted many overarching themes of gaps in data collection, a greater need for mandatory and comprehensive trainings, and expanded policy development across the state. Throughout this report, the Commission has highlighted numerous areas in its core sections and below agency sections that Massachusetts must address to better support the overall well-being of LGBTQ youth and families.

This section provides an overview of the Commission's recommendations on thematic areas applicable to the whole state, as well as suggested revisions to existing Massachusetts laws. With this section, the Commission advises the state on recommendations that broadly intersect the core sections of the Commission's annual report and the below agency recommendations to affirm and support LGBTQ youth. The Commission appreciates the ongoing collaboration opportunities with its community and agency partners, legislators, and youth into FY 2025.

## FY 2025 Expanded Recommendations to the Commonwealth of Massachusetts

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- 1. Improve and standardize SOGIE data collection practices to allow for more cross-agency data analysis and develop a plan to update all relevant state forms asking about sex, gender, and sexual orientation demographics.**

One of the core aspects of the Commission's work with state agencies is to advise on best practices for SOGIE data collection through state forms and survey development. As language naturally develops among LGBTQ communities, data collection standards must also continuously evolve to remain appropriately inclusive of LGBTQ identities. The Commission appreciates the dedication that several state agencies and lawmakers have shown in updating internal systems and state laws to allow for the expansion of SOGIE data collection where relevant. The Commission understands that there are numerous scenarios where it is inappropriate for the state to ask about sexual orientation in its service provision, but further notes that many, many state forms and systems look for demographic information on biological sex, rather than gender identity. The Federal Evidence Agenda on LGBTQ+ Equity serves as a helpful guide for agencies looking to improve their data collection.<sup>1</sup>

The Commission's overarching recommendation is that the state must improve its SOGIE data collection in all relevant areas to better understand the number of LGBTQ individuals receiving services and disparities in access or care. One possibility is for the Governor or legislature to create a statewide task force or committee to examine SOGIE data collection standards across agencies, investigate areas of

## ELIMINATING BARRIERS TO SERVICE

improvement, and create work plans for state agencies to work on internally. The Commission advises that a priority of the task force - or state agencies - should be to collaborate on the development or review of data standards to better standardize, offer feedback, and overall improve data collection to allow for cross-agency analysis, and identify gaps in data collection. As the Commission has noted throughout this annual report, there are several critical areas of missing data, including on LGBTQ foreign-born youth and LGBTQ pregnancy care.

The Commission attends a quarterly EOHHS Interagency Working Group which works to provide updates on progress towards the Commission's recommendations and identifies problems and solutions collaboratively. The Commission advises that a much larger cross-secretariat semi-annual meeting could occur with more state agencies to better identify systemic barriers and administrative (or legislative) solutions, including for data collection.

### **2. Mandate that all state agencies develop a nondiscrimination policy, and a plan to review all relevant internal policies to ensure LGBTQ-inclusivity.**

As historically discussed, as well as through several of this year's FY 2024 agency recommendations, the Commission advises that all agencies have an explicit nondiscrimination policy that is publicly available to indicate the agency's commitment to supporting its LGBTQ clients, employees, and contractors. The Commission supports *An Act Relative to Nondiscrimination (S.1160)*, which would require all state agencies to develop and implement a plan to create a nondiscrimination policy, as well as a plan detailing recourse in the case of discrimination and timelines for personnel training on nondiscrimination and equal access.

### **3. Ensure that all agencies are providing mandated LGBTQ cultural awareness trainings.**

The Commission recommends that all agencies engage their employees and contracted providers in mandatory, recurring, and in-person LGBTQ cultural awareness trainings. The Commission appreciates the additions of LGBTQ-inclusive practices in various statewide online training portals for onboarding and annual reviews and is excited to continue working with state agencies on further development of online curriculum units for state employees. However, extensive research has shown the benefits of recurring, scenario-based and in-person professional development opportunities particularly for direct service and client-facing providers. It is essential that state employees and contractors can deliver competent, equitable, and affirming services to LGBTQ clients and residents, and learn how to work professionally and respectfully with LGBTQ colleagues. Additionally, as is true with the Commission's training curriculum, training opportunities should center concepts of intersectionality and issues particular to QTBIPOC communities. The Commission believes that by uplifting the most marginalized youth among us, we can uplift all youth.

While this year, the Commission's FY 2025 recommendations covers 19 secretariats and state agencies, there are additional agencies that the Commission works with and has yet to issue recommendations to – or has in the past issued recommendations – but partners with on trainings. For example, for several years until FY 2025, the Commission issued specific recommendations to the Registry of Motor Vehicles

## ELIMINATING BARRIERS TO SERVICE

(RMV); the Commission has been pleased with RMV's progress on its past recommendations, detailed out in previous iterations of this report. However, despite removing its agency section from this year's report, the Commission continues to recommend that the RMV – and other state agencies working or serving Massachusetts youth – provide LGBTQ cultural trainings to their employees.

For the last few years, the Commission has been grateful for the support and collaboration with the Executive Office of Health and Human Services (EOHHS) on the development and implementation of a statewide LGBTQ training curriculum. In November of 2022, the Commission and EOHHS officially launched a statewide agency training request system and have launched a brand new series of train-the-trainer sessions to build internal training capacity within seven state agencies – a new round of which will begin in FY 2025. The Commission has further begun conversations with the Department of Early Education and Care (EEC) and the Executive Office of Public Safety and Services (EOPSS) for trainings of which some were able to take place in FY 2024 and will continue into FY 2025. In FY 2025, the Commission hopes to build on this system by partnering with health-based community organizations, medical facilities, and state agencies to launch a training initiative to support health care providers improve their services for LGBTQ youth, particularly in areas of mental health and gender-affirming care.

#### **4. Develop a Youth Risk Behavior Survey at the middle-school level and conduct an assessment on the needs of parents and elementary school educators.**

The Commission recommends that the state develop and conduct a biannual Youth Risk Behavior Survey at the middle-school level to better capture experiences of LGBTQ youth in public middle schools. As discussed throughout this annual report, the Massachusetts Youth Risk Behavior Survey (MYRBS) is one of the largest statewide data sources on LGBTQ youth experiences at the high school level. The MYRBS is conducted by the Department of Elementary and Secondary Education (DESE) in collaboration with the Department of Public Health (DPH) and the Centers for Disease Control and Prevention (CDC) on odd numbered years in randomly-selected high schools. The survey provides a wide array of questions on health and sexual behaviors which help determine strategies and plans to improving the health and education of youth across the state.

However, for several years, the Commission has discussed the benefits of developing a statewide middle school survey to better understand and address risk behaviors occurring during early adolescence. According to the 2021 Trevor Project survey, bullying was reported much more often by LGBTQ middle school students at 65%, compared to 49% high school students. Among these middle school youth, 29% attempted suicide in the past year due to experiences with in-person or cyberbullying, compared to 25% of high school students.<sup>2</sup>

#### **5. Codify provisions to allow residents to change gender markers on birth certificates.**

As noted throughout this annual report, youth without access to appropriate identification documents experience higher rates of mental distress, and barriers to services or affirming care. The Commission supports and encourages the passage of *An Act Relative to Gender Identity on Massachusetts Identification (S.2207/H.3017)*, also known as the Gender "X" bill, which would allow individuals to change



## ELIMINATING BARRIERS TO SERVICE

their gender designation on a birth certificate to a nonbinary “X” marker without requiring medical documentation, court order, or proof of name change. Furthermore, the bill would require the Secretary of Administration and Finance (A&F) to develop a plan to ensure that any state form or document asking about gender would provide opportunities for gender markers other than just male or female. The bill would further require youth-serving state agencies to develop processes to assist youth in their care update their documentation.

### **6. Update the state plumbing code to allow for the creation of multi-stall all gender restrooms.**

The Commission was delighted to hear that in late 2023 the Board of State Examiners of Plumbers and Gas Fitters updated the Uniform State Plumbing Code to allow for the creation of gender-neutral restrooms in Massachusetts buildings. The Commission continues to recommend that the legislature pass *An Act Establishing Gender-Neutral Bathrooms (S.1978/H.3019)* which would now codify this update from the Board to allow multi-stall all gender restrooms to be built, regardless of whether the building is new construction or the bathroom is being renovated or alternated in an existing building. By codifying this plumbing code update, the bill would allow for schools, state agencies, and businesses to create restroom spaces that benefit not only trans and gender expansive youth, but also caregivers to better assist their children and individual with caregivers to assist with disabilities.

### **7. Eliminate archaic homophobic and transphobic language in the Massachusetts General Laws.**

The Commission recommends that Massachusetts establish a permanent commission or task force directed to review the laws and statues of the Commonwealth to eliminate archaic and inequitable homophobic and transphobic language. As anti-LGBTQ rhetoric and legislation continues to sweep across the nation and in Massachusetts, it is essential for lawmakers to eliminate laws that - while likely not enforceable in the modern day - still remain on the books as a living reminder of the legal attacks against LGBTQ communities.

<sup>1</sup> “FACT SHEET: Biden-Harris Administration Releases First-Ever Federal Evidence Agenda on LGBTQ+ Equity | OSTP,” The White House, January 24, 2023, <https://www.whitehouse.gov/ostp/news-updates/2023/01/24/fact-sheet-biden-harris-administration-releases-first-ever-federal-evidence-agenda-on-lgbtqi-equity/>.

<sup>2</sup> “Bullying and Suicide Risk among LGBTQ Youth,” *The Trevor Project* (blog), October 14, 2021, <https://www.thetrevorproject.org/research-briefs/bullying-and-suicide-risk-among-lgbtq-youth/>.

## Executive Office of Education Recommendations

The Commission has for many years enjoyed a particularly strong relationship with the Department of Elementary and Secondary Education (DESE). The work of the Commission is closely tied to that of DESE through the Commission’s founding legislation, the funding it receives to implement anti-bullying work, and the relationships that the Safe Schools Program—which today is co-sponsored by the Commission and DESE—has forged with the Department. More recently, the Commission has also developed fruitful relationships with the Department of Early Education and Care (EEC) 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 EEC, 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

### FY2025 Recommendations

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1. Develop an online training module on best practices for serving LGBTQ youth and families, and offer in-person cultural awareness trainings for EEC staff.
2. Clarify that providers can and should house transgender youth based on their gender identity.
3. 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.
4. Include a non-binary gender marker option during the development of EEC’s online applications.
5. Share information and best practices related to early education populations.

### Introduction

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

EEC is well-positioned to support youth in early education programs, as well as LGBTQ youth impacted by systemic oppression 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 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 EEC to examine how LGBTQ competencies might be included in the Professional Qualifications Registry database.

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## FY 2025 Expanded EEC Recommendations

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### **1. Develop an online training module on best practices for serving LGBTQ youth and families, and offer in-person cultural awareness trainings for EEC staff.**

Like many state agencies, EEC relies on online training modules for many of its trainings. Therefore, the Commission recommends that in the upcoming fiscal year EEC develops a regularly-updated module, or continuing education unit, that incorporates agency-specific information around supporting LGBTQ youth and families. The Commission and its Safe Schools Program have been in conversations for a handful of years about how best to develop this training, and look forward to continuing to support as EEC navigates this development. The Commission has appreciated the opportunity to engage in conversations around this module development in FY 2024, and looks forward to continuing this partnership in FY 2025.

Furthermore, the Commission recommends that EEC offer mandatory in-person LGBTQ cultural awareness trainings for its staff that includes information on best practices for creating safe, affirming, and trauma-informed environments for LGBTQ youth and families. 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 EEC to collaborate with community partners and other state agencies to ensure that educators and staff receive in-depth training and professional development on a recurring basis.

### **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 continues to recommend that EEC update the Residential and Placement regulations to include protection against discrimination based on gender identity and to include youth voice and autonomy 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, EEC should support licensed programs in making individualized housing and placement decisions for the young person.

Specifically, the Commission recommends that:

- EEC update the Residential and Placement regulation 3.04 (03)(l) to include discrimination protections for gender identity:

*“(l) 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.”*

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

The Commission encourages EEC 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.

**4. Include a nonbinary gender marker option during the development of EEC’s online applications.**

EEC created the option of a nonbinary gender marker for its new Professional Qualifications Registry database in FY 2021. This adds EEC to the growing number of state agencies within and beyond Massachusetts who are providing a third gender marker, 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 better reflect LGBTQ identities. In its FY 2024 meetings, EEC shared that this project is well underway, and it is currently working on an audit of the system.

**5. Share information and best practices related to early education populations.**

The Safe Schools Program for LGBTQ Students has received an increase in requests for elementary trainings, as well as requests for technical assistance related to the formation of Rainbow Clubs or GSA groups at the elementary level. The Commission invites EEC to continue sharing new research and best practices with the Safe Schools Program for LGBTQ Students in order to strengthen its training and technical assistance programming.

*Acknowledgments: The Commission appreciates the contributions of its EEC agency liaisons.*

# Department of Elementary and Secondary Education

## FY 2025 Recommendations

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1. Continue collaboration with the Commission to jointly administer the Safe Schools Program for LGBTQ Students.
2. Explore increasing data on sexual orientation, gender identity, and gender expression.
3. Ensuring LGBTQ inclusivity in curriculum initiatives.
4. Develop and model strategies for recruiting and retaining a diverse workforce in schools.
5. Partner with the Commission to better understand and meet the needs of BIPOC LGBTQ students.
6. Enhance internal and district-level capacity for LGBTQ inclusion trainings and professional development.
7. Continue collaboration to support nonbinary students, educators, and staff.
8. Integrate LGBTQ+ identities into the District Standards and Indicators and the associated artifacts collected.
9. Collaborate with Massachusetts School Library Association, and the Massachusetts Board of Library Commissioners to address attacks on school-based content related to race and LGBTQ+ topics.
10. Invest in resources and support for family liaisons and professional development.

## Introduction

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The Commission maintains a strong working relationship with the Massachusetts Department of Elementary and Secondary Education (DESE). Central to this partnership is the Safe Schools Program for LGBTQ Students, a collaborative initiative established in 1993 by the Commission and DESE. This program continues to lead the nation in developing policies and programs that create safe and supportive environments for LGBTQ students.

The Commission administers the Safe Schools Program with financial and in-kind support, as well as invaluable input and mentorship from DESE staff in the Student and Family Support Unit. Through this program, approximately 150 professional development trainings and workshops are conducted annually, focusing on addressing anti-LGBTQ bullying and creating safer learning environments in public schools. Additionally, the program handles nearly 175 technical assistance requests each year, providing schools with on-demand information, best practices, and support for addressing complex student and family needs.

The Program also oversees the GSA Student Leadership Council, which includes both statewide and regional components that meet monthly. This council integrates student leadership and teacher professional development, consisting of students from all regions of the Commonwealth who are dedicated to developing their skills to positively impact inclusive school environments. By exchanging insights related to LGBTQ+ and social equity issues, engaging in policy-related discussions, and collaborating with state and local stakeholders, the council aims to empower and amplify student voices to influence school climate and foster a brighter educational future for all.

The Commission commends DESE and the Board of Elementary and Secondary Education for updating and approving the comprehensive health and physical education framework for the first time since 1999. The updated framework is inclusive, medically accurate, and developmentally and age-appropriate. It outlines standards for a comprehensive and LGBTQ+-inclusive health and physical education program, covering topics such as mental and emotional health; personal safety; physical health and hygiene; healthy relationships; nutrition and balanced eating; physical activity and fitness; substance use and misuse; sexual health; and public, community, and environmental health.

Since establishing a Memorandum of Understanding (MOU) with DESE in 2013, the Safe Schools Program for LGBTQ Students has undertaken multiple initiatives, including training school personnel on bias-based bullying and providing policy guidance to implement landmark policies. 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. Additionally, the Commission thanks DESE for providing space and support for the Safe Schools Program for LGBTQ Students.

Part of the MOU with DESE includes annual meetings with the DESE Commissioner and biennial presentations to the Board of Elementary and Secondary Education. Acting Commissioner Russell Johnston has continued to support the Commission and the Program. In April 2024, the biannual presentation to the Board of Elementary and Secondary Education took place. Staff from the Safe Schools Program for LGBTQ Students and the MA Commission on LGBTQ Youth, along with a district superintendent and a Boston Public School high school student, discussed the increase in anti-LGBTQ actions within schools across the state. They shared important and effective strategies that can be implemented at both the local and state levels to create and enhance safe and supportive learning environments for all students, particularly focusing on the wellbeing and success of LGBTQ+ students. They highlighted opportunities for DESE and the Board to maintain their leadership in protecting LGBTQ students in the Commonwealth.

Additionally, the presentation emphasized the Safe Schools Program for LGBTQ Students' alignment with DESE's Educational Vision, which focuses on advancing teaching and learning environments that are antiracist, inclusive, and culturally diverse. It highlighted the program’s priority to acknowledge and support students and families, ensuring equitable opportunities and experiences for all students, especially those historically underserved due to race, gender, sexual orientation, or abilities. The Safe Schools Program supports DESE's strategic objectives, including nurturing the whole student so that all students feel connected and ready to learn. The Department and Commission are committed to continuing this work and periodically meeting and presenting it to the Board, as outlined in the 2013 Memorandum of Understanding.

## FY 2025 Expanded DESE Recommendations

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### **1. Continue collaboration with the Commission to jointly administer the Safe Schools Program for LGBTQ Students.**

LGBTQ students and families need safe and supportive learning environments, both in and out of the classroom. They may have unique needs based on race, ethnicity, age, disability, trauma experiences, and more. By leveraging the resources of the Safe Schools Program for LGBTQ Students, DESE is helping to address these needs by incorporating LGBTQ topics in statewide and district and school-based professional



development and content design. 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.

The staff of the Safe Schools Program boasts a diverse array of knowledge and skills, crucial for addressing the evolving education landscape. Led by Director Jason Wheeler, who was hired in August 2024, the team includes Lead Trainer Landon Callahan and Youth Programs Coordinator Gabriel Rivas Orellana. Under their leadership, the program possesses a strong capacity to navigate the increasing external challenges related to LGBTQ+ and race-related content. Their combined expertise ensures the implementation of effective strategies and support systems, fostering safer and more inclusive school environments for all students.

**2. Explore increasing data on sexual orientation, gender identity, and expression.**

Massachusetts has made significant progress in collecting data on sexual orientation, gender identity, and gender expression (SOGIE) among students, as included in the MYRBS. The Commission encourages DESE to continue exploring ways to enhance SOGIE data collection to better understand and serve LGBTQ students.

The Commission recommends biannual meetings between its Commission and Safe Schools staff and relevant DESE staff involved in data initiatives that include LGBTQ+ individuals, such as the YRBS, School Health Profiles, and VOCAL data. This will facilitate regular communication on improving measurement methods and proactively addressing changes in terminology that impact data collection. Additionally, the Commission advocates for increased funding to develop more comprehensive elementary and middle school measurements related to mental health and school climate.

**3. Ensure LGBTQ inclusivity in curriculum initiatives.**

The Commission recommends that DESE ensure all curriculum initiatives, including curriculum frameworks and instructional materials, are inclusive of LGBTQ identities and perspectives. This involves integrating LGBTQ topics and narratives across all subjects and grade levels to create a more inclusive and supportive educational environment for all students. Additionally, schools would benefit from further guidance and resources for educators to help them effectively incorporate LGBTQ inclusivity into their teaching practices.

The Commission commends DESE and the Board of Elementary and Secondary Education for updating and approving the Comprehensive Health and Physical Education framework for the first time since 1999. The Safe Schools Program for LGBTQ Students is well-equipped to provide training and technical assistance as part of ongoing and broader implementation efforts, addressing frequently asked questions and practical application.

**4. Develop and model strategies for recruiting and retaining a diverse workforce in schools.**

The Commission recommends DESE develop and model strategies for recruiting and retaining a diverse workforce in schools, with a specific focus on including LGBTQ educators and professionals. This initiative should involve creating inclusive hiring practices, offering professional development opportunities on diversity and inclusion, and establishing and fostering ongoing support networks for LGBTQ staff.

Additionally, DESE should promote inclusive school cultures that value and celebrate diversity, ensuring that all educators and professionals feel supported and valued in their roles.

DESE’s Principles for Ensuring Safe and Supportive Learning Environments for Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) Students state:

*“Schools are encouraged to have a diverse workforce. To provide authentic role models for all students, schools should have diverse staff who reflect the protected categories in the Student Anti-discrimination Law, including gender identity and sexual orientation. While employers cannot inquire about an applicant’s sexual orientation or gender identity, it is important that school systems foster work environments where openly LGBTQ staff members feel safe, supported, and valued.”*

In addition to ensuring that non-LGBTQ educators and staff are culturally responsive to LGBTQ issues, the Commission recommends that DESE explicitly state its commitment to fostering a diverse workforce by supporting and valuing LGBTQ educators. We commend DESE for implementing a new ELAR system (online licensure program) that now offers expanded options, including nonbinary and ‘gender not specified’. The Education Personnel Information Management System (EPIMS) has offered a third gender marker since 2016.

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

Partner with the Commission to better understand and meet the needs of BIPOC LGBTQ students. The Commission recommends that DESE investigate how BIPOC LGBTQ 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 BIPOC LGBTQ 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.

As the Commission continues to carry 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 the Safe Schools Program for LGBTQ Students delivery. The Safe Schools Program for LGBTQ Students has recently revised its training materials to place greater emphasis on racial equity and gender diversity for the 2024-2025 school year. The program plans to conduct a training-of-trainers event in July 2024.

In an effort to reach more BIPOC students in districts across the state, the Commission invites DESE to work closely with the Safe Schools Program for LGBTQ Students in identifying an outreach plan for priority districts for the 2024-2025 school year. This would include creating strategies for increasing attendance at GSA Student Leadership Council meetings, providing training and technical assistance to districts, and understanding the landscape of BIPOC affinity student groups in schools across the state.

**6. Enhance internal and district-level capacity for LGBTQ+ inclusion trainings and professional development.**

The Commission aims to collaborate with DESE to strengthen the Department’s and individual school districts’ capacity to implement initiatives such as district-wide LGBTQ+ inclusion trainings, superintendent training, and other professional development related to LGBTQ issues. The Safe Schools Program for LGBTQ

Students has expanded its ability to facilitate district-wide initiatives and looks forward to deepening collaborative opportunities with statewide associations. Together, the collaboration will lead to the creation of strategic approaches to support district leaders in fostering inclusive and supportive learning environments for LGBTQ students.

**7. Continue collaboration to support nonbinary students, educators, and staff.**

DESE has shown a strong commitment to supporting nonbinary students over the past few years. Initiatives such as incorporating a nonbinary data element in the Student Information Management System (SIMS) and collecting data on gender identity and expression through the MYRBS have provided the Commonwealth with invaluable insights. The Commission recommends that DESE continue collaborating with the Commission, the 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 Commission recommends DESE explore additional methods to strengthen and update guidance related to supporting transgender students, with a specific emphasis on nonbinary students and those facing intersecting discrimination based on race, gender, disability, and other marginalized identities.

**8. Integrate LGBTQ+ identities into the District Standards and Indicators and the associated artifacts collected.**

As DESE reviews and updates its District Standards and Indicators—the agency’s guiding document for defining effective school district policy and practice—it is recommended that a thoughtful approach be taken to further integrate LGBTQ+ identities into the standards and the associated artifacts collected. This is crucial for the focus on equity that all school districts must embrace to ensure they are effectively serving all students. The Safe Schools Program for LGBTQ Students can serve as a resource during the revision process and assist in developing resources to share with districts.

**9. Collaborate with Massachusetts School Library Association, and the Massachusetts Board of Library Commissioners to address attacks on school-based content related to race and LGBTQ+ topics.**

As the trend of attacking school-based content related to race and LGBTQ+ topics continues throughout the Commonwealth, collaboration among the Department of Elementary and Secondary Education (DESE), the Massachusetts School Library Association, and the Massachusetts Board of Library Commissioners (MBLC) is essential. This partnership should include representatives from DESE’s Center for Instructional Support, the Office of Student and Family Support, and the Safe Schools Program for LGBTQ Students. A concerted effort should be made to develop strategies and best practices for addressing challenges related to curricula and books, and to provide support and resources to educators and librarians.

**10. Invest in resources and support for family liaisons and professional development.**

DESE is committed to fostering an inclusive and supportive educational environment for all students and their families. To enhance family engagement and ensure LGBTQ acceptance, the Commission recommends DESE invest in resources and support for school and district family liaisons, as well as provide comprehensive professional development opportunities for school staff. Family engagement and LGBTQ acceptance are critical components of a positive school climate. Research shows that strong family-school partnerships contribute to improved student outcomes, including higher academic achievement, better

attendance, and enhanced social-emotional well-being. Additionally, schools that actively promote LGBTQ acceptance create safer and more inclusive environments, reducing bullying and discrimination.

Specialized training should be offered to family liaisons on best practices in family engagement, with a focus on supporting diverse families, including those with LGBTQ members. Developing and distributing materials that family liaisons can use to educate families about LGBTQ issues and support services available within the school and community is also essential.

Professional development for school staff should include topics such as cultural competence, family engagement strategies, and LGBTQ acceptance. Encourage continuous learning by providing access to online courses, workshops, and conferences related to family engagement and LGBTQ issues.

*Acknowledgments: The Commission sincerely appreciates the contributions of its DESE liaisons.*

## Department of Higher Education

### FY 2025 Recommendations

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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. Develop clear guidance on best practices for reporting Campus Sexual Violence Act data.
3. Host listening sessions to identify the unique needs of students related to community college access, housing, mental health, among other issues.
4. Collaborate with community colleges to develop resources for LGBTQ youth on campus.
5. Explore opportunities to increase funding and LGBTQ-inclusive resources on public campuses.

### Introduction

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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; has committed to ensuring the protection of LGBTQ students and students of color; and has researched the inclusion of gender identity and sexual orientation in college and university anti-discrimination statements.

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 Massachusetts 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.

### FY 2025 Expanded DHE Recommendations

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- 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 DHE's recent review of current anti-discrimination policies in place at all 115 public and private colleges and universities located and operating in the Commonwealth, it found that the vast majority have sexual orientation included in their anti-discrimination policy (103). However, less include gender (97), gender identity (88), sex (81), and even less for gender expression. This signals the opportunity for greater emphasis on and resources related to gender identity protections. The Commission urges DHE to create educational materials to inform colleges and universities of the importance of anti-discrimination policy, including this data and sample statements.

**2. Develop clear guidance on best practices for reporting out Campus Sexual Assault Law data.**

Over the last few years, the DHE has been responsible for the implementation of the 2021 Campus Sexual Assault Law, part of which requires Massachusetts higher education institutions to report out on campus climate surveys by August 1, 2025. In its recent FY 2024 meeting with the Commission, DHE noted that it is currently working on guidance around how to post the results of the surveys. However, the DHE further noted that there is currently no guidance on how schools should collect and report out the data, which has led to several issues from some schools that could have compromised the privacy and confidentiality of students - particularly transgender and nonbinary students. The Commission recommends that DHE develop clear guidance around data collection and appropriate reporting to ensure that student confidentiality is protected.

Furthermore, the Commission urges DHE to encourage institutions to make explicit provisions in their MOUs that provide for LGBTQ-specific cultural competency trainings around the delivery of sexual assault services to LGBTQ students and employees.

**3. Host listening sessions to identify the unique needs of students and faculty related to community college access, housing, mental health, among other issues.**

The Commission recommends that DHE host listening sessions across the Commonwealth to identify the unique needs of LGBTQ students, as well as faculty, as it relates to access in the areas of education, housing, and mental health. Furthermore, the Commission encourages DHE to examine the need for LGBTQ cultural competency professional development for college staff and faculty, and guide colleges on the development of a strategic plan to address these needs.

**4. Explore opportunities to increase funding and LGBTQ-inclusive resources on public campuses.**

The Commission recommends that DHE partner with higher education institutions across Massachusetts to understand the specific needs of LGBTQ youth and provide guidance on the development of resources in partnership with colleges and youth. Furthermore, the Commission highlights the need to better

understand the distribution of financial assistance to underrepresented groups, utilizing this data to offer more support for resources and increased funding.

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<sup>4</sup> Heck, N. C., Poteat, V. P., & Goodenow, C. S. (2016). Advances in research with LGBTQ youth in schools. *Psychology of Sexual Orientation and Gender Diversity*, 3(4), 381–385. <https://doi.org/10.1037/sgd0000206>

<sup>5</sup> “Campus Safety & Violence Prevention / Strategic Initiatives / Massachusetts Department of Higher Education,” accessed April 25, 2023, <https://www.mass.edu/strategic/csvp.asp>.

<sup>6</sup> “Campus Pride Index,” accessed January 5, 2023, <https://www.campusprideindex.org/>.

<sup>7</sup> Alene Bouranova, “LGBTQIA+ BU Student Task Force Report Makes Recommendations for Achieving a More Inclusive BU,” Boston University, March 11, 2023, <https://www.bu.edu/articles/2023/lgbtqia-student-task-force-report-inclusive-bu/>.

<sup>8</sup> Alene Bouranova, “Boston University to Open New LGBTQIA+ Student Resource Center,” Boston University, February 23, 2023, <https://www.bu.edu/articles/2023/boston-university-new-lgbtqia-student-resource-center/>.



## Executive Office of Health and Human Services

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 agencies within EOHHS, including 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 2022 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 and launched in the fall of FY 2023, the Commission and EOHHS agencies have worked to arrange both in-person and remote trainings; the feedback thus far has been overwhelmingly positive. The Commission encourages EOHHS to continue 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 Children & Families

### FY 2025 Recommendations

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1. Ensure thorough and accurate SOGI data collection through implementation of the new mandatory data elements and staff training.
2. Review and continue implementation of LGBTQ-inclusive policies.
3. Explore the creation of an internal coding system to provide greater transparency and case information for DCF workers.
4. Update the LGBTQ Guide and ensure that all staff, providers, youth, and families are aware of its existence and able to access a copy.
5. Ensure implementation of the updated MAPP training curriculum and establish a system of frequent reviews and updates to ensure continued relevance.

6. Improve recruitment of LGBTQ-affirming foster parents and create a statewide database of LGBTQ-affirming homes.
7. Partner with LGBTQ youth and organizations to create and disseminate tangible resources for youth, families, and social workers.
8. Investigate and address gaps in service provision for LGBTQ immigrant youth in DCF care.
9. Expand and mandate LGBTQ cultural engagement trainings, as well as trainings on racial equity, ableism, and adultism.
10. Improve interagency work to support “warm hand-offs” for transition-aged youth attempting to access services, in partnership with the Department of Mental Health, MassHealth, and the Department of Youth Services.
11. Improve family preservation services to safely monitor and mitigate concerns that may lead to the removal of a child.
12. Collaborate with the Commission and providers to create an LGBTQ parent education curriculum to better support family preservation services.
13. Review all internal curriculum provided to youth and ensure that youth are receiving appropriate sexual health and health care education.

## Introduction

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The Massachusetts [Department of Children and Families \(DCF\)](#) is the state agency directed to support the permanency and well-being of children in the Commonwealth. Overseeing a wide array of services, programs, and systems, DCF strives to protect children from abuse and neglect, and provides support services to youth aged 18 to 22 transitioning out of DCF care into independent living. DCF provides foster care services with the ultimate goal of family preservation and reunification where possible. Where parental reunification is not possible, DCF works to find permanent families through kinship, guardianship, or adoption.

Since 2011, the Commission has issued recommendations to DCF around data collection, policy development, trainings, resources, and structural change to provide more affirming support for LGBTQ youth in the child welfare system. In July of 2021, the Commission published a first-of-its-kind report on the experiences of LGBTQ youth in the child welfare system after the Commission identified pervasive threats to the safety, well-being, and permanency of DCF-involved LGBTQ youth.

The Commission appreciates the ongoing commitment of DCF staff to have monthly conversations to address how best the state can support LGBTQ in foster care, and transition-aged youth leaving care.

## Past & Ongoing Work

DCF has made progress in addressing many of the recommendations issued by the Commission in the last couple of years. In September of 2021, DCF released a new [gender-affirming care policy](#) outlining the process for ensuring that LGBTQ youth are able to access affirming healthcare - a particularly meaningful change for transgender youth and their families. The Commission understands that DCF is in the process of completing an annual review of this policy, and looks forward to continuing to discuss how to

disseminate much needed resources and information to youth, families, and staff on affirming health care resources. Additional policies were disseminated between June of 2022 and February 2023, fulfilling previous recommendations from the Commission, including DCF’s updated [nondiscrimination policy](#), an updated [Safe and Supportive Placements policy](#), and an updated [Licensing of Foster, Pre-Adoptive, and Kinship Families policy](#). As discussed below, DCF has advised that the latter two policies provide a basis to continue to address the Commission’s recommendation around formally identifying and certifying LGBTQ-affirming placements across the state.

DCF has also expanded training opportunities for staff on LGBTQ cultural awareness, though there remains an urgent need for more in-depth training opportunities that reaches all staff, contractors, and foster parents. DCF has advised the Commission that all DCF social workers are required to take 30 hours of training on any topic each year, and trainings on LGBTQ cultural awareness would count - though the topic is not mandated. Since the spring of 2022, DCF has offered ten training opportunities to DCF staff in partnership with the Commission and EOHHS on LGBTQ+ Inclusive Workplaces (April and May 2022) and “Working with Families to Support LGBTQIA+ Youth” (January and December 2022, May 2023), as well as two trainings on “(SOGIE) in Youth in Child Welfare” in May of 2022 and January of 2023. The Commission notes below that DCF has continued to participate in internal EOHHS agency train-the-trainer sessions to build internal capacity to deliver LGBTQ cultural awareness trainings throughout DCF.

The Commission appreciates the attention that DCF has been paying to educating DCF staff on the importance of SOGI data collection. For decades, a barrier to progress in Massachusetts has been the lack of quantitative information on LGBTQ youth across state agencies - as detailed throughout this annual report. Although DCF initially adopted SOGI data fields in 2016, the IT changes were incomplete and remained optional, leading to low completion rates and unreliable data that was later reported in DCF’s FY20 and FY21 annual reports. 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.

DCF took a significant step forward in April 2022 by making SOGI data a mandatory part of its i-FamilyNet system, with further updates occurring in September 2022 to add fields for pronouns and chosen names. DCF was able to include its initial SOGI data from these update in its most recent [FY23Q1 Quarterly Report](#), as noted below. To further extend their data transparency, DCF launched an [interactive data dashboard](#) that allows for public engagement and reporting. Finally, the Commission has been thrilled to collaborate with DCF’s new fully-staffed LGBTQIA+ Office on policy development, data collection, and training in FY 2024.

## [FY 2025 Expanded DCF Recommendations](#)

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

Over the last three years, DCF has made significant progress on its SOGI data collection practices; much of the existing data has been published in its subsequent quarterly reports since FY 2022. The Commission recommends that DCF continue to review its SOGI data collection efforts, including its existing data fields, and ensure that staff are appropriately trained on how to solicit SOGI information. In its February 2024 meeting with DCF, the Commission was informed that the agency is in the process of developing an 8-minute training to be posted on MassAchieve - the state employee training platform - that will be paired with a discussion in all area offices to ensure compliance and comprehension. DCF's new fully-staff LGBTQIA+ Office will facilitate the conversations in partnership with area office leadership and training teams.

**2. Review and continue implementation of LGBTQ-inclusive policies.**

As discussed above, DCF has made several strides in advancing LGBTQ-inclusive policies in the last four years and has committed to continuing to examine its existing policies to ensure effectiveness. Currently, the agency is in the process of reviewing its Gender-Affirming Medication Consent Policy, released in 2021, to make amendments and clarify existing language to help address some concerns and roadblocks that have been occurring from the policy. Advocates have previously shared their concerns with the Commission that there have been significant delays occurring for youth and families on the ground; DCF has shared that - to its understanding - some of this issue is occurring at the hospital level and a conflict between internal policies which results in youth occasionally getting referred elsewhere, which can extend delays. This work is currently being led by DCF's LGBTQIA+ Office, which has also been collaborating with other offices and agencies to advise on documentation development.

**3. Explore the creation of an internal maltreatment coding system that includes specific coding options for LGBTQ youth.**

The Commission recommends that the state explore the creation of a maltreatment code system for use in the child welfare system to better support social workers in tracking and addressing critical cases and incidents, with a specific maltreatment code being assigned to LGBTQ youth. The Commission understands that there are other states, such as Georgia, that have implemented a maltreatment code system that provides multiple benefits, including indicating and categorizing levels of imminent risk – used by social workers to better prepare and support youth in their caseload – as well as better categorizing a case's eligibility for family preservation services; and providing the state and researchers with helpful data to better understand critical trends and gaps in casework. Furthermore, proper coding of cases minimizes child abuse and neglect (CAN) registries for parents and families by supporting service intervention rather than a removal, as CAN registry can negatively impact caregivers' economic status and ability to retain employment. However, despite the unique experiences faced by LGBTQ youth who may be in the child welfare system, or may potentially become involved in the system, no state has any LGBTQ-specific codes to support youth, providers, and families. Without these codes, collecting more comprehensive qualitative and quantitative data on LGBTQ youth maltreatment experiences is incredibly difficult.

**4. Update the LGBTQ Guide and ensure that all staff, providers, youth, and families are aware of its existence and able to access a copy.**

In 2015, DCF released an LGBTQ Guide on working with LGBTQ youth and families that was written by its internal LGBTQIA+ Liaisons. Many workers, youth, families, and providers utilized the Guide, leading to the incorporation of the Guide into DCF onboarding materials and staff trainings. Given the significant cultural shifts that have taken place since its previous update in 2018, the Guide requires yet another update, which DCF has been in the process of organizing since FY 2022. The Commission strongly recommends that DCF work quickly to get the LGBTQ Guide updated in FY 2025, and ensure that all staff, providers, families, and youth are aware of the updates to the Guide and able to access a copy. In its February 2024 meeting with the Commission, DCF shared that it has established potential categories for what could be included in the Guide, and is beginning the research process and working to attach concrete dates to the project milestones. Ideally, once the Guide is complete, DCF should implement a system to encourage annual review and updates of the Guide. To address this, DCF has shared in the past that the Guide will ideally be uploaded to a platform that allows for frequent updates, easy access, ADA compliance, and translation services.

**5. Ensure implementation of the updated MAPP training curriculum and establish a system of frequent reviews and updates to assure continued relevance.**

Over the past several years, DCF has been engaged in a process to update its foster parent training curriculum - the Massachusetts Approach to Partnerships in Parenting (MAPP). While the initial deadline for release was early FY 2024, the train-the-trainer model was launched in January, with further edits and reviews needing to take place before the training goes public. As shared with DCF, the Commission hopes to have the opportunity to review and comment on the MAPP curriculum prior to the public release; while the Commission did have such an opportunity in November 2022 and had significant feedback, it remains unaware of how much of this feedback was able to be included. Furthermore, the Commission strongly recommends that DCF commit to and establish a system of frequent reviews and updates to ensure that the training continues to hold relevance, while also soliciting early feedback from internal and external stakeholders - including foster youth and parents.

**6. Improve recruitment of LGBTQ-affirming foster parents and create a statewide database of LGBTQ-affirming homes.**

As it has for several years, the Commission continues to recommend that DCF improves its methods of conducting outreach and recruitment for LGBTQ-affirming foster parents. DCF's LGBTQIA+ Office has shared with the Commission that there has been a great deal occurring in this area, particularly due to the formation of a recruitment team focusing specifically on LGBTQIA+ recruitment. The LGBTQIA+ Regional Specialists have further shared that they are working within their regions to better understand specific barriers and gaps in practice to ensure that the agency is consistent in its outreach methods, though still ensuring that the agency is keeping regional needs in mind. The Office is additionally thinking through solutions and structures for providing specialty licenses or certifications to foster parents to signal that they are an LGBTQ-affirming home.

In addition to each area office having a recruitment team, DCF shares that it developed a specialized recruitment team during the start of COVID in 2020 to focus specifically on recruitment of LGBTQ foster parents and affirming homes for LGBTQ youth. The LGBTQIA+ Regional Specialists have shared that they are working within their regions to better understand specific barriers and gaps in practice to ensure that the agency is consistent in its outreach methods, though still ensuring that the agency is keeping regional needs in mind. Additionally, DCF shares that its Foster Care and LGBTQIA+ Office are thinking through solutions and structures for providing specialty licenses or certifications to foster parents to signal that they are an LGBTQ-affirming home.

**7. Partner with LGBTQ youth and organizations to create and disseminate tangible resources for youth, families, and social workers.**

For several years, the Commission has received feedback from youth, families, social workers, and providers that there is a desperate need for education and resources on supporting LGBTQ youth under the age of 10, as well as the need for further guidance and resources around finding affirming pediatric health care for youth in the child welfare system. DCF's LGBTQIA+ Office has begun working on addressing this feedback and gap in resources and has plans to develop regional resource guides that will be available to staff, families, and youth; the agency has further stated its interest in planning resource fairs at their regional offices to better build relationships with families and LGBTQ organizations.

**8. Investigate and address gaps and barriers to service provision for immigrant youth transitioning out of DCF care.**

The Commission recommends that DCF improve its service provision for LGBTQ immigrant youth in DCF care to ensure that they receive timely services - including all needed documentation, resources, and support - particularly before transitioning out of care. In May 2024, DCF shared that it hired an in-house immigration specialist in June 2023 who assists youth in DCF custody obtain appropriate documentation and establish citizenship. The Commission appreciates this information, but also notes that it has received several reports from LGBTQ youth who transitioned out of care that they never received assistance from DCF or their legal representation in obtaining appropriate documentation or access to affirming health care or advocacy to address their visa status (which resulted in an expired visa). This lapse in advocacy for youth transitioning out of care has a directly effect on their ability to gain legal employment, and can become a pipeline to experiencing homelessness, engaging in sex work, or becoming involved with the legal system, and overall leaves youth to navigate already cumbersome state systems by themselves.

**9. Expand and mandate LGBTQ cultural engagement trainings, as well as trainings on racial equity, ableism, and adultism.**

The Commission recommends that DCF continues to expand upon its LGBTQ cultural engagement trainings for all staff, and ensuring that the trainings are intersectional to include conversations on racial equity, ableism, and adultism, particularly for staff working directly with young people. In FY 2023, DCF shared that it was in the process of soliciting information for available training opportunities on additional topics, which would include ableism. DCF additionally shared that its Specialty Unit Directors of Disabilities, Mental Health, LGBTQIA+, Substance Use, and Domestic Violence recently provided a training

at a statewide manager’s meeting on inclusive practices and addressing biases. The Commission appreciates this commitment to diversifying knowledge and skills, but further recommends that DCF share publicly its information on the trainings provided to staff, and the compliance rates for each area office. Furthermore, the Commission strongly recommends that DCF partner closely with the OCA and other state agencies to better track and oversee LGBTQ cultural engagement trainings in congregate care settings.

**10. Improve interagency work to support “warm hand-offs” for transition-aged youth attempting to access services, in partnership with the Department of Mental Health, MassHealth, and the Department of Youth Services.**

As discussed throughout the Commission’s FY 2024 annual report, multisystem-involved transition-aged youth are often the most marginalized and underserved youth across the Commonwealth. Often, when youth transition between agency systems, such as going from DYS to DCF or vice versa, some youth experience little to no direct handoff to new services. Unfortunately, this means that youth often fall between systemic cracks as agencies fail to collaborate, leaving youth and their families without any clear guidance or direction for assistance.

The Commission has even received notice from some DCF social workers that agencies have failed to notify them when their youth have been transferred into DYS custody. This is particularly concerning given that cases being monitored by DCF for abuse and neglect are closed if youth are committed by DYS, and also in cases where DCF has custody and care of the youth, which makes DYS the ‘parent’ of the youth. Once they leave DYS custody, the Commission understands that the youth are often then returned to their family of origin without any further monitoring by DYS or DCF to assess for safety. The Commission is concerned by this process as it does not believe that DYS is equipped with the tools or structures to investigate for safety, permanency, or wellbeing to reunify and reconcile family systems that have been disrupted.

In FY 2023, DCF shared that the agency has multiple points of interagency collaboration, including: the implementation of a new complex case resolution process being developed by EOHHS; transition planning and the 688 process as required by law to support youth with disabilities; an internal Mental Health Specialist Unit collaboration process with DMH; interagency meetings with youth-serving agencies; and an MOU with DYS for dual-involved youth being detained pretrial. Additionally, if a Care and Protection Petition (C&P) or Child Requiring Assistance (CRA) petition is dismissed in court, and a minor is released from DYS custody, a new 51A would need to be filed for DCF to become involved once more. Alternatively, if a youth over 18 is released from DYS, and there was not a dismissed C&P or CRA, then youth may be able to sign back in with DCF depending on federal eligibility.

The Commission furthers its recommendation to highlight the critical need for agencies, including DCF, to create clear implementation and process resources that are accessible to staff who often misunderstand - or are simply unaware - of the duties, resources, and programs of all child-serving agencies.



**11. Improve family preservation services to safely monitor and mitigate concerns that may lead to the removal of a child, with consideration to ensuring de facto parent preservation.**

As it continues to work with DCF to improve services and programs engaging LGBTQ youth in the child welfare system, the Commission recommends that DCF work to improve its family preservation services to better monitor and address concerns that may lead to the removal of a child. The Commission makes this recommendation with particular attention to mitigating the disparate experiences that many BIPOC families have that might lead to DCF investigations. It is the Commission's understanding that much of the existing services DCF provides to support family preservation are housed within the agency's contracts with family resource centers, area resource coordinators, and its own single family preservation unit. The Commission further recommends that DCF more transparently indicate the goals and services of the units, and examines the accountability systems that exist within its agency contracts to ensure that its established partnerships are leading to increases in family preservation. Additionally, DCF should explore and transparently report on its own commitment to ensuring family preservation through better consideration of LGBTQ families and de facto parentage.

Finally, the Commission advises that DCF should improve its services to better address situations in which LGBTQ youth are reunified with families where there is a risk of repeated maltreatment or removals.

**12. Collaborate with the Commission and providers to create an LGBTQ parent education curriculum to better support family preservation services.**

The Commission strongly recommends that DCF partner with the Commission and other community partners to create an education curriculum for parents of LGBTQ youth to uplift and support youth in need of DCF oversight and services; such a curriculum could work in tandem with existing or new family preservation programs.

**13. Improve curriculum offerings, programs, and resources provided to youth, and provide training opportunities for staff and youth on system navigation.**

Expanding on this recommendation from FY 2024, the Commission continues to recommend that DCF improve its approach to offering comprehensive LGBTQ-inclusive sexual health education, but also that it works to expand its curriculum and programmatic offerings for youth who are expected to age out of care. Far too often, the Commission has heard from youth and community providers that youth are not appropriately prepared to age out of care with the resources and skills needed to thrive. Since FY 2023, the Commission and DCF have been in conversations around DCF's current skills curriculum being provided to youth, the PAYA program, through DCF's Adolescent Youth Services Unit. It is the Commission's understanding that DCF is currently reviewing its current PAYA curriculum, which has not been updated for over a decade, and is preparing to integrate comprehensive LGBTQ-inclusive, culturally appropriate, and medically-accurate sexual health education into the curriculum. Furthermore, DCF is in the final stages of uploading the curriculum to a new mobile platform which would provide better accessibility for youth and workers, as well as allow the agency to perform more frequent reviews and live updates.

The Commission greatly appreciates this modernizing approach to the program, and also recommends that DCF explore ways to provide youth with avenues to hold DCF accountable for ensuring that the needs of youth - particularly around documentation - are being met. In previous meetings, the Commission has similarly recommended the development of an app that would be shared with DCF youth and families to provide avenues for youth to submit and track requests, complete skills-building programs, and better find resources and information available to them.

*Acknowledgments: The Commission sincerely thanks the contributions of its DCF staff liaisons and partners through the DCF LGBTQIA+ Employee Resource Group.*

# Commission for the Blind

## FY 2025 Recommendations

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1. Provide professional development opportunities that prioritize intersectionality and center LGBTQ cultural engagement, racial equity, and adulthood training sessions.
2. Revise SOGI data collection standards and data fields to include more expansive gender identity markers.
3. Collaborate with the Commission, youth-serving agencies, and other community partners on resource development and community support.

## Introduction

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The Massachusetts Commission for the Blind (MCB) is the principal agency in the Commonwealth that works on behalf of people of all ages who are legally blind. MCB provides access to [vocational rehabilitation](#) and employment opportunities, as well as [social rehabilitation](#) to increase independence and self-empowerment. Regrettably, there exists very little research that examines the experiences of LGBTQ youth who are blind, or the accessibility of needed services. The Commission hopes that future studies and state surveys can provide information on these critical intersections to ensure that the experiences of blind LGBTQ youth in Massachusetts are not being ignored.

## Past & Ongoing Work

The Commission and MCB have had an ongoing relationship since FY 2018 that has yielded several positive results. Since 2017, MCB has hosted nearly annual optional staff trainings on LGBTQ inclusivity, and in early FY 2023 was in conversations to continue these trainings for its child services departments. MCB has also worked to incorporate the collection of pronouns into case notes through its providers, though the Commission currently has no data on how this initiative has gone so far. The Commission hopes to work more closely with MCB in the upcoming fiscal year to identify opportunities for resource development and support for blind LGBTQ youth, with particular attention to Deafblind communities.

## FY 2025 Expanded MCB Recommendations

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- 1. Provide professional development opportunities that prioritize intersectionality and center LGBTQ cultural engagement, racial equity, and adulthood training sessions.**

As noted above, MCB has a history of consistently providing trainings for its staff on LGBTQ inclusivity and SOGI data collection. In April 2024, MCB shared with the Commission that two all-staff trainings occurred on LGBTQ cultural engagement in August and November 2023; some MCB staff have additionally joined the EOHHS/Commission trainings that run frequently throughout the year. Additional trainings have been identified by MCB as a part of its diversity plan. Overall, the Commission recommends that the agency, like

many others, expands its approach to its training plan to include sessions that highlight racial equity and adultism.

**2. Continue to revise SOGI data collection standards and data fields to include more expansive gender identity markers and provide trainings on the necessity of SOGIE data collection.**

For several years, the Commission has issued this recommendation to MCB and saw significant progress on its data collection efforts, which have continued. The Commission understands that MCB is in the process of finalizing data fields in its registration software that capture pronouns and SOGI information and ensuring that the data fields are mandatory.

**3. Collaborate with the Commission, youth-serving agencies, and other community partners on resource development and community support.**

The Commission has heard from youth frequently that finding accessible spaces for blind LGBTQ youth, similarly to Deaf and hard of hearing youth, can be difficult across the space. The Commission recommends that MCB explore existing and new relationships to better understand existing LGBTQ spaces for blind community members, and to help fill gaps where appropriate.

# Commission for the Deaf and Hard of Hearing

## FY2025 Recommendations

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1. Continue to evaluate how to improve data collection standards to capture SOGI demographic data of clients.
2. Provide professional development opportunities that prioritize intersectionality and center LGBTQ cultural engagement, adultism, and racial equity.
3. Expand resource development in partnership with youth, families, and LGBTQ community organizations across the Commonwealth.

## Introduction

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

Although there is limited data and research available on the intersections of LGBTQ youth identities with Deaf and hard of hearing communities, the Commission understands that LGBTQ Deaf and hard of hearing youth experience unique challenges in schools, the workplace, and in the public. These challenges include a lack of accessible communication (such as sign language interpretation or closed caption devices) in LGBTQ spaces; and navigating being open about their sexual orientation and/or gender identity in an often close-knit Deaf community or with medical providers.<sup>1</sup> Additionally, finding LGBTQ community spaces within the Deaf community can be a challenge<sup>2</sup> - particularly for those who are Deafblind - though many Deaf LGBTQ people note that Deaf communities often feel more supportive and welcoming than hearing communities.<sup>3</sup>

Massachusetts census data notes that approximately 1.2 million residents are Deaf and hard of hearing, but there is currently no public information reflecting the number of Deaf and hard of hearing Massachusetts LGBTQ residents. In March of 2022, The Trevor Project released a briefing based off its national 2020 Mental Health Survey that remains one of the most comprehensive studies on Deaf LGBTQ communities so far. Nationally, 5% of LGBTQ youth (out of a pool of 40,001) identified as experiencing deafness or hard of hearing. Within this percentage, 25% of Deaf LGBTQ youth reported that they struggled, or were unable to access, basic services to meet their needs. Furthermore, 59% of Deaf LGBTQ youth reported incidents of discrimination based on their gender identity or sexual orientation which is

nearly 20% more than hearing youth; 1 in 2 Deaf LGBTQ youth (55%) reported that they seriously considered suicide in the past year and 1 in 4 (26%) attempted suicide.

### Past & Ongoing Work

The Commission has been pleased to meet twice with MCDHH this past fiscal year to learn more about the essential services it provides with Deaf and hard of hearing youth in the Commonwealth. Commission staff appreciated the opportunity to meet with MCDHH youth specialists in October of 2022 to learn more about the ongoing work and need for youth in their care. The specialists work to provide support around education and communication in schools and hospitals for youth under the age of 23; MCDHH specialists also work to provide support to families and their youth. Overwhelmingly, the specialists noted that more resources and support for youth workers, families, and youth themselves is needed in the Commonwealth. One area that was noted was the need for LGBTQ resources and support for children of deaf adults (CODAs), who often feel as though they don't fit in Deaf or hearing communities.

The Commission looks forward to working with MCDHH to address these concerns and to improve its own work in becoming more accessible for all LGBTQ communities in the Commonwealth in FY 2025. Given the serious lack of available Massachusetts-specific data on the needs of Deaf and hard of hearing LGBTQ youth and families, the Commission hopes to partner with MCDHH, organizations, and policymakers to address significant gaps in service provision and support.

### FY 2025 Expanded MCDHH Recommendations

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**1. Continue to evaluate how to improve data collection standards to capture SOGI demographic data of clients.**

Like many other state entities, MCDHH notes that it experiences challenges in updating its data collection standards to capture more demographic data among its clients. As noted throughout this report, the collection of SOGI data can provide critical information to policymakers and community organizers to better shape effective policy and resources. However, outdated technology often limits the amount of updates that agencies can perform to their client information systems. In 2019, MCDHH was able to include a nonbinary gender 'X' marker in their client management database; the Commission recommends that the agency continue to explore ways to expand data fields or practices to better capture data on LGBTQ Deaf and hard of hearing youth across Massachusetts.

**2. Provide professional development opportunities that prioritize intersectionality and center LGBTQ cultural engagement, adulthood, and racial equity.**

The Commission appreciates the recent attention of MCDHH to this recommendation and looks forward to continuing to partner with the agency over the coming fiscal year. In December 2023, MCDHH staff participated in a training hosted in collaboration by EOHHS and the Commission on LGBTQ cultural engagement. Previous to this training, the last training opportunity that had been attended by all MCDHH

staff was in 2016. Additionally, in March 2024, the Commission and MCDHH partnered on a training opportunity that was opened to MCDHH school-based providers to provide support and resources around working with LGBTQ youth. The Commission expands its focus this year to recommend that MCDHH develop a training plan that builds off of the trainings already provided and continues to engage MCDHH staff and providers in LGBTQ cultural engagement, as well as racial equity and adulthood.

**3. Expand resource development in partnership with youth and LGBTQ community organizations across the Commonwealth.**

MCDHH provides a wide range of services and resources for Deaf and hard of hearing youth and families across the Commonwealth. Across the last several years, the Commission and MCDHH have discussed potential collaborations around resource development specific to LGBTQ Deaf and hard of hearing youth, as well as children of deaf adults (CODAs). Much of the resource development that MCDHH has been prioritizing has been focused on providing educational videos that are posted on its website and intentionally feature LGBTQ community members.

For many years, the Commonwealth has seen a severe shortage of ASL interpreters across the state; MCDHH has been leading recruitment efforts and increasing outreach to diversify its pool of interpreters, specifically for BIPOC ASL interpreters. The Commission strongly recommends that MCDHH increase its intentional outreach to include recruitment at Pride events and through LGBTQ community organizations across the state. To assist with this work, the Commission further recommends that MCDHH conducts community conversations to learn more from LGBTQ Deaf and hard of hearing youth about their specific needs across the Commonwealth. Furthermore, the Commission hopes to engage in conversations with MCDHH around potential public campaigns highlighting LGBTQ-affirming Deaf spaces, or potentially creating LGBTQ-specific ASL-learning programs.

*Acknowledgments: The Commission thanks the contributions of its MCDHH staff liaisons.*

**Citations**

<sup>1</sup> Cara A. Miller, Andrew Biskupiak, and Poorna Kushalnagar, "Deaf LGBTQ Patients' Disclosure of Sexual Orientation and Gender Identity to Health Care Providers," *Psychology of Sexual Orientation and Gender Diversity* 62, no. 2 (June 2019): 194–203, <https://doi.org/10.1037/sgd0000319>.

<sup>2</sup> The Trevor Project, "Mental Health of Deaf\* LGBTQ Youth," *The Trevor Project* (blog), March 28, 2022, <https://www.thetrevorproject.org/research-briefs/mental-health-of-deaf-lgbtq-youth-mar-2022/>.

<sup>3</sup> Ibid

<sup>4</sup> Ibid



# Massachusetts Rehabilitation Commission

## FY2025 Recommendations

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1. Create a comprehensive nondiscrimination and inclusion policy for LGBTQ clients.
2. Continue to review intake forms and appropriately train staff on implementation procedures.
3. Facilitate mandatory LGBTQ cultural awareness trainings, and offer recurring skills building opportunities for staff.
4. Partner with the Commission to develop an outreach plan to LGBTQ youth and resource development.
5. Review internal policies to identify opportunities for improvement.

## Introduction

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The Massachusetts Rehabilitation Commission (MRC) promotes equality, empowerment, and independence for individuals with disabilities. MRC provides programs that assist individuals with employment opportunities and training, community living support, and assistance with determining federal benefits eligibility. For youth 14 and older, MRC offers [transition services](#) to support high school students with pre-employment support or support for further education after high school.

Research suggests that LGBTQ youth are more likely than their heterosexual and cisgender peers to identify as having a physical disability, long-term health problems, or learning disabilities. LGBTQ youth are already disproportionately more likely to face discrimination and exclusion from services and employment; for youth with disabilities these experiences can be compounded by further ableism, discrimination, and stigma. Furthermore, as discussed previously in the MCDHH section, even LGBTQ community spaces are often inaccessible for youth with disabilities, particularly when lacking accessible bathrooms, translation and/or captioning services, and can be overly stimulating with little access to quiet spaces.<sup>1</sup>

Ensuring that MRC services are appropriately inclusive and accessible is critical to making sure that all LGBTQ youth in the Commonwealth have the opportunity to thrive.

## Past & Ongoing Work

MRC has accomplished a significant amount of work in recent years to improve its approach to service provision for LGBTQ clients; MRC has offered multiple training opportunities, conducted an internal staff climate survey related to LGBTQ issues, and created an internal LGBTQ working group. In 2020, MRC incorporated a nonbinary gender marker option into their MRC Connect online application. More recently,

the internal working group developed and finalized a Unity Statement that the agency is looking at adapting into its more formal nondiscrimination policy.

## FY 2025 MRC Expanded Recommendations

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

The Commission commends the internal MRC Unity Group’s release of a nondiscrimination statement for its staff, providers, and clients. After the release of the statement, MRC noted to the Commission that it would begin using the statement to draft a formal nondiscrimination policy for the agency. In its FY 2023 spring meeting, MRC noted that it is - in the meantime - using the nondiscrimination policy put forth by EOHHS.

### **2. Review intake forms and appropriately train staff on implementation procedures.**

In the Commission’s spring 2024 meetings, MRC shared that its intake forms have been reviewed and updated with optional questions regarding pronouns, sexual orientation, and chosen name in addition to legal name. Staff has also received training regarding LGBTQ+ communities to ensure implementation. The Commission appreciates the attention MRC has paid to this area and recommends that the agency continues to ensure that staff receive training on the new forms and its system updates that will occur in July.

### **3. Facilitate mandatory LGBTQ cultural awareness trainings and offer recurring skills building opportunities for staff.**

In FY 2023, MRC committed to partnering with the Commission to participate in an EOHHS cross-agency train-the-trainer series that will continue into FY 2024 to build internal training capacity on LGBTQ trainings. During meetings in FY 2025, MRC noted that they have completed multiple trainings with more upcoming, and also expressed further interest in training regarding pronouns and gender identity. The Commission looks forward to working with MRC on these trainings, and further exploring ways to offer skill-building opportunities for MRC employees and providers.

### **4. Partner with the Commission to develop an outreach plan to LGBTQ youth and resource development.**

The Commission recommends that MRC develop an outreach plan to LGBTQ youth and to schools to share MRC resources, as well as to receive feedback on how to improve MRC services. MRC has noted the difficulty in reaching out to some regions, particularly the Cape and Plymouth, and intends to further explore these issues with the Commission in FY 2025. One upcoming possibility for MRC to expand its outreach efforts is to participate in statewide Pride events, which the Commission has offered insight on to assist in MRC’s planning efforts. MRC currently plans to attend Worcester Pride in FY 2025, and the LGBTQ ERG co-chair plans to attend the upcoming Provincetown Pride.

**5. Review internal policies to identify opportunities for improvement.**

Over the last fiscal year, MRC staff have been through a great deal of transition, which has put a hold on some of the ongoing projects that intersect with the Commission’s recommendations. One area of improvement that was noted in a January 2023 meeting was to uplift stronger collaboration with the policy department to ensure that all internal MRC policies are being considered in internal efforts to ensure LGBTQ-inclusivity. The Commission recommends that MRC work with the LGBTQ Allies Working Group to undertake an agency-wide policy review to ensure that all MRC policies are meeting best practice standards, particularly as it works to explore the creation of a nondiscrimination policy.

<sup>1</sup> Movement Advancement Project. July 2019. *LGBT People With Disabilities*. <https://www.lgbtmap.org/lgbt-people-disabilities>.

# Department of Mental Health

## FY2025 Recommendations

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1. Develop accessible, trauma-informed mental health resources and programs for QTBIPOC youth and LGBTQ first-generation youth.
2. Collaborate with youth-serving agencies, including the Department of Children & Families, the Department of Youth Services, MassHealth, the Department of Developmental Services, the Department of Public Health, and the Executive Office of Housing and Livable Communities, to develop clear guidance and instructions on how to ensure that youth transitioning between state systems are receiving needed services and resources.
3. Explore opportunities to implement a caregiver education training to support LGBTQ youth and families involved in DMH services.
4. Explore further SOGIE data collection & IT changes needed to collect comprehensive data on the mental health needs of LGBTQ youth.
5. Facilitate trainings on LGBTQ cultural awareness and racial equity, with particular attention to youth and access to affirming care.
6. Explore and implement opportunities to improve education & workplace training for new mental health workers in the areas of health equity for LGBTQ and QTBIPOC communities.

## Introduction

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The Department of Mental Health (DMH) is tasked with providing access to services and support for the mental health needs of individuals of all ages in Massachusetts. DMH oversees a number of programs and initiatives that directly and indirectly affect LGBTQ youth, including residential placements and the Transitional Age Youth (TAY) Initiative.

As discussed in detail throughout this annual report, LGBTQ youth are in crisis. Across the nation, a barrage of anti-trans and racist policies have critically impacted youths' well-being, with 90% of LGBTQ youth reporting that the anti-trans rhetoric is significantly impacting their mental health. Unfortunately, for years, access to affirming mental health care has been sparse, and 1 in 2 LGBTQ youth who wanted mental health care in Massachusetts in the past year were unable to access care.<sup>1</sup> The Commission is incredibly concerned about the state of well-being for youth in the Commonwealth, particularly for often underserved QTBIPOC communities, and youth in state systems. The Commission sincerely appreciates DMH's ongoing commitment to offer greater support and services for LGBTQ communities across the state and looks forward to continuing its collaboration in FY 2025.

## Past & Ongoing Work

In 2014, former DMH Commissioner Fowler identified LGBTQ individuals as a population needing priority attention, leading to a wide array of service improvements to address the unique needs often faced by LGBTQ youth. Over the past few years, DMH has conducted several needs assessments, and has identified areas where its services and support are strongest and other areas where DMH employees need further training and assistance.

In 2021, DMH released a comprehensive nondiscrimination policy and accompanying guidance, and has made significant progress in training their providers on LGBTQ cultural awareness, fulfilling previous Commission recommendations. In FY 2023, the Commission and DMH have continued to engage in conversations around training - noting that DMH holds high compliance rates among its staff at all area levels, with exception of somewhat lower compliance rates for overnight staff. DMH and the Commission hope to partner through the Commission's agency training system to help support trainings for overnight staff in FY 2025.

In early 2023, DMH's new [24/7 behavioral health helpline](#) which works to provide free, confidential, and accessible support for individuals seeking clinical help. The Commission appreciates DMH's explicit commitment to ensuring that the helpline provides affirming services for individuals who identify as LGBTQ, BIPOC, and/or Deaf and hard of hearing, as well as individuals with disabilities or who have limited English proficiency. Additionally, DMH supports a wide array of community behavioral health centers that provide core clinic services, crisis services, and adult and youth community crisis stabilization services across the state.

Furthermore, DMH further released guidance on pronouns in February of 2023 which provided resources and encouraged DMH staff to uphold cultures of inclusion for LGBTQ employees and clients by openly sharing their pronouns wherever possible.

Finally, the Commission was pleased to learn about the ten new Young Adult Access Centers that were opened in FY 2022 and FY 2023; Commission staff had the pleasure to visit DMH's first center in Boston and learn more from staff about their work creating low-barrier, safe, and affirming spaces for youth in their own communities. DMH notes that several of the access centers have begun their own LGBTQ support groups and are designed to be peer-focused and trauma-informed, as well as have majority BIPOC, LGBTQ, and bilingual staff. The spaces work to connect youth with need services, promote leadership opportunities, and provide skills building and community support. The Commission looks forward to exploring ways to partner with DMH further to support these much-needed centers across the state.

## FY 2025 Expanded DMH Recommendations

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### **1. Develop accessible, trauma-informed mental health resources and programs for QTBIPOC youth and LGBTQ first-generation youth.**

As discussed in the Commission's core sections above, the need for trauma-informed mental health resources and programs for LGBTQ foreign-born youth is immense. First offered in FY24, the Commission continues to strongly recommend that DMH partner with ORI and community-based organizations serving these populations of youth to address the significant gaps in service provision often seen for youth who

do not have English as a first language, are undocumented, or do not overall have the same access to mental health resources.

As previously established throughout this report, culturally competent mental health care for QTBIPOC youth is sparse. As of the spring of 2023, DMH has made excellent strides in opening a series of ten young adult access centers designed to provide low-barrier spaces for LGBTQ & BIPOC youth to receive access to community-based mental & public health services, skill-building, and peer support. However, based on conversations with DMH liaisons, LGBTQ youth, and state-based surveys on mental health needs, the Commission recommends that DMH develop stronger partnerships and opportunities to engage on the ground with youth-serving organizations and youth themselves to better understand the barriers to mental health care. Such engagement should take particular care to engage in the Western Massachusetts and Cape Cod regions as rural areas are even less likely to have appropriate access to mental health services.

Much of this work is already being done through DMH's ten young adult access centers across the Commonwealth; the locations in Springfield, Brockton, Roxbury, Worcester, Framingham, New Bedford, Everett, Lawrence, Gloucester, Chelsea, and Lowell are primarily visited by Latinx youth, but also see increasing populations of Black and AAPI youth. DMH notes that much of the staff in the centers are reflective of the QTBIPOC communities they are serving, and many are bilingual and multicultural which allows them to engage more with first-generation youth. In the remainder of FY 2024 and start of FY 2025, DMH shared with the Commission that it is hoping to engage soon with the AGLY network across the state to learn more about potential ways of collaborating with LGBTQ partners and youth.

- 2. Collaborate with youth-serving agencies, including the Department of Children & Families, the Department of Youth Services, MassHealth, the Department of Developmental Services, the Department of Public Health, and the Executive Office of Housing and Livable Communities, to develop clear guidance and instructions on how to ensure that youth transitioning between state systems are receiving needed services and resources.**

As noted throughout this report and first introduced in FY 2024, the Commission understands from youth and providers that there remain some critical gaps in service provision for transition-aged youth, and that QTBIPOC youth seem to be among the most underserved populations. DMH is not solely responsible for the failures of agencies to appropriately support transition-aged youth, and the Commission notes that the one of the only ways to fully address these inequities are to improve cross-agency collaboration among youth-serving agencies in partnership with community providers, families, and youth.

The Commission appreciates DMH's commitment to ensuring successful transitions for LGBTQ youth within and between agency services. The Commission understands that DMH implements a wide array of collaborations across the state to support youth and families; DMH notes that its efforts include participation in interagency working groups; cross-agency forums and individual transition plan meetings around specific youth, including area level consultations; and the creation of a new role in 2022 of the Director of Young Adult Transitional Services to review transition processes and identify gaps in systems and policies. Many of these processes already involve other state agencies, including DYS, MassHealth,

and DCF. However, the Commission and DMH agree that processes can be further strengthened to better support the needs of multisystem-involved youth.

In numerous conversations with its state agency partners, providers, caregivers, and youth, the Commission sees a clear need for more transparent instruction from agencies to their workers and to youth on policies, processes, and the rights of youth and families in state systems. Often, while agencies may have a policy or process that could address issues happening on the ground, these practices are not clear to workers or youth in their day-to-day lives. Additionally, the level of misinformation that critically affects the experiences of young people is unacceptable and calls for agencies to intentionally create a transparent system of accountability that is accessible for youth, families, and workers.

**3. Explore opportunities to implement a caregiver education training to support LGBTQ youth and families involved in DMH services.**

LGBTQ youth in unsupportive households are much more likely to face significant mental health concerns, abuse, and housing instability. For youth receiving treatment for mental health needs, being ‘outed’ by providers or educators - whether intentionally or unintentionally - to unsupportive caregivers can often put LGBTQ youth in danger. However, the support of mental health providers and the space to bring their whole selves to their treatment is essential for LGBTQ youths’ wellbeing. Unfortunately, DMH has noted that privacy concerns can sometimes conflict with a guardian’s legal rights to their child’s medical records, which can contain information about chosen names, pronouns, sexual orientation, or gender identity that youth may not wish their caregivers to see. However, since the Commission first issued a recommendation highlighting the need for the agency to better support LGBTQ youth with unsupportive families, DMH has shared that it is making minor updates to its nondiscrimination policy to provide clearer guidance to staff in this area. To further its recommendation, the Commission advises that DMH should explore potential opportunities to implement an LGBTQ caregiver acceptance training to support LGBTQ youth involved in DMH services.

**4. Explore further SOGIE data collection & IT changes needed to collect comprehensive data on the mental health needs of LGBTQ youth.**

For several years, DMH has been exploring opportunities to collect comprehensive SOGIE data. In a 2021 audit of its current data collection measures, DMH relayed to the Commission that there are existing issues with the data collection field. These issues include the fields being difficult to find and not being mandatory; to resolve these issues would require a thorough technology update, which can typically be a large haul for any state agency’s IT departments. The Commission understands that DMH did recently receive a small wave of SOGIE data but encourages the agency to prioritize the needed IT updates to address the reference data field issues. In its winter FY24 meetings with the Commission, DMH noted that it has developed a curriculum and training plan to begin engaging DMH employees on how to appropriately collect SOGIE data.

Furthermore, DMH - along with several other agencies - have noted the difficulties of appropriately collecting SOGIE data, or ensuring that their forms and policies are inclusive, due to conflicting federal

requirements. For DMH, MassHealth, and DPH, there are medical codes in place that prevent appropriate inclusive SOGIE data collection. The Commission recommends that DMH, MassHealth, and DPH form a collaborative attempt to address these barriers at the federal level.

**5. Facilitate trainings on LGBTQ cultural awareness and racial equity, with particular attention to youth and access to affirming care.**

The Commission appreciates DMH’s commitment to and progress in ensuring that its staff are creating LGBTQ-affirming spaces when interacting with clients. Continuing to build on this success for old and new staff is critical, and the Commission recommends that DMH offer further opportunities for staff to engage in not only LGBTQ cultural trainings, but also trainings around racial equity and adultism. DMH has informed the Commission that its new strategic plan focuses on equity and inclusion, and that it is currently also reviewing language for its procurement process of providers to ensure that DMH contractors are also committed to LGBTQ-affirming trainings.

**6. Explore and implement opportunities to improve education & workplace training for new mental health workers in the areas of health equity for LGBTQ and QTBIPOC communities.**

A comprehensive way to ensure the expansion of access to trauma-informed mental health resources for LGBTQ youth is to equip new mental health workers with the skills and knowledge they need to appropriately serve LGBTQ and BIPOC communities. The Commission recommends that DMH explore opportunities to improve education and workplace training for new mental health workers and collaborate with other agencies and education programs in this area. DMH recently shared with the Commission that its Learning & Development department is currently looking into its new hire orientation process to see what can be updated as a part of its strategic plan for the upcoming fiscal years. To further expand upon this recommendation, the Commission notes the importance of engaging with universities and colleges as mental health-oriented students approach entering the workforce and hopes to discuss this work with DMH in FY25.

*Acknowledgments: The Commission thanks the contributions of its internal DMH agency liaisons.*

**Citations**

<sup>1</sup>The Trevor Project, “2022 National Survey on LGBTQ Youth Mental Health Massachusetts,” 2022, <https://www.thetrevorproject.org/wp-content/uploads/2022/12/The-Trevor-Project-2022-National-Survey-on-LGBTQ-Youth-Mental-Health-by-State-Massachusetts.pdf>2022 National Survey on LGBTQ Youth Mental Health Massachusetts.



# Department of Public Health

## FY 2025 Recommendations

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1. Expand training opportunities for staff and contracting organizations on LGBTQ cultural engagement, racial equity, and adultism.
2. Develop new strategic partnerships to diversify connections and investment into LGBTQ communities.
3. Explore ways to expand SOGIE data collection through DPH programs, with particular attention to pregnancy, parental mortality, and gender-affirming care services, and make data publicly available.
4. Partner with the Commission to research the needs of LGBTQ transition-aged youth with multisystem-involvement.
5. Increase community research initiatives to better address health inequities.

## Introduction

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The Massachusetts Department of Public Health (DPH) is a state agency dedicated to promoting and ensuring access to health services, with a specific focus on prevention, overall wellness, and health equity for all communities. The Commission and DPH have had a longstanding supportive relationship, and the Commission is grateful for DPH's continued support and collaboration looking into FY 2025. Prior to the COVID pandemic, DPH provided vital administrative and operational support, including housing its staff, and it has continued to offer support, including through funding and provision of meeting spaces. The Commission is confident that DPH recognizes the long-term health and economic benefits of public health interventions with youth. Additionally, the Commission appreciates the significant strides DPH has continued to take to impact the intersecting systems of oppression that provide and compound systemic barriers to health and wellness for QTBIPOC communities.

As highlighted in the above public health section, a wide array of issues contributes to the significant health disparities affecting LGBTQ youth, families, and communities, including violence and abuse, sexually-transmitted infections, bullying, and substance use. However, despite these disparities, LGBTQ youth consistently face barriers to accessing essential programs and services, such as transportation, cost, and fear of stigmatization and discrimination. The Commission looks forward to continuing to work with DPH on these issues, and understanding ways to create, improve, and broaden programs and services for LGBTQ communities across the state.

## Past & Ongoing Work

DPH has long been committed to developing consistent policies and practices for working with LGBTQ populations, as well as expanding its services and support for effective programs across the Commonwealth. Notably, through its Division of Violence and Injury Prevention, DPH administers the [Safe Spaces for LGBTQIA+ Youth Programs](#), which provides a variety of services, including an accessible community drop-in space, peer-led, adult-supported support groups, and services for transition-aged LGBTQ youth.

The Commission has been pleased to work with DPH’s Bureau of Substance Abuse Services (BSAS), which has extended efforts through its Office of Youth and Young Adult Services (OYYAS) to review documents and data collection standards to ensure that LGBTQ youth are affirmed through DPH outreach and services. The Commission has further partnered with DPH’s SOGI Data Standards Working Group, and in April 2023 provided input on the agency’s upcoming COVID Community Impact Survey (CCIS) 2.0. The Commission looks forward to continuing to collaborate with DPH on these data collection efforts in the upcoming fiscal year.

The Commission commends DPH for its work on racial justice initiatives, including by its release of a Racial Equity Data Road Map in October of 2020 which provides “a suggested methodology for programs to assess their progress in addressing racial inequities in service delivery and health outcomes.”<sup>1</sup> In May of 2022, DPH noted that the agency had secured The Racial Equity Institute to provide a two-day training session to DPH leaders and staff which focused on anti-racism and capacity-building, which it intends to continue to offer to staff as requested.

Ongoing work from DPH further includes the prioritization of LGBTQ youth in its strategic plan for smoking prevention, and continued resource provision to programs focused on suicide prevention and HIV prevention. In FY 2023, the Commission and DPH discussed further areas of collaboration and investment into community-based public health and advocacy programs to build capacity and education efforts in local communities. Additionally, in 2021, DPH’s Bureau of Infectious Disease and Laboratory Sciences (BIDLS) provided its partner organizations with LGBTQ-inclusive guidance on using social media to promote health and disease prevention, as well as has continued to support innovative ways to engage LGBTQ communities in sexual health services.

## FY 2025 Expanded DPH Recommendations

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- 1. Expand training opportunities for staff and contracting organizations on LGBTQ cultural engagement, racial equity, and adultism.**

The Commission has been pleased to work with DPH for many years in its training efforts. The curriculum used within this series was heavily contributed to by DPH, and the Commission is looking forward to future opportunities to develop new curriculum in partnership with DPH on other topics. In February of 2023,

the Commission met with representatives from DPH to discuss the possibility of developing a new LGBTQ health-based curriculum to be delivered to medical providers and facilities across the state. The Commission recommends that DPH continue to examine its training efforts to ensure that all employees, particularly those directly interfacing with youth, are given the tools needed to build upon their base understanding of LGBTQ communities. Furthermore, the Commission recommends that DPH continue to review its training efforts to ensure that the intersections of LGBTQ youth are captured through racial equity trainings, as well as trainings on adultism. In April 2024, DPH released a trailblazing strategic plan centering racial equity in public health services, which includes an intersectional lens on LGBTQ equity. As part of this strategic plan, DPH will continue to offer targeted training, capacity building, and affinity group opportunities to support the agency and its programs.

**2. Develop new strategic partnerships to diversify connections and investment into LGBTQ communities.**

Over the course of FY 2024, the Commission has engaged in numerous conversations with DPH partners on ways to continue to engage LGBTQ communities in public health education and health services. The Commission recommends that DPH develop new strategic outreach plans to diversify its connections within LGBTQ communities, with particular attention to QTBIPOC communities and organizations in underserved regions. In meetings during FY 2025, DPH has shared that they have developed partnerships regarding sexual & reproductive health and sexual and domestic violence, and is continuing to search for new opportunities to partner with communities. While reviewing its current partnerships, DPH should connect with LGBTQ community members to identify gaps in its outreach, and also work to improve its internal collaboration to minimize duplicated efforts across departments.

**3. Explore ways to expand SOGIE data collection through DPH programs, with particular attention to pregnancy, parental mortality, and gender-affirming care services, and make data publicly available.**

For several years, DPH has been involved in robust efforts to ensure that its SOGIE data collection standards appropriately capture the experiences of LGBTQ communities. Over the last couple of years, the Commission has partnered with DPH's internal SOGIE Data Working Group to help advise on a new set of data standards, which were completed in early 2024 and are up for leadership review. These data standards The Commission looks forward to continuing to work with DPH to ensure that all areas the agency collects data are reflective of these standards. One possible area of improvement is to examine any and all data collection related to pregnancy, maternal/parental mortality, and gender-affirming care services to ensure that it is LGBTQ- inclusive. As discussed in the Commission's FY 2024 Pregnancy & Gynecological Health report, little to no state data exists that is inclusive of LGBTQ identities as it relates to pregnancy and parental mortality. The Commission hopes to work with DPH and other agency partners in FY 2025 to examine how to improve this data to capture disparities and experiences.

**4. Partner with the Commission to research the needs of LGBTQ transition-aged youth with multisystem-involvement.**

Over the course of this annual report, the Commission has detailed the necessity of youth-serving state entities collaborating on a macro-level to ensure that the needs of youth are not falling through systemic cracks. However, little research currently exists that examines the widespread experiences of transition-aged youth with multisystem-involvement in Massachusetts, which the Commission hopes to resolve in the upcoming fiscal year. DPH often contracts out services, so understanding who engages with which services and systems may not always be feasible. However, the Commission notes that there could be a potential avenue through DPH’s contract quality assurance areas to add in. The Commission hopes to collaborate with DPH on this research initiative to better understand where gaps in state agency service provision are occurring, and potential solutions.

**5. Increase community research initiatives to better address health inequities.**

Of the many strengths of the Department of Public Health, its research initiatives, particularly its Community Health Equity Survey, are some of the most critical work to addressing LGBTQ health inequities in Massachusetts. The Commission sincerely appreciates the attention that DPH has paid to filling significant gaps in Black maternal health research, and its continuing review of its SOGIE data standards. As data trends become apparent in DPH’s recent CHES, the Commission strongly recommends that DPH utilize this information to better identify health inequity priorities, particularly relating to LGBTQ health concerns.

*Acknowledgments: The Commission sincerely thanks the contributions of its DPH agency liaisons.*

**Citations**

<sup>1</sup> Department of Public Health, “Racial Equity Data Road Map: Data as a Tool Towards Ending Structural Racism,” October 12, 2020, <https://www.mass.gov/doc/racial-equity-data-road-map-pdf/download>.

# MassHealth

## FY 2025 Recommendations

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1. 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.
4. Improve interagency work to support “warm hand-offs” for transition-aged youth attempting to access services in partnership with other youth-serving state agencies to ensure that the health needs of LGBTQ youth are being met.

## Introduction

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MassHealth works to provide health and dental benefits and financial support for Massachusetts residents and combines Medicaid and the Children’s Health Insurance Program into one program. The Commission began issuing recommendations to MassHealth for the first time in FY 2022 on issues impacting LGBTQ youth in healthcare spaces. 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. As discussed throughout this annual report, LGBTQ youth experience numerous health-related inequities, particularly including access to affirming-care.

As MassHealth seeks to elevate LGBTQ health as a priority within the agency, the Commission notes that 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.

## Past & Ongoing Work

The Commission commends MassHealth for the steps it has took to fill the Commission’s FY 2022 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 affirming-care in its facilities. The Commission looks forward to its continued work with MassHealth in FY 2025.

## FY 2025 Expanded MassHealth Recommendations

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**1. 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 recommends that MassHealth continue to review policies and guidelines to increase access to gender-affirming care, and to reduce health disparities among LGBTQ and BIPOC communities. Furthermore, the Commission continues to recommend that MassHealth adopts a comprehensive policy on expanding healthcare access and trauma-informed care to transgender communities. 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 on sexual orientation and gender identity and expression (SOGIE).**

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 which 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 to 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 further recommends that MassHealth partner with community organizations and other state agencies - particularly DMH - to develop guidelines for pediatric providers on SOGIE data collection practices where there is a risk of outing youth, or caregivers are answering on behalf of youth.

**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.

**4. Improve interagency work to support “warm hand-offs” for transition-aged youth attempting to access services in partnership with other youth-serving state agencies to ensure that the health needs of LGBTQ youth are being met.**

Over the course of this annual report, the Commission has detailed the necessity of youth-serving state entities collaborating on a macro-level to ensure that the needs of youth are not following through systemic cracks. MassHealth notes that it has previously collaborated with numerous youth-serving state agencies, including DCF, DMH, DTA, and DYS, to develop a Housing Stabilization and Support Program (HSSP) for DCF-Involved Youth and Young Adults, which works to provide youth-centered strategies to support transition-aged youth gain access to services. Within this program, MassHealth notes that approximately 13-15% of the youth being served by the program so far have identified as LGBTQ.

However, MassHealth notes that it does not currently have any other cross-agency partnerships, though plans to coordinate further discussions in this area as part of the office’s equity and inclusion strategic planning. Overall, the Commission recommends that MassHealth explore increasing its collaboration with other youth-serving state agencies to better understand the needs and gaps in service provision for

transition-aged youth in a way that solicits feedback and engages with youth and providers, with particular attention to Western Massachusetts and Cape regions.



## Office of Refugees & Immigrants

### FY 2025 Recommendations

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1. Develop and execute a strategic plan to conduct direct outreach to LGBTQ immigrant youth and families across the Commonwealth.
2. Establish relationships with LGBTQ community partners and organizations across the Commonwealth to ensure that all ORI service providers have multicultural, multilingual resources available on site that are regionally appropriate.
3. Provide consistent professional development opportunities that prioritize intersectionality and center LGBTQ cultural engagement, racial equity, and adultism for staff and contracted providers.
4. Establish an interagency collaboration to investigate and improve the availability of resources for LGBTQ refugee and immigrant youth.
5. Review and improve data collection efforts to capture sexual orientation and gender identity demographic information.
6. Implement a nondiscrimination policy and disseminate to employees and clients.

### Introduction

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The Massachusetts Office for Refugees and Immigrants (ORI) operates to support “services that meet the cultural and linguistic needs of refugees and immigrants through a network of service providers in Massachusetts.” Largely funded through the federal Office of Refugee Resettlement, ORI provides funding and administers direct service programs to support groups that include Afghan and Iraqi Special Immigrant Visa Holders, Amerasians, Cuban/Haitian Entrants, asylees, human trafficking victims, legal permanent residents, and refugees.

The Commission remains concerned that ORI has yet to take significant steps to better understand or meet the unique needs of LGBTQ immigrants, refugees, and asylees in Massachusetts. However, it is optimistic for more progress given that the agency has recently begun to engage more in conversations about the Commission’s recommendations and how it might move forward to address them in FY 2025.

Little to no accessible data currently exists on the number of LGBTQ immigrant, asylee, and refugee residents in Massachusetts, let alone youth populations. ORI’s most recent published FY 2021 annual report, it was reported that Massachusetts welcomed 1,018 new refugees in FY 2021, though none of the reported information reflects any LGBTQ-specific services.<sup>1</sup> As discussed in the above Inclusive Service Provision section, research has indicated that the number of undocumented youth who identify as LGBTQ across the nation is estimated as high as 1 in 4.<sup>2</sup> The Commission hopes that ORI, as well as other Massachusetts agencies, narrows in on these potentially severely underserved communities in the

upcoming FY 2025. LGBTQ refugees, asylees, and migrants face unique challenges as they work to establish themselves in the United States, often with few LGBTQ-specific resources.

Sixty-nine countries around the world criminalize LGBTQ communities, and at least 11 countries have legalized the death penalty for homosexuality. In some instances, LGBTQ youth migrate to the U.S. seeking to escape persecution and violence based on their sexual orientation and/or gender identity. A 2021 study on asylum claims in the U.S. between 2007 and 2017 yielded information that 4,385 asylum claims that lead to fear interviews (an interview that occurs with asylum officers when a migrant expresses fears of persecution or torture in their country of origin) were related to sexual orientation or gender identity.<sup>3</sup> Other LGBTQ youth may migrate to the U.S. for unrelated reasons, but may have experiences in the U.S. related to their sexual orientation and/or gender identity that compounds their difficulty in accessing appropriate services. Dual-layer minority statuses often create obstacles to accessing resources and support; often LGBTQ immigrants report high rates of discrimination related to their sexual orientation and gender identity, as well as their immigration status or the immigration status of their families.

## Past & Ongoing Work

The Commission appreciates the new energy that ORI has brought to its collaborative conversations in late FY 2024 and understands that the agency is hoping to do more concrete work in this area in the upcoming fiscal year. Over FY 2024, the agency has begun engaging its service providers more to solicit data and feedback on how the agency can better support service provision. Additionally, ORI notes that all contracted agencies have the option of including information regarding services provided to LGBTQ refugees in their reporting, and that it includes language in its procurement and contracts around quality services for underserved populations.

As noted below, the Commission continues to recommend that ORI offers mandatory LGBTQ cultural engagement to all staff and offers similar trainings for direct service providers - and examine the policies and practices of each program that ORI refers its clients to for services. ORI has not undertaken a training on LGBTQ cultural engagement since 2016. While the Commission understands that ORI, like many state agencies, struggles with limited staffing and capacity, it is essential that all Massachusetts agencies take meaningful steps towards inclusive service provision for LGBTQ youth.

## FY 2025 Expanded ORI Recommendations

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### **1. Develop and execute a strategic plan to conduct direct outreach to LGBTQ immigrant youth and families across the Commonwealth.**

As noted throughout this annual report, the Commission has increasingly heard about the significant barriers to resources for LGBTQ immigrant community members, particularly for those in the Western and Central regions, for the last several years. Furthermore, the Commission highlights the concerning lack of explicit conversations from key policymakers and agencies about how to support LGBTQ communities as they work to better serve new arrivals to the country. The Commission strongly recommends that ORI develops a strategic plan to directly connect with LGBTQ youth and families in every region of the state. Such a plan should incorporate tangible and transparent goals of how ORI plans to respond to the needs of community members.

**2. Establish relationships with LGBTQ community partners and organizations across the Commonwealth to ensure that all ORI service providers have multicultural, multilingual resources available on site that are regionally appropriate.**

Building off the above recommendation, the Commission further recommends that ORI incorporate an intentional plan to build lasting partnerships with LGBTQ community organizations and programs that serve LGBTQ immigrants, refugees, and asylum seekers in the Commonwealth. ORI has noted to the Commission in the past that it is often unaware of where to refer the occasional LGBTQ client that does approach their agency for assistance, while community partners have often lamented over the lack of multicultural, multilingual resources and programs in Massachusetts. By recommending that ORI establish collaborative relationships with LGBTQ partners across the state, the Commission hopes to see a desperately needed funding increase to existing programs, as well as the funding of new programs to better serve communities. The Commission notes that one avenue to pursue more concrete relationships with LGBTQ organizations would be to do explicit outreach across the state to invite leaders to the recurring community conversation meetings it has been virtually hosting.

**3. Provide consistent professional development opportunities that prioritize intersectionality and center LGBTQ cultural engagement, racial equity, and adultism for staff and contracted providers.**

Given the ongoing and increased arrival of new persons into Massachusetts - many of whom are arriving from countries with extreme anti-LGBTQ cultures and laws - the Commission strongly recommends that ORI staff and providers engage in mandatory training opportunities that highlight the multicultural needs and experience of LGBTQ immigrant community members. In the winter of 2024, the Commission met with ORI liaisons to discuss potential training opportunities, where the Commission offered to collaborate with ORI on developing a free training series in FY 2025. The Commission understands that ORI is currently in the process of searching for facilitators for such a training experience and looks forward to continuing these conversations in the new fiscal year.

**4. Establish an interagency collaboration to investigate and improve the availability of resources for LGBTQ refugee and immigrant youth.**

To better understand the specific needs of LGBTQ refugees and immigrants in Massachusetts, the Commission recommends that ORI establish an interagency collaboration with youth-serving organizations and agencies. In a memo distributed to the Commission, ORI notes that it does engage in several interagency collaborations with DCF, DESE, and DPH that LGBTQ youth receive the services of through the Unaccompanied Refugee Minors Program (URMP); the Afghan Refugee School Impact: Support to Schools Initiative; the Refugee Medical Screening (RMS)/Refugee Health Assessment Program (RHAP); the MA Refugee Health Promotion Program (MRHPP); and the Refugee Mental Health Initiative (ReMHI).

However, while the Commission appreciates the breadth of services offered by ORI for refugee populations, the Commission further notes that none of these programs appear to directly or explicitly address or incorporate the unique needs faced by LGBTQ youth. Additionally, as previously noted, ORI does not collect SOGIE data on its clients nor does it solicit feedback from LGBTQ communities, and

therefore cannot definitively state that LGBTQ youth are appropriately receiving affirming services in ORI's current programs. Furthermore, the Commission strongly recommends that ORI examine its existing contracts and partnerships to ensure that there is an existing system of accountability to ensure that contracted providers are providing LGBTQ-affirming services.

**5. Review and improve data collection efforts to capture sexual orientation and gender identity demographic information.**

The Commission has appreciated the couple of opportunities it has had in FY 2024 to engage with ORI around data collection and looks forward to continuing these conversations in FY 2025. While the Commission recognizes that language differences and federal mandates are existing barriers to standardized SOGI data collection practices for ORI, it continues to recommend that ORI collect and review what data it can. Such data should be made publicly available in its annual reports, as well as information on its current efforts around LGBTQ cultural engagement.

**6. Implement a nondiscrimination policy and disseminate to employees and clients.**

As it has for several years, the Commission continues to recommend that ORI implement a nondiscrimination policy. In FY 2022, the Commission was made aware of a delay within EOHHS' approval system, and received notification from EOHHS that the already existing EOHHS nondiscrimination policy should suffice. The Commission disagrees with this opinion from EOHHS and continues to recommend that ORI pursue a publicly available nondiscrimination statement at minimum, particularly given that many LGBTQ immigrants and refugees come to the United States due to anti-LGBTQ violence from their home country. Such a policy or statement should incorporate an intersectional, multilingual approach that provides clients with clear avenues for accountability. Further, as noted above, the Commission recommends that ORI and EOHHS review the already drafted policy to better understand why ORI - unlike many other state agencies that fall under EOHHS - cannot have its own specific nondiscrimination policy. Should the policy need to be updated and revised, the Commission recommends that ORI prioritizes these revisions in partnership with EOHHS.

*Acknowledgments: The Commission thanks the contributions of its ORI staff liaisons.*

<sup>1</sup> Office of Refugees and Immigrants, "Annual Report 2021," 2022, <https://www.mass.gov/doc/2021-ori-annual-report/download>.

<sup>2</sup> Shoshana Goldberg and Kerith Conron, "LGBT Adult Immigrants in the United States," Williams Institute, February 2021, <https://williamsinstitute.law.ucla.edu/publications/lgbt-immigrants-in-the-us/>.

<sup>3</sup> Ari Shaw et al., "LGBT Asylum Claims in the United States," Williams Institute, March 2021, <https://williamsinstitute.law.ucla.edu/publications/lgbt-asylum-claims/>.

<sup>4</sup> Sharita Gruberg, Caitlin Rooney, and Ashe McGovern, "Serving LGBTQ Immigrants and Building Welcoming Communities," *Center for American Progress* (blog), January 24, 2018, <https://www.americanprogress.org/article/serving-lgbtq-immigrants-building-welcoming-communities/>.

# Department of Transitional Assistance

## FY 2025 Recommendations

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1. Explore the creation and hiring of a full-time DTA-specific LGBTQ outreach specialist position.
2. Continue to review opportunities to collect inclusive SOGIE data information, and update IT systems to include new data fields where appropriate.
3. Expand intersectional LGBTQ training efforts and mandate racial equity trainings for all DTA employees.
4. Support internal working groups to uplift conversations & events on intersectionality in the workplace.
5. In partnership with youth, develop resources and outreach materials targeted towards LGBTQ & BIPOC youth to raise awareness about services & programs available.

## Introduction

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The Department of Transitional Assistance (DTA) assists low-income individuals and their families to meet their basic needs, increase their incomes, and improve overall quality of life. Per DTA’s website, the agency services 1 in 7 Massachusetts families every year with direct assistance through cash benefits, food assistance, and workplace training opportunities. Like many agencies and programs, DTA has experienced a significant growth in the demand for its services during the COVID pandemic.

It is difficult to capture specific experiences of Massachusetts LGBTQ residents as DTA does not currently collect SOGIE data from clients. However, research indicates that LGBTQ youth are disproportionately food insecure as compared to their heterosexual and cisgender peers. To begin, the most recent Massachusetts 2022 Youth Count, noted that 30% of youth experiencing homelessness identified as LGBTQ and 60.2% of all youth experiencing homelessness identified as BIPOC.<sup>1</sup>

A national study in 2014 found that LGB adults raising children are nearly twice as likely to receive SNAP benefits as their heterosexual counterparts. Additionally, 26% of LGB youth aged 18 to 24 received SNAP benefits compared to 17% of heterosexual and cisgender youth.<sup>2</sup> In the first year of the COVID pandemic, a SNAP participation study noted that 18% of LGBTQ women received SNAP benefits compared to 10% of heterosexual and cisgender women.<sup>3</sup> Overall, as discussed in several above sections of this annual report,

LGBTQ communities - especially QTBIPOC communities - are particularly vulnerable to poverty due to stigma, lack of accessibility, employment discrimination, systemic barriers, and more.

### Past & Ongoing Work

For many years, the Commission has appreciated the opportunity to collaborate with DTA to support internal efforts to help offices become more affirming for LGBTQ youth, families, and employees. Several years ago, DTA released an LGBTQ-inclusive nondiscrimination policy and guidance that fulfilled a previous Commission recommendation. To build on this policy, DTA has consistently been engaging its employees in training opportunities to center both LGBTQ-inclusivity and racial equity. In late 2022, DTA managers were mandated to attend a two-day intensive racial equity training, which DTA is beginning to roll out in June of this year and continue through the upcoming fiscal year. Over the latter half of the 2023 fiscal year, DTA partnered with the Commission and EOHHS DEI staff to participate in the internal train-the-trainer model to develop cross-agency capacity, which continued into FY 2024, and is expected to continue in FY 2025. Additionally, the spring of FY 2023, DTA hosted a panel discussion titled “Who We Are: Elevating the Voices & Experiences of LGBTQI+ Staff”, in support of Transgender Day of Visibility, and Gender Equality Month, attended by 80 DTA staff members.

Finally, the Commission and DTA have been engaged in conversations for several years around how to best capture SOGIE information; such an opportunity would likely be provided through the SNAP program and be added on to demographic information already collected (like biological sex, race, and ethnicity). Unfortunately, like many other agencies, DTA is unsure the extent to which it is able to improve its data collection as SNAP is heavily regulated by the federal government. The Commission looks forward to continuing this conversation with DTA in FY 2025.

## FY 2025 Expanded DTA Recommendations

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### **1. Explore the creation and hiring of a full-time DTA-specific LGBTQ outreach specialist position.**

Over the past few years, the Commission has been pleased to see Massachusetts state agencies take seriously the unique needs of LGBTQ youth in the Commonwealth by creating specific LGBTQ-oriented positions as outreach & community specialists, program directors, and more within their agencies. In FY 2024, the Commission created a recommendation for DTA to create a specific position for LGBTQ internal and external work. These positions are often tasked with overseeing DEI & training work internally,

external outreach, and resource development. While this is a great deal of work for one staff person to oversee, the Commission hopes that agencies continue to develop these offices internally to build capacity, and more community-based outreach efforts. While DTA has been unable to establish such a position yet, the Commission understands the various challenges that have popped up that have delayed many agency initiatives and is encouraged by its conversations over FY 2024 about next steps for FY 2025.

**2. Continue to review opportunities to collect inclusive SOGIE data information, and update IT systems to include new data fields where appropriate.**

The Commission has been working with DTA for several years to examine areas where inclusive data on SOGI can be collected. Currently, DTA's data collection is limited to demographic info on race and biological sex. DTA notes that the vast majority of its data collection happens through the SNAP program which is heavily regulated by the federal government; as noted in the Eliminating Barriers to Services section, federal forms often inhibit inclusive data collection efforts at the state level. Additionally, outdated IT systems often take an enormous amount of effort and time to update to include better data fields or tracking. However, without the appropriate information, agencies cannot ensure that their services are reaching target populations, like LGBTQ youth, particularly if they are only tracking sex-assigned-at-birth markers rather than gender identity/expression markers. The Commission has received updates from DTA noting that there is a need for the agency to hire a new chief technology officer to oversee IT updates. Additionally, much of the focus of the SNAP program has focused on ensuring that resources are set up for new arrivals in the state, leaving little capacity for other areas of work. The Commission looks forward to continuing conversations around improving data collecting with DTA in FY 2025.

**3. Expand intersectional LGBTQ training efforts and mandate racial equity trainings for all DTA employees.**

Training on LGBTQ culture and experiences is essential for every state agency employee - those who work on the ground in direct contact with communities, and internal employees who create policies, procedures, and systems to serve communities. Furthermore, it is essential that all of these trainings incorporate an intersectional approach that highlights racial equity, among other areas. The Commission continues to recommend that DTA mandate trainings for all employees that center an intersectional approach to LGBTQ and racial equity, which has similarly been recommended by DTA's Diversity Council. For the remainder of FY 2024 and moving into FY 2025, the Commission is aware that DTA's DEI plan contains intentions to continue to attend the ongoing train-the-trainer sessions through EOHHS.

**4. Support internal working groups to uplift conversations & events on intersectionality in the workplace.**

Over the last year, DTA internal working groups within the Diversity Council have made great strides in extending internal conversations on intersectionality and LGBTQ resources. The Commission appreciates the dedication that DTA has shown in uplifting the voices and experiences of LGBTQ and BIPOC staff members internally. The Commission recommends that DTA continue to expand efforts to uplift conversations on intersecting identities within the workplace, particularly around LGBTQ & BIPOC-inclusive workplace environments. The Commission further recommends that DTA examine its own internal demographics to ensure that LGBTQ and BIPOC employees feel supported in the workplace.

**5. In partnership with youth, develop resources and outreach materials targeted towards LGBTQ & BIPOC youth to raise awareness about services & programs available.**

As noted in the above research section, QTBIPOC youth are more likely to need services provided by DTA, and, as we are seeing now, are very needed for new arrivals into our community. However, government systems can often be difficult to navigate, or not visible in some communities. The Commission recommends that DTA develop resources and do targeted outreach to LGBTQ & BIPOC communities to raise awareness about DTA services. The Commission understands that the SNAP program’s outreach team has been consistently attending Pride and other LGBTQ community events across the Commonwealth, which is a great way to boost awareness among community members. Additionally, in early FY 2024, the Commission provided a list of recommendations to DTA for the SNAP team to collaborate with to place kiosks in community organizations frequented by LGBTQ youth to assist them in signing up for SNAP benefits. The Commission looks forward to continuing to hear updates and partner with DTA to educate communities across the Commonwealth on DTA benefits available to them.

*Acknowledgments: The Commission sincerely thanks the contributions of its DTA agency liaisons.*

**Citations**

<sup>1</sup> Laurie Ross, “Massachusetts 2022 Youth Count,” 2022, <https://www.mass.gov/doc/2022-youth-count-report/download>.

<sup>2</sup> Taylor N.T. Brown, Adam P. Romero, and Gary J. Gates, “Food Insecurity and SNAP Participation in the LGBT Community,” Williams Institute, July 2016, <https://williamsinstitute.law.ucla.edu/publications/lgbt-food-insecurity-snap/>.

<sup>3</sup> Margaux Johnson-Green and Cara Claflin, “Gender and Racial Justice in SNAP,” *National Women’s Law Center*, July 2021, 14



# Department of Youth Services

## FY 2025 Recommendations

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1. Update DYS SOGIE data collection standards, and publish more in-depth information on youth in DYS services.
2. Provide annual mandatory trainings to all DYS state and contracted provider staff.
3. Ensure implementation of LGBTQ-affirming material into existing curricula and programming provided to youth and families in its services.
4. Improve interagency work to support “warm hand-offs” for transition-aged youth attempting to access services, in partnership with the Department of Children & Families, the Department of Mental Health, and MassHealth.
5. Collaborate with the Commission to establish an LGBTQ parent education curriculum within juvenile diversion programs.

## Introduction

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The Massachusetts Department of Youth Services (DYS) is the state agency that serves five primary populations of young people ranging in age from 12 to 22 dependent on the services provided:

- Diversion Young People, who are youth facing arrest or prosecution for a juvenile offense and instead are referred to the Department for supportive community-based services
- Overnight Arrest Young People (ONA), who are youth arrested outside of court business hours who require overnight placement;
- Detained Young People, who are youth committed to DYS’ care by the juvenile courts during the pendency of their juvenile cases;
- Committed Young People, who are youth committed to DYS’ custody in resolution of a pending delinquency or youthful offender matter; and
- Youth Engaged in Services (YES), who are youth receiving voluntary services from DYS post-discharge.

For a decade, 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 youth in the juvenile justice system.

For many years, national research has suggested that LGBTQ youth - particularly QTBIPOC youth - are overrepresented within the juvenile justice system, as discussed in the above Advancing Justice section.

However, DHS data indicates that only 7.1% of youth in DHS services identify as LGBTQ, though 83% of youth in its service identify as BIPOC. The Commission has worked with DHS for many years to explore ways to improve DHS services through policy development, trainings, and data collection. The Commission looks forward to continuing this work in FY 2025.

## FY 2025 Expanded DHS Recommendations

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### 1. Update SOGIE data standards, and continue to publish a critical analysis of data obtained on LGBTQ youth in DHS services.

The Commission has previously noted the need for DHS to establish a more formal process for ensuring that its SOGIE data collection standards are routinely reviewed, which DHS has committed to doing, to better capture the actual number of LGBTQ youth within DHS programs and their experiences. The Commission further recommends that DHS make this process publicly available to increase accountability for the agency. In answer, DHS shared a number of updates in April 2024 on their ongoing work to address the Commission's recommendations.

Regarding this SOGIE data recommendation, DHS shared that it reviews its LGBTQ+ youth intake data and other significant data points on a quarterly basis to review the impact of its practices and ensure appropriate services. In FY 2024, the DHS SOGIE Data Collection Subcommittee identified some errors in its data management system that was leading to some data irregularities; this has been addressed with follow-up plans in place to ensure that data is correctly entered into the system moving forward. Further updates to the data management system (JJEMS) are expected to occur in the coming months, including data fields to better show youth's chosen name and pronouns.

As has been previously shared with the Commission, roughly a quarter of DHS youth have stated that they have a fear of being at DHS, with the vast majority of these youth - per DHS - identifying as LGBTQ+. However, as noted by DHS and agreed with by the Commission, the current question structure does not allow for a nuanced understanding of why the youth are fearful of engaging with DHS; DHS shared that its data subcommittee is currently reviewing its intake questions and will be updating the language to better capture this information. The Commission further recommends that DHS share more information about the experiences of DHS youth in DHS custody beyond the data received at intake - perhaps through focus groups or recurring conversations throughout the year.

Overall, the agency has committed to ensuring that its work is more transparent and public-facing. In its upcoming FY 2023 Annual Report, DHS notes that the report will feature a new section on its work with the Commission and the ongoing work that the agency does to support LGBTQ youth. While the Commission has yet to see DHS' most recent annual report, it appreciates DHS' commitment from FY 2023 to ensure that more data on LGBTQ youth in DHS programs will be published.

The Commission appreciates the analysis of recidivism rates for its 2018 cohort of youth that was published in August 2023; this data showed that LGBTQ youth had a 27.8% recidivism rate compared to 19.3% for non-LGBTQ youth. At the time, LGBTQ youth made up only 5.2% of DHS' population which, while potentially meaning that the data is somewhat skewed, still suggests some concern about what other

reasons may be leading to such a disparity. In its conclusion of this report, DYS noted that its LGBTQ+ Taskforce is interested in examining how the group's efforts impact LGBTQ youth outcomes in future studies. In these future studies, the Commission recommends that DYS provides more of an intersectional analysis on available data, particularly around race, gender, and region. Finally the Commission recommends that DYS report on its work to address compounded trauma for DYS youth with intersecting identities and the intersections of trauma and recidivism.

**2. Review existing curricula, programming, and supplemental materials to ensure availability of LGBTQ-affirming materials for youth and families.**

The Commission appreciates the opportunity it had to visit one of the DYS facilities in the summer of 2023, and the wide array of services that the agency provides to youth and their families. A large prioritization of DYS is its educational programming and ensuring that the content is inclusive, while still meeting state requirements to ensure that DYS youth receive credit for all the work done to achieve their high school degree. As recommended to DYS throughout the last few years, the Commission encourages DYS to continue to review all of its curriculum being presented both to youth, but also their families, to ensure that LGBTQ affirming-material is appropriately embedded into all areas. DYS shares that it has identified several areas to offer professional development opportunities on LGBTQ-inclusive curriculum guidance, and has been conducting reviews and updates for outdated instructional materials.

Furthermore, the Commission recommends that DYS review supplemental materials, such as brochures provided in the medical areas and books in the libraries, to ensure that LGBTQ-inclusive materials are consistently available. It is the Commission's understanding that DYS' Education and Programming Subcommittees are work to review and update DYS' LGBTQ+ resource list and library resources for all DYS locations. Additionally, LGBTQ positivity and acceptance signage is currently under review for updates to ensure that existing signage remains culturally relevant. DYS also shared that it is in the process of exploring the creation of DYS Regional Equity Affinity Groups for all staff and youth, which would include a Youth GSA that would support youth and family voices in DYS - each of these groups would be supported by DYS trauma response specialists.

Finally, the Commission appreciates the opportunity to collaborate with DYS on its sexual health education curriculum and looks forward to continuing this conversation with the hopes of implementing new materials by the fall of 2024.

**3. Continue to provide mandatory annual professional development opportunities that prioritize intersectionality and center LGBTQ youth and family engagement.**

DYS' has previously noted to the Commission that all DYS staff are engaged in basic LGBTQ cultural awareness trainings at the time of onboarding, and that it includes guidelines on LGBTQ best practices in its annual review trainings with all direct care state and contracted provider employees. In FY 2024, DYS shared with the Commission that a new manager/supervisor training course has begun, and new additional training modules on LGBTQ cultural awareness will be available for all staff in FY 2025. The Commission looks forward to continuing to engage with DYS around these training opportunities, and expresses its interest in attending some of the available trainings in the upcoming fiscal year.

**4. Collaborate with the Commission to establish an LGBTQ parent education curriculum within juvenile diversion programs.**

Part of the work of DHS is to support juvenile diversion, and in 2021, DHS and the OCA launched the Youth Diversion Initiative which works to support positive and equitable youth development. Within these diversion programs, DHS partners with referred youth and their families to reduce the likelihood of future contact with the juvenile justice system. However, in cases where families fail to support the youth's sexual orientation and/or gender identity, this may lead to further strife and increase the likelihood of some youths continued interaction with the juvenile justice system. In FY 2025, DHS and the OCA should partner with the Commission to discuss providing a parent education curriculum that works to uplift, educate, and support parents with LGBTQ youth.

In its FY 2024 updates to the Commission, DHS shared that it has recently added a parent partner position in each of its five regions; these specialists are specifically tasked with providing support to families, which includes providing education, support, and resource sharing. DHS notes that it began a subcommittee to focus on this work which includes members from PPAL, the Mass Youth Diversion Program, and the Office of the Child Advocate; the subcommittee has since begun exploring curriculum options to support LGBTQ parent engagement, and has begun creating brochures to provide information LGBTQ acceptance, and also how to navigate the court system. The Commission appreciates the attention of DHS to this recommendation, and also expresses its interest in joining the collaboration with these agencies on this work in FY 2025.

**5. Improve interagency work to support “warm hand-offs” for transition-aged youth attempting to access services, in partnership with the Department of Children & Families, the Department of Mental Health, and MassHealth.**

As discussed throughout the Commission's FY 2024 annual report, multi-system involved transition-aged youth are often the most marginalized and underserved youth across the Commonwealth. Often, when youth transition between agency systems, such as going from DHS to DCF or vice versa, some youth are experiencing little to no direct handoffs between services. Unfortunately, this means that youth often fall between systemic cracks as agencies fail to collaborate and sometimes can even fail to transfer official custody of a youth between systems, leaving youth and their families without any clear guidance or direction for assistance.

As first discussed in its FY 2024 recommendations, the Commission has even received notice from some DCF social workers that agencies have failed to notify them when their youth have been transferred into DHS custody. This is particularly concerning given that cases being monitored by DCF for abuse and neglect are closed if youth are committed to DHS, and also in cases where DCF has custody and care of the youth, making DHS for the oversight of the youth. Once they leave DHS custody, the Commission understands that the youth are often then returned to their family of origin without any further monitoring by DHS or DCF to assess for safety. The Commission is concerned by this process as it does not believe that DHS is equipped with the tools or structures to investigate for safety, permanency, or wellbeing to reunify and reconcile family systems that have been disrupted.

## DYS – FY 2025

In FY 2023, DYS shared that there are multiple existing points of collaboration between other youth-serving agencies, including with DCF: an expedited medical record request and review process; a Data Utilization Agreement since 2018 to notify agencies of overnight arrests of youth in DCF custody; a 2019 MOU to facilitate data exchange, streamlined notification processes, collaboration between clinical staff, and weekly interagency meetings around individual cases. And with DMH: routine coordination communications around DMH-involved youth; family and youth support with DMH referrals, applications and appeals; cross-agency meetings; behavioral health supports for individual youth in crisis; and an MOU to support referral of DYS youth for behavioral health services through the Intensive Residential Treatment Program.

In its FY 2024 updates, DYS added that it has this year created additional collaborations with DMH, MassHealth, DCF, and other state youth-serving partners with a focus on finding structured and consistent communication systems at the central and regional levels. It has additionally noted that has consistently brought on MaeBright for consultation services around individual cases to advise on clinical and medical support, appropriate placement decisions, and youth engagement. Overall, as shared in other agency recommendations, the Commission advises that DYS provide clear communication with all staff, families, and youth that conveys direct and transparent explanations of interagency processes and policies. Furthermore, the Commission recommends that DYS – as it is doing so with other state agencies – to examine its established contracts to potentially include explicit language around supporting transition-aged youth and accountability to ensuring that youth are receiving appropriate, affirming services.

*Acknowledgments: The Commission appreciates the contributions of its DYS staff liaisons.*

## Additional State Entities

### Executive Office of Public Safety and Security

#### FY 2025 Recommendations

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1. Convene an interagency committee to discuss the needs of LGBTQ young people encountering EOPSS agencies, and explore options for improving data collection, training, and policies.
2. Provide LGBTQ cultural awareness trainings to all EOPSS agency staff and providers.

#### Introduction

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The Executive Office of Public Safety and Security (EOPSS) provides oversight and development for agencies, boards, and commissions in the areas of criminal justice, law enforcement, homeland security, and emergency preparedness and response. These agencies include the Massachusetts State Police, Sex Offender Registry Board, Department of Correction (DOC), and the Municipal Police Training Committee (MPTC). The Commission began issuing recommendations to EOPSS in FY 2018 to address the needs of LGBTQ youth, particularly QTBIPOC youth, who are impacted by these agencies.

As discussed throughout this annual report, there are numerous factors that impact LGBTQ youth to make them more likely to encounter the public safety and criminal legal systems, such as homelessness, financial insecurity, family rejection, and poor school climates. While Massachusetts has accomplished much in improving the experiences of youth in the juvenile justice system overseen by the Department of Youth Services under the Executive Office of Health and Human Services, the Commission has appreciated the opportunity to work more closely with EOPSS agencies in FY 2024 and looks forward to expanding its partnerships in FY 2025.

#### FY 2025 Expanded EOPSS Recommendations

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

The Commission continues to recommend that EOPSS explore the creation of an interagency committee model to better support and coordinate its efforts to be more inclusive and affirming of LGBTQ communities, particularly given that topics like data collection and nondiscrimination policies may not function well in

isolation within the larger EOPSS system. The Commission further recommends that EOPSS continue to explore areas in which its agencies can expand the collection and reporting of data on sexual orientation and gender identity (SOGI) to address disparities facing LGBTQ youth across the multiple systems overseen by EOPSS.

**2. Provide LGBTQ cultural awareness trainings to all EOPSS agency staff and providers.**

For several years, the Commission has been engaged in conversations with EOPSS around providing LGBTQ cultural awareness trainings, and identified MPTC, DOC, the State Police, and the Massachusetts National Guard as key agencies to begin this process with. In FY 2024, the Commission received connections to many of these agencies, and had the opportunity to work with DOC staff to present a train-the-trainer series in fall 2024. The Commission looks forward to continuing to expand upon its training partnerships with EOPSS agencies in FY 2025.

*Acknowledgments: The Commission thanks its EOPSS agency staff liaisons.*

# Executive Office of Housing and Livable Communities

## FY2025 Recommendations

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1. Develop and implement an agency-wide nondiscrimination policy.
2. Develop and execute a plan to canvass shelters across the state and report out on internal policy and practice to support trans and nonbinary clients.
3. Improve interagency collaboration to support LGBTQ youth experiencing homelessness, with particular attention to supporting LGBTQ immigrant youth and youth transitioning out of the child welfare system.
4. Investigate with Continuums of Care and community providers to ensure that youth can travel between CoCs without facing systemic barriers to accessing appropriate housing services.
5. Explore ways to encourage the development and funding of LGBTQ-specific and safe shelters for youth, and alternative ways to address the housing crisis for youth.
6. Provide LGBTQ cultural engagement and racial equity trainings for EOHLC employees and shelter providers.

## Introduction

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The newly-elevated Executive Office of Housing and Livable Communities was established in 2023 (elevating the Department of Housing and Community Development to a secretariat) to create more homes and lower housing costs for Massachusetts residents. Through this work, EOHLC also distributes funding to municipalities, oversees the state-aided public housing portfolio, and operates the state’s Emergency Family Shelter (EA) program. For years, Massachusetts LGBTQ youth and young adults have often named housing access as their number one priority.

2022 Massachusetts Youth Count noted that 30% of unaccompanied youth respondents identified as LGBTQ, and 5.6% identified as transgender, nonbinary, or Two-Spirit. Of these youth, 52.9% reported being in a shelter the night before, 35.1% couch-surfing, and 12% being unsheltered.<sup>1</sup> This data clearly indicates the critical need of LGBTQ-affirming services for youth experiencing homelessness or housing instability in the Commonwealth for shelter spaces and housing services. Additionally, homelessness does not only impact unaccompanied LGBTQ youth, but also youth who are living with their families in unstable or unsheltered situations. Parents who are struggling to navigate homelessness or housing instability may be particularly in need of assistance from state agencies or providers in locating resources for their LGBTQ children.

## Past & Ongoing Work

The Commission has worked with EOHLC (then-DHCD) for many years to address improve LGBTQ-affirming housing and shelter services across the Commonwealth. The Commission understands that EOHLC, like many other state entities, can sometimes be limited in its ability to address all aspects of the



Commission’s recommendations due to state and federal requirements, but appreciates its attention to the areas it can address on its own.

EOHLC has made progress in a few areas since the Commission began issuing recommendations to its agency. In FY 2022, the Commission noted that the Common Housing Application for Massachusetts state-aided public housing and state rental assistance (CHAMP) is inclusive of transgender and nonbinary youth gender markers. EOHLC has previously noted to the Commission that its current data collection is driven by two external forces - the state legislature and the Department of Housing and Urban Development (HUD) requirements. In FY 2022, HUD’s Homeless Management Information System (HMIS) standards were revised to ensure that questions regarding gender were not binary and provided a drop-down list for individuals to choose from; shelters are required to use HMIS. For other programs, EOHLC shares, gender responses are not required and/or nonbinary responses can be provided.

## FY 2025 Expanded EOHLC Recommendations

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### **1. Develop and implement an agency-wide nondiscrimination policy.**

The Commission continues to recommend that EOHLC finalize and implement an agency-wide nondiscrimination policy to incorporate gender identity and LGBTQ-affirming language. In its February 2024 meeting, EOHLC reported that it is currently working on a shorter policy that captures recent HUD guidance which it is hoping to share with the Commission soon.

### **2. Develop and execute a plan to canvass shelters across the state and report out on internal policy and practice to support trans and nonbinary clients.**

Discrimination and safety at shelters for LGBTQ community members - particularly QTBIPOC young people - is a critical issue that Massachusetts has struggled to address for years. While the Commonwealth boasts a number of legal protections around anti-discrimination and access to services, in practice these protections do not prevent many transgender and nonbinary community members from facing discrimination and violence in shelter spaces from staff and other residents. In numerous conversations with LGBTQ community providers across the state, most providers shared that there are very few shelter spaces that provide LGBTQ-affirming support and safety, especially for young people.

While guidance on how to appropriately serve LGBTQ youth clients has previously been distributed to shelters, there remains a gap in knowledge at the state level of what exactly the internal shelter policies and processes are across the state, and the frequency of discrimination against LGBTQ clients. It is clear to the Commission and LGBTQ youth and providers serving this population that there remains a clear issue in the implementation of such guidance and any other policies at the shelter level.

In May 2024, EOHLC noted that it requires shelter grievance procedures to be posted in public areas of the shelter; that those procedures must include the name and contact information for the shelter’s EOHLC contract manager should the constituent be dissatisfied with the shelter’s response; and that EOHLC promptly follows up with shelter providers to facilitate a resolution to issues when they are brought to the attention of EOHLC. EOHLC and the Commission are currently discussing additional information-

sharing channels by which organizations serving LGBTQ homeless youth can notify EOHLC of matters of concern that may not otherwise be reported to EOHLC, as well as methods of anonymous complaint reporting to EOHLC.

The Commission strongly recommends that EOHLC develops and executes a plan in FY 2025 to canvass shelters across the state to learn more about internal policies and process for serving LGBTQ clients, with a particular emphasis on culturally appropriate services for QTBIPOC young people. Additionally, such a plan should include transparent reporting to the public on the outcomes of these conversations and must incorporate intentional community conversations with LGBTQ young people experiencing homelessness and community providers. EOHLC has noted to the Commission that its shelter policy review is underway and that it will coordinate with the Unaccompanied Homeless Youth Commission (UHYC) and others in receiving further feedback and recommendations from community providers and LGBTQ youth experiencing homelessness.

**3. Improve interagency collaboration to support LGBTQ youth experiencing homelessness, with particular attention to supporting LGBTQ immigrant youth and youth transitioning out of the child welfare system.**

As discussed throughout the Commission’s report for the last few years, often many of the systemic issues that young people face when attempting to access state services occur due to a lack of communication between state agencies. While EOHLC has several established relationships throughout the state, particularly with the UHYC, the Commission strongly recommends that the secretariat work to examine its potential programs and relationships with agencies such as DCF, DYS, and ORI to ensure that the needs of youth - particularly transition-aged youth and immigrant youth - are being met. Furthermore, as noted above, hosting or participating with the UHYC in community conversations or listening sessions with community partners in the homelessness space who actively work with LGBTQ young people is essential in ensuring that its state services are reaching among the most underserved youth in the Commonwealth.

**4. Investigate with Continuums of Care and community providers to ensure that youth are able to travel between CoCs without facing systemic barriers to accessing appropriate housing services.**

In its FY 2024 recommendations report, the Commission first highlighted its concerns with an issue that came to its attention in early 2023 around youth transitioning between CoCs who fall down the housing voucher priority list. The Commission appreciates the information that EOHLC has shared in this area over the past year and understands that EOHLC has no jurisdiction over CoCs other than the “Balance of State” CoC that EOHLC oversees. The Commission further understands that a new coordinated care data integration system has been released to CoCs that should resolve this issue. The idea of the new system element is that it should better track and share the information of youth who travel between CoCs. However, in its February 2024 meeting, EOHLC noted that this component is not yet as widely utilized as it should be - though it is growing. As a result, the Commission recommends that EOHLC do outreach to CoCs, community providers, and youth experiencing homelessness to better understand if the issue has been successfully resolved, and if there are any other systemic issues occurring for young people experiencing homelessness.

**5. Explore ways to encourage the development and funding of LGBTQ-specific and safe shelters for youth, and alternative ways to address the housing crisis for youth.**

Massachusetts is in the midst of a severe housing and shelter crisis, but for LGBTQ youth the situation is even more severe due to the distinct lack of youth shelters and beds within existing shelters. The Commission understands that EOHLC is limited in its ability to encourage the development of new shelters and housing projects and is constrained by Federal and State law in establishing LGBTQ-specific shelters, but encourages the agency to explore potential solutions in partnership with external stakeholders and youth. The Commission further understands that EOHLC is constrained by procurement rules from soliciting proposals from specific providers who would then seek funding through a competitive funding round. EOHLC has further noted that other agencies need to be engaged where unaccompanied homeless youth are minors.

In FY 2024, the Commission and EOHLC engaged in numerous conversations with community partners and other agencies, such as UHYC, about youth shelter needs. In the fall of 2023, UHYC noted that it is in the process of creating a two-part document that would include guidance on creating youth shelters, with a particular focus on non-fixed shelter sites and multi-functional spaces. EOHLC also noted that there is currently no dedicated funding source for unaccompanied homeless youth shelter allocated to EOHLC, and that despite recent procurement efforts, EOHLC did not receive responses from shelter providers seeking to expand shelter capacity for unaccompanied homeless youth only. Considering these limitations, EOHLC, CoCs, and UHYC recently collaborated to apply for a HUD Youth Homelessness System Improvement (YHSI) grant to receive assistance in developing strategies that will better serve youth. Overall, the Commission recommends that EOHLC partner with state agencies and community-centered organizations to explore opportunities for improved temporary emergency shelter options for youth.

**6. Provide LGBTQ cultural engagement and racial equity trainings for EOHLC employees and shelter providers.**

Having informed and knowledgeable staff working with homeless or unstably housed LGBTQ youth is essential, particularly with attention to intersections of race, ethnicity, immigration status, and disability. In 2021, EOHLC sponsored an online training by the Commission for shelter program and provider staff. The Commission has appreciated the opportunity to partner with EOHLC on developing a training series for staff that began in May 2024 and will continue through the summer. The Commission further expands its recommendation to highlight the critical need for LGBTQ cultural engagement trainings for shelter providers. The Commission strongly recommends that EOHLC partner with other state agencies and community partners to better understand the existing training plans or efforts being undertaken by shelters across the state.

*Acknowledgments: The Commission thanks the contributions of its EOHLC agency liaisons.*

<sup>1</sup>Laurie Ross, “Massachusetts 2022 Youth Count,” 2022, <https://www.mass.gov/doc/2022-youth-count-report/download>.

# Board of Library Commissioners

## FY 2025 Recommendations

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1. Develop and disseminate a new recommended LGBTQ book list in partnership with the Safe Schools Program for all libraries in Massachusetts.
2. Partner with the Commission and communities to equip Massachusetts librarians with conflict resolution skills, talking points, and protection to handle anti-LGBTQ protests against programs and book challenges.
3. Support libraries with LGBTQ-inclusive programming.
4. Collaborate with the Department of Elementary and Secondary Education to align efforts on addressing book challenges, protests, and hate crimes against state and school libraries and staff.

## Introduction

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The Massachusetts Board of Library Commissioners (MBLC) is the state agency responsible for organizing, developing, coordinating, and improving library services throughout the Commonwealth. Its commissioners and staff work to develop policy and provide local and statewide programming and services for libraries and residents. Libraries are a vital resource for LGBTQ youth, caregivers, and educators for culturally-inclusive books, community programming, and information technology. While the number of LGBTQ youth accessing library services is difficult to capture, libraries often cultivate a wide array of diverse books that center queer joy and belonging.

Libraries provide essential access to knowledge, and often act as a safe haven for LGBTQ youth - whether it be a school or public library - and a place of community. By providing a space where youth can find LGBTQ-themed books or materials, librarians facilitate a learning environment where LGBTQ youth feel affirmed and welcome, and straight, cisgender youth can find literature to better understand LGBTQ history and culture.<sup>1</sup> Programs, like drag queen story hours or Pride celebrations, are increasingly being offered across the state, and can further provide a space for LGBTQ community for youth to feel affirmed.

Additionally, public libraries can also be a key resource for youth experiencing homelessness, as they are open during the day when shelters are often closed and may provide free and accessible programming for underserved populations. For example, the American Library Association (ALA) notes that library programming including computer courses, arts and crafts, and educational workshops on rental assistance and applying for government benefits can be beneficial to people experiencing homelessness.<sup>2</sup> Libraries can also connect youth experiencing homelessness or housing instability with local resources or opportunities through flyer handouts or online.<sup>3</sup>

Over the last several years, school and public libraries have seen a significant rise in censorship challenges against LGBTQ and BIPOC books and materials. In March of 2023, the ALA noted an unparalleled number of reported book challenges in 2022 reached 1,269, with 2,571 unique titles being targeted for censorship; the vast majority of these titles being challenged centered around LGBTQ communities and communities of color, with 90% of the challenges attempts to censor multiple titles at one time.<sup>4</sup> In the ALA’s list of “Top 10 Most Challenged Books of 2022” 7 of the books were challenged due to LGBTQ content, with *Gender Queer* by Maia Kobabe being the most banned book in the U.S.<sup>5</sup> The Commonwealth has seen no exceptions to these challenges, with the ACLU & GLAD releasing a letter in January of 2023 in response to the continued attacks seen by LGBTQ youth, families, and advocates across the state.<sup>6</sup>

## Past & Future Work

The Commission has been pleased to work with MBLC for several years to collaborate on supporting librarians and LGBTQ youth receiving Massachusetts library services. Over the last fiscal year, the Commission has been involved in numerous conversations with MBLC staff and librarians on how best to support libraries seeing an influx of book challenges and protests across the state. The Commission anticipates continuing these conversations in FY 2024 and implementing events and actionable items to help support library communities.

## FY 2025 Expanded MBLC Recommendations

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### **1. Develop and disseminate a new recommended LGBTQ book list in partnership with the Safe Schools Program for all libraries in Massachusetts.**

In 2019, the Commission developed a recommended LGBTQ book list which has since become outdated. As of spring of 2023, the Commission is in the process of developing a new LGBTQ book list with the state library system to be made widely available to educators, parents, librarians, and youth. The Commission hopes to continue to partner with MBLC and librarians across the state to ensure more frequent reviews and updates to the list as more LGBTQ titles are released over the coming years.

With the significant rise in anti-LGBTQ & racist book challenges, the Commission recognizes the importance of ensuring equitable access across the Commonwealth to these titles. Thus, the Commission recommends that MBLC work with libraries, the Massachusetts Library Association, and the Massachusetts Library System to ensure that youth consistently are able to gain access to LGBTQ-inclusive and anti-racist books.

### **2. Partner with the Commission and communities to equip Massachusetts librarians with conflict resolution skills, talking points, and protection to handle anti-LGBTQ protests against programs and book challenges.**

As discussed in above sections, the Commission is actively working with community and agency partners to address the alarming rise in anti-LGBTQ and racist attacks across the Commonwealth in schools and

libraries. Unfortunately, the rise in violent attacks - verbal and physical - has left educators, librarians, and advocates in need of significant support from the state. The Commission strongly recommends that MBLC continue to partner with the Commission to identify ways to equip Massachusetts librarians with conflict resolution skills, talking points, and protection to handle anti-LGBTQ protests against programs and book challenges.

### **3. Support libraries with LGBTQ-inclusive programming.**

Now more than ever, it is essential that youth have visible and safe opportunities to learn more about the LGBTQ community, and for LGBTQ youth to have spaces to connect with other LGBTQ youth in their communities. The Commission recommends that MBLC continue to support libraries across the Commonwealth to hold safe and accessible programs for LGBTQ youth.

### **4. Collaborate with the Department of Elementary and Secondary Education to align efforts on addressing book challenges, protests, and hate crimes against state and school libraries and staff.**

One of the major problems with addressing anti-LGBTQ attacks across the state of Massachusetts is the lack of collaboration between state agencies and community organizations to support ongoing work across institutions. In particular, as both schools and libraries are attacked, collaboration between the Department of Elementary and Secondary Education (DESE), the Massachusetts School Library Association, and MBLC is essential to align on efforts to address book challenges, and support educators and librarians.

*Acknowledgments: The Commission appreciates the contributions of its librarian and MBLC staff liaisons.*

### **Citations**

<sup>1</sup> Yalsa Projects, “‘They Kind of Rely on the Library’: School Librarians Serving LGBT Students,” *The Journal of Research on Libraries and Young Adults* (blog), March 18, 2016, <https://www.yalsa.ala.org/jrly/2016/03/they-kind-of-rely-on-the-library-school-librarians-serving-lgbt-students/>.

<sup>2</sup> American Library Association, “Extending Our Reach: Reducing Homelessness Through Library Engagement,” Text, About ALA, October 8, 2012, <https://www.ala.org/aboutala/offices/extending-our-reach-reducing-homelessness-through-library-engagement-3>.

<sup>3</sup> Boston Public Library, “Resources for Youth Experiencing Housing Insecurity,” accessed April 25, 2023, <https://www.bpl.org/resources-for-youth-experiencing-housing-insecurity>.

<sup>4</sup> American Library Association, “American Library Association Reports Record Number of Demands to Censor Library Books and Materials in 2022,” Text, News and Press Center, March 22, 2023, <https://www.ala.org/news/press-releases/2023/03/record-book-bans-2022>.

<sup>5</sup> American Library Association, “Top 13 Most Challenged Books of 2022,” Text, Advocacy, Legislation & Issues, April 21, 2023, <https://www.ala.org/advocacy/bbooks/frequentlychallengedbooks/top10>.

<sup>6</sup> GLAD and ACLU Massachusetts, “ACLU, GLAD Urge Massachusetts Schools to Reject Calls for Book Bans | ACLU Massachusetts,” January 23, 2023, <https://www.aclum.org/en/news/aclu-glad-urge-massachusetts-schools-reject-calls-book-bans>.

# Committee for Public Counsel Services

## FY 2025 Recommendations

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1. Address expectations for representing LGBTQ clients within the CAFL Performance Standards.
2. Provide consistent and high-quality training on working with LGBTQ clients.
3. Designate one or more point people on LGBTQ issues.
4. Ensure that legal case management systems include a field for chosen names and pronouns, and provide support on collecting sexual orientation, gender identity (SOGI), and other demographics.
5. Investigate and address gaps in service provision for immigrant youth.

## Introduction

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In FY 2024, the Commission was pleased to make its first set of recommendations to the Committee for Public Counsel Services (CPCS) for the Children and Family Law Division (CAFL). This year, the Commission provides information on CPCS' progress towards advancing these recommendations, as well as an additional recommendation to emphasize the needs of LGBTQ immigrant youth in state services.

CAFL represents children and parents in care and protection cases in which the Department of Children and Families (DCF) removes children from their homes in connection with allegations of neglect or abuse. CAFL also represents children and parents in Child Requiring Assistance cases. CAFL lawyers include both private attorneys and CPCS staff members.

LGBTQ youth in foster care routinely face violence, harassment, and discrimination. The Commission has received numerous reports from youth, advocates, and providers about LGBTQ youth who have been abused in congregate care and misgendered and bullied in foster homes.<sup>1</sup> Many LGBTQ youth in foster care also face harassment, discrimination, and unfair disciplinary practices at school.<sup>2</sup> In many cases, their parents and other caregivers don't receive support on how to affirm LGBTQ young people or meet their healthcare needs; and, youth who want a legal name change but age out without one face difficulty in getting identity documents consistent with their name and gender identity - a situation that creates challenges in obtaining employment, engaging in educational programs, accessing services, and pursuing other opportunities.

CAFL lawyers have a critical role to ensure that LGBTQ youth have their rights respected while in foster care and that there is appropriate support for them in reunifying with their families, integrating into a new home, or aging out of the system.



## FY 2025 Expanded CPCS Recommendations

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### **1. Address expectations for representing LGBTQ clients within the CAFL Performance Standards.**

The Commission recommends that CAFL include in its Performance Standards expectations around providing services free from discrimination and bias on the basis of sexual orientation, gender identity, race, and ethnicity. The Commission encourages CAFL to continue to illustrate what such expectations include - for example, using the appropriate names and pronouns for clients, addressing needs such as name and gender marker changes, and engaging in training, continuing legal education programming, and other opportunities to increase cultural competency. In its March 2024 meeting with the Commission, CAFL indicated that they have made strides to make their language more gender-neutral by removing gendered language from their documentation and ensuring that attorneys are checking in with clients around pronouns.

As part of this work, the Commission encourages CAFL to identify how it will evaluate attorney performance in this area and how it will respond when attorneys are not meeting expectations. That should include ensuring youth clients (and their adult allies) have easy access to CAFL's complaint forms or other mechanisms for reporting when attorneys contribute to bias or discrimination in the court system or fail to advocate for LGBTQ young people's needs. In answer to this recommendation, CAFL liaisons shared in March 2024 that the division is in the process of developing a fact sheet that will be distributed to clients on their rights while receiving CAFL services.

The Commission continues to recommend that CAFL needs a strong, transparent, and consistent process for investigating and responding to those complaints, holding attorneys accountable for deficient representation of LGBTQ clients, and taking steps to resolve the unmet needs of LGBTQ clients (e.g. by providing additional support or oversight, or assigning a new lawyer or co-counsel). Such a process could begin by looking at the certification process for private attorneys, and establishing a nondiscrimination clause or code of ethics that all attorneys must adhere to while certified as a CAFL attorney. To assist with better understanding the needs of clients, CAFL has recently created a Client Advisory Board that includes youth members. However, as noted in its spring meeting, the Commission highly recommends expanding the board to include LGBTQ perspectives, with particular attention to ensuring representation of youth with multiple marginalized identities.

### **2. Provide consistent and high-quality training on working with LGBTQ clients.**

The Commission urges CAFL to continue expanding training for both CAFL staff and private attorneys on working with LGBTQ clients. Training opportunities should include both introductory materials on working with LGBTQ communities and specialized training on topics such as name changes, gender-affirming healthcare, advocating for LGBTQ young people in schools, DCF policies and internal resources for LGBTQ individuals, and resources to promote family acceptance. Importantly, there must be a mechanism to require that all CAFL attorneys - whether staff or private - receive regular, up-to-date training on the needs of LGBTQ youth clients. The Commission is particularly concerned that attorneys who have been practicing long enough to have received no LGBTQ content in their initial certification training may not

opt into voluntary LGBTQ trainings and may in fact *never* have received training on working with LGBTQ clients. CAFL noted in its spring 2024 meeting with the Commission that it is currently engaging in internal conversations on whether it can mandate trainings for attorneys that have been practicing for some time. It further shared that it has had the opportunity to provide 4-hour trainings on medical treatment decisions for DCF-involved youth, which included conversations on DCF’s Gender-Affirming Medication Consent Policy, and an additional 6-hour training on gender-affirming care, DCF responsibilities, and how to talk with youth about their identity and provide affirming services. The former two components of the training were recorded and are provided as a resource to CAFL attorneys. Furthermore, CAFL shared that it also frequently provides access to written resources such as manuals and practice advisories which include information on working with LGBTQ youth.

**3. Designate one or more point people on LGBTQ issues.**

Having at least one designated subject-matter expert provides a consistent resource for colleagues to turn to for questions or advice on advocating for LGBTQ clients. Currently, CAFL plans to house this work under the forthcoming TAY unit, but the Commission continues to recommend that a dedicated point person be appointed to work on these recommendations (and beyond). The Commission has seen similar resources - such as DCF’s internal group of LGBTQ “liaisons” and dedicated LGBTQ outreach staff positions - be effective at other agencies. In order for such a resource to be most impactful, the job description of a subject-matter expert should explicitly include this work - for instance, by ensuring a low enough caseload to accommodate consultations with colleagues and participating in internal policy, training, and resource development work. The Commission recommends that CAFL create such a position and ensure that it is filled by someone with expertise in LGBTQ cultural competency. While such a position would ideally be occupied by someone with previous experience representing children or parents, to the extent that funding is not immediately available, the Commission notes that CAFL may be eligible to host a legal fellow with an eye toward creating a permanent role after fellowship funding ends.<sup>3</sup>

**4. Ensure that legal case management systems include a field for chosen names and pronouns, and provide support on collecting sexual orientation, gender identity (SOGI), and other demographics.**

Since last year’s report, CAFL has updated their case system so that attorneys and other staff members can indicate gender identity, pronouns, and chosen name. To avoid unwanted disclosures, this field should also include a mechanism to indicate whether there are spaces in which the client is not comfortable with their pronouns being used - e.g. with DCF staff, their judge, specific service providers, foster parents, or family members. The Commission also recommends that CAFL encourage private attorneys to adopt similar practices within their own law offices, particularly in offices where more than one attorney or other professional may interact with the case file. Finally, the Commission notes the importance of collecting demographic data as part of evaluating the needs of, outcomes for, and service delivery to LGBTQ youth, including the needs of, outcomes for, and service delivery to LGBTQ youth of color and LGBTQ youth with disabilities. The Commission recommends CAFL provide support to attorneys on when and how to collect and report such data. The Commission has worked with a number of other agencies to improve SOGI data collection and is available as a resource to CAFL in designing and implementing data collection policies, procedures, and training that work for both attorneys and clients.

**5. Investigate and address gaps in service provision for immigrant youth.**

The Commission recommends that CPCS strengthen its commitment to ensuring that immigrant youth in receive timely services - including all needed documentation, resources, and support. Far too often, the Commission hears from youth, caregivers, and social workers that children who have emigrated with their parents, only for those parental rights to be terminated and the parent deported, often struggle to receive appropriate services from DCF or advocacy from their legal representation, particularly LGBTQ youth.

*Acknowledgments: The Commission sincerely appreciates the contributions of its CAFL liaisons.*

**Citations**

<sup>1</sup> Hannah Hussey. (2021). *LGBTQ Youth in the Massachusetts Child Welfare System: A Report on Pervasive Threats to Safety, Wellbeing, and Permanency*. Massachusetts Commission on LGBTQ Youth. <https://www.mass.gov/doc/commission-report-on-dcf/download>

<sup>2</sup> *Id.*

<sup>3</sup> For example, the Justice Catalyst fellowship permits government agencies to serve as host organizations for a legal fellow. See <https://catalystfellowships.org/fellowship/jc-fellowship/>

## Department of Career Services – MassHire

### FY 2025 Recommendations

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1. Promote job opportunities to LGBTQ youth.
2. Review SOGIE data collection methods to reflect best practices on LGBTQ-related data and evaluate that data to improve LGBTQ client experiences.
3. Facilitate mandatory LGBTQ cultural awareness and racial equity trainings for all staff.
4. Create and hire a dedicated LGBTQ-specific staff person.

### Introduction

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The MassHire Department of Career Services oversees workforce development activities, which includes providing access to quality education, skills training, and employment opportunities for job seekers. Through its statewide network of 29 [MassHire Career Centers](#) and [17 MassHire Workforce Boards](#), MassHire works to build connections between businesses and job seekers by helping residents and employers with resources, job matching, tax credit programs, and labor market information.

Despite Massachusetts' nondiscrimination protections, LGBTQ youth continue to experience systemic barriers that make obtaining employment more difficult, including discrimination, low wages, and lack of appropriate professional development opportunities. Additionally, as discussed throughout this annual report, LGBTQ youth are more likely to experience housing insecurity or homelessness, unsafe educational environments, lack of proper identification documents (like social security cards with their chosen name), and involvement in the criminal legal system. QTBIPOC youth are more likely to attend unsafe or underserved schools, as well as disproportionate rates of school suspensions and arrests, which put them at a distinct disadvantage when entering the workforce. It is essential to note that QTBIPOC youth face the additional burdens of social stigma and discrimination on the basis of race, ethnicity, and language.<sup>1</sup> Furthermore, QTBIPOC adults have significantly higher rates of unemployment than the national average, suggesting that the obstacles QTBIPOC youth face continue to follow them throughout their lifespans.<sup>2</sup>

### Past & Ongoing Work

Since the Commission has begun working with MassHire, the agency has made commendable progress in a few areas of the Commission's recommendations. In 2021, MassHire updated its intake and data collection procedures to include a nonbinary gender marker, and further allows clients to self-select whether they had registered with the selective service (more colloquially known as the military draft),

which is a federal requirement only for those assigned-male-at-birth. Additionally, the Commission worked with MassHire in 2017 to update and revise its nondiscrimination policy to be LGBTQ-inclusive.

## FY 2025 Expanded MassHire Recommendations

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### **1. Promote job opportunities to LGBTQ youth.**

In the fall of 2023, the Safe Schools Program and Commission staff hosted a panel for LGBTQ youth on being 'out' in the workplace and career readiness. One of the standout questions that staff members received was how they found LGBTQ-inclusive jobs, and whether they had experienced discrimination at work in the last several years.

Overwhelmingly, LGBTQ youth are beginning to make up large factions of the workforce as nearly a quarter of youth identify within the LGBTQ communities. However, dedicated resources to promoting LGBTQ-inclusive job opportunities are scarce, and few companies make clear their dedication to providing a safe and inclusive work environment. As MassHire connects LGBTQ youth to jobs and career resources, it is essential that it keeps in mind the unique fears many LGBTQ youth face in their workplace. One way to improve career services for LGBTQ youth is by planning and creating career fairs specifically targeted toward LGBTQ youth, such as the career fairs offered by the Massachusetts LGBT Chamber of Commerce. The Commission strongly recommends that MassHire work to establish a review system to connect LGBTQ youth with LGBTQ-inclusive workplaces; partnering with community organizations such as the Massachusetts LGBT Chamber of Commerce will likely aid such an endeavor.

### **2. Review data collection methods to reflect best practices on LGBTQ-related data and evaluate that data to improve LGBTQ client experiences.**

The Commission recommends that MassHire review their SOGIE data collection methods to ensure that they reflect current best practices on LGBTQ-related data, and that they continue to evaluate the data already received to adjust services as needed. Furthermore, MassHire should ensure that the complaints system provided by MassHire career centers is inclusive of SOGIE data collection to ensure that clients are not disproportionately facing discrimination in MassHire services.

### **3. Facilitate mandatory LGBTQ cultural awareness and racial equity trainings for all staff.**

For several years, the Commission has engaged in conversations with MassHire on offering trainings on LGBTQ cultural engagement to uplift the unique needs of LGBTQ youth in MassHire services. In FY 2022, MassHire staff participated in a training offered by PFLAG on how to be more inclusive in its service provision. The Commission has offered to partner with MassHire through its agency training curriculum and hopes to set up a series of trainings for all MassHire staff in the coming fiscal year. The Commission additionally recommends that MassHire ensure that racial equity trainings are provided to all staff that highlights the intersectional identities LGBTQ youth often carry with them in the workplace.

**4. Create and hire a dedicated LGBTQ-specific staff person.**

Over the last couple of years, the Commission has been pleased to see a number of state agencies, such as the Department of Children & Families and the Department of Public Health, create LGBTQ-specific staff positions dedicated to ensuring that the needs of LGBTQ youth are being met by the agency. The Commission strongly recommends that MassHire follow this model to create positions dedicated to overseeing the outreach & resource development to LGBTQ youth.

**Citations**

<sup>1</sup> Movement Advancement Project, “Movement Advancement Project | LGBT Workers of Color Are Among the Most Disadvantaged in the U.S. Workforce,” accessed April 25, 2023, <https://www.lgbtmap.org/news/broken-bargain-lgbt-workers-of-color-release>.

<sup>2</sup> Ibid.

# Office of the Child Advocate

## FY 2025 Recommendations

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1. Improve SOGIE data collection practices for the Complaint Line and provide trainings for youth and staff on the Complaint Line process.
2. Visit, investigate, and report on congregate care facilities.
3. Conduct a LGBTQ training audit of youth-serving facilities.
4. Address LGBTQ youth in public affairs work.
5. Ensure meaningful LGBTQ community participation and input in all projects and initiatives.
6. Address the needs of LGBTQ transition-aged youth.
7. Continue to report on available SOGI data and collaborate with child-serving agencies on consistent reporting and intersectional data analysis.
8. Examine needs of LGBTQ youth in residential schools and identify opportunities to collaborate with the Commission's Safe Schools Program.
9. Continue to identify opportunities to address suicidality among LGBTQ youth, including through collaboration with the Commission.

## Introduction

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The Commission first issued recommendations to the OCA in FY 2023, focusing on better understanding the experiences of LGBTQ youth in state systems, as well as better data collection and reporting. Since the summer of FY 2024, the Commission has engaged in regular conversations with the OCA to address the recommendations issued.

As has been shared by the Commission in past reports, sustained and meaningful change for youth in state systems requires multisystem collaboration that is overseen by an active and attentive watchdog agency. Far too often, efforts to hold state systems, particularly the Department of Children & Families, accountable for the experiences of LGBTQ youth who interact with them have largely fallen to the Commission and to nonprofit organizations, none of whom have the authority or capacity to exercise the powers given to the OCA under state law - leaving a significant oversight gap. With these FY 2025 recommendations, the Commission emphasizes the necessity of the OCA to use its authority to the fullest extent to investigate mistreatment of youth by state systems, and to hold these entities and policymakers accountable for the numerous failures of the system to support the safety and well-being of all youth.

## FY 2025 Expanded OCA Recommendations

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### **1. Improve SOGIE data collection practices for the Complaint Line and provide trainings for youth and staff on the Complaint Line process.**

In its November 2023 meeting with the Commission, the OCA noted that collecting demographic data is an issue that is understandably a struggle across the nation, and few resources exist on how to appropriately collect SOGIE information on a complaint line naturally. The Commission and the OCA discussed potential training opportunities for OCA staff, as well as potential statewide ombudsman trainings to provide spaces for staff to practice and brainstorm how to solicit this essential information. The OCA also noted in its October 2023 meeting that it was not actively collecting SOGIE data, however provided an update in May 2024 sharing that it is now encouraging individuals who contact the Complaint Line to self-report demographic information, including sexual orientation and gender identity. The OCA notes that it does not ask callers - if they are not a youth themselves - to report the SOGI information of the child they are calling about in order to limit assumptions and misrepresentations, though it would collect the information if it was shared and considered relevant to the case being reported. However, for the Complaint Line, as well as for other data collection processes, the OCA shared that it will add demographic data about the child who is the subject of the review if that data becomes available through DCF's iFamilyNet or is otherwise reported.

For years, the Commission has heard concerns involving LGBTQ youth interacting with state services on a regular basis, indicating significant systemic issues that require collaboration from all child-serving agencies to address. As previously noted, if the OCA is not receiving similar complaints from LGBTQ youth, families, and community organizations or providers, then the agency must do further work to engage with LGBTQ youth communities and their allies. The Commission's intent with this recommendation is to highlight the broader context of the gaps in information that the OCA is capturing or receiving which can limit its ability to fully address systemic gaps in service provision. As discussed below, the OCA has shared its intent to improve its youth engagement work, beginning with youth in DCF congregate care facilities, to educate youth on their rights and how to use the complaint line. The Commission recommends that this training extend to DCF staff, as well, to ensure that all staff understand the process and rights of youth in their care.

### **2. Visit, investigate, and report on congregate care facilities.**

As initially noted in the OCA's FY 2024 recommendations, the Commission's 2021 report on experiences of DCF-involved LGBTQ youth revealed alarming safety concerns for LGBTQ youth in group homes, particularly Black and transgender youth. Incidents described by informants included one in which a worker asked relatives to beat up a youth at a group home, a young person who attempted suicide after their program director responded poorly during a conversation about using the youth's correct pronouns, a worker dismissively responding to abuse against a boy in a group home by referring to the boy as "such a queen," and exploitation of a transgender girl by other youth in her group home that was so severe that her subsequent caretaker filed a 51A.



Massachusetts law gives the Child Advocate or their designee access to all facilities operated, licensed, and funded by an executive agency.<sup>xi</sup> Massachusetts law also tasks the OCA to “investigate and ensure that the highest quality of services and supports are provided to safeguard the health, safety and well-being of all children receiving services.” In its FY 2023 annual recommendations report, the Commission recommended that OCA play a more active role in providing oversight of congregate care facilities, and in FY 2024 recommended that the OCA implement a plan for visits to congregate care facilities to investigate the policies and practices of each facility. In May and September 2023, the OCA expressed its disagreement with this recommendation and shared that it does not believe that it is statutorily mandated to visit facilities in order to fulfill its statutory obligations. While OCA acknowledges that they do have this authority to visit congregate care facilities, it notes that it reserves this ability for situations that the OCA believes would be appropriate and effective. In its letter of response to the Commission in May 2023, the OCA noted that it does not believe that - given there are over 300 programs - visiting every congregate care program would be an effective use of the OCA’s staff time and resources, and could potentially do more harm than good, particularly given the OCA’s commitment to collaboration with state agencies and external provider organizations.

The OCA further noted that, as EEC is responsible for the licensing of residential programs - and part of this process includes regular visits to congregate care facilities - the OCA operates as a secondary layer of oversight and investigate cases through its complaint line, reviews of Critical Incident Reports, and reviews of substantiated reports of abuse or neglect in out-of-home settings. Any concerns relating to youth in specific programs or facilities is shared with either DCF or EEC, and discussed during an OCA-facilitated interagency group.

To date, the Commission remains unaware of specific steps taken by either the OCA or EEC to make congregate care facilities safer and more affirming for LGBTQ youth. The Commission continues to recommend that the OCA initiates - whether in partnership with DCF and EEC or on its own - investigations into the policies and practices of congregate care facilities. Such investigations should also include compliance with nondiscrimination requirements, LGBTQ cultural competency, and clear intentional engagement with youth to better understand their experiences as highlighted in the FY 2024 recommendations.

The Commission understands that the OCA is in the process of a youth outreach campaign - starting with youth in DCF custody - to educate youth of their rights, to provide information about the OCA Complaint Line, and hear from youth about the challenges they are facing. The Commission appreciates this engagement from the OCA, and further recommends that these trainings include similar conversations for staff on system navigation, available resources, and the formal complaint process.

### **3. Conduct a LGBTQ training audit of youth-serving facilities.**

As referenced in the above recommendation, the Commission recommends that the OCA develop and implement a plan to review whether staff at group homes, residential schools, and other youth-serving facilities are receiving training on LGBTQ cultural engagement and other LGBTQ-related topics. Such reviews should be reported out to the public and include the content covered in the trainings; the OCA

should further work with each of these entities to measure the impact of the trainings. The Commission appreciates the OCA's interest in this recommendation, particularly as it relates to DCF's congregate care trainings. In a January 2024 meeting, the OCA noted that it has been in contact with DCF on its congregate care provider trainings and is working through solutions on how best to understand what trainings are currently ongoing. The Commission looks forward to continuing this conversation with the OCA in FY 2025.

**4. Address LGBTQ youth in public affairs work.**

The Commission continues to recommend that the OCA improve its attention to the inclusion of LGBTQ youth in its public affairs work. While it is understood that the OCA, like many other agencies, has capacity limitations due to staffing and competing priorities, it is critical that an agency representing the well-being of young people is transparent and attentive to the intersectional identities that youth hold. In a time when anti-LGBTQ rhetoric and attacks is at an all-time high, it is essential that any agency looking to build outreach and engagement with LGBTQ youth is making its commitment clear. The Commission further emphasizes that engaging youth in a meaningful way in all OCA initiatives, particularly those involving outreach and training opportunities.

The Commission acknowledges that its own resource website - which the OCA and a number of other organizations, schools, and agencies link to - is currently unavailable to access as the agency works on its own updates to its websites in early FY 2025. As a result, the OCA has helpfully begun to update its own resource page for LGBTQ youth.

**5. Ensure meaningful LGBTQ community participation and input in all projects and initiatives.**

Meaningful and transparent engagement for LGBTQ youth in state projects and initiatives is essential for effective policy and program reform. Far too often, particularly regarding state initiatives, marginalized youth are tokenized or left out entirely. For youth-serving or -representing agencies, it is essential to involve youth in paid opportunities to offer expertise and skills development opportunities on programming, outreach campaigns, policy development, and research input/design. Like it does to many of its state agency partners, the Commission recommends that the OCA proactively improve its connections to LGBTQ community organizations and LGBTQ youth, particularly given the agency's intent to solicit more usage of its Complaint Line and other projects. Without building relationships and trust with LGBTQ youth, it is unlikely that any agency will effectively engage youth in a way that provides real feedback for their initiatives. While the OCA agrees with this recommendation, it has previously noted in past communications with the Commission that it has sought feedback in the past from GLAD, as well as collaborated with the Commission on various projects. However, more proactive relationship-building with LGBTQ youth-serving organizations can only help strengthen the OCA's work.

**6. Address the needs of LGBTQ transition-aged youth.**

The OCA has shared its agreement that a significant amount of work remains to be done for all child-serving agencies to address the disparate needs and experiences of LGBTQ transition-aged youth. For several years, the Commission has identified numerous barriers that LGBTQ young adults transitioning

out of the child welfare system 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. OCA shares that is currently focusing its attention in this area on the Transition Age Youth Housing Support and Stabilization program, which was launched in 2021 with EOHHS. The Commission appreciates the work of this program, particularly its flexibility to meet the specific needs of youth involved; however, in the evaluation work of this program, notes the need to have a more nuanced analysis of the experiences of LGBTQ youth and LGBTQ-specific needs, such as gender-affirming services, with particular attention to LGBTQ youth of color.

Additionally, the Commission understands that the OCA has been working on a new project to address the needs of transition-aged youth and is currently working with EOHHS on the project design and timeline. The Commission looks forward to participating in this pilot program and conversations around the launch in FY 2025.

**7. Continue to report on available SOGI data and collaborate with child-serving agencies on consistent reporting and intersectional data analysis.**

The Commission understands that the OCA faces several limitations, particularly around availability of data from child-serving agencies, in its data analysis and reporting work. As more agencies, including DCF and DYS, continue to improve their SOGI data collection standards and more data becomes available, the Commission advises that the OCA should implement a more intentional approach to intersectional analysis and reporting wherever possible, with the understanding that agencies sometimes may not be able to report this data due to low population sizes and confidentiality needs.

As previously recommended, the Commission advises that the OCA expand its reporting practices to data on LGBTQ youth involved in critical incidents; in response, the OCA has shared with the Commission that it is currently in the process of updating its database to better track and identify patterns and trends to address this issue. In May 2024, the OCA shared that it has recently done a complete overhaul of its database over the past fiscal year and is now collecting much more demographic data and risk factors of the youth who come to its attention. Mirrored after the SOGI data collection categories of DCF, the OCA also added many of the compounding factors the Commission has previously shared to its risk factor list.

Furthermore, the Commission notes the importance of the contributions of the Juvenile Justice Policy and Data Board (JJPAD) and the Childhood Trauma Task Force to the significant gaps in research on youth who are dually-involved in the child welfare and juvenile justice systems. The Commission is aware that neither the OCA nor the JJPAD have the authority to order any state agency to collect data in a particular way, though it does collaborate with relevant agencies and can consistently advise and hold agencies accountable for their data collection practices and failures.

**8. Examine needs of LGBTQ youth in residential schools and identify opportunities to collaborate with the Commission’s Safe Schools Program.**

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, and its interest in addressing this area more concretely. Residential schools are licensed by both DESE and EEC, and, as noted by the Boston Globe in September 2023, there remain complicated issues to address due to systemic gaps and policy failures. In FY 2024, the OCA shared that its interagency meetings with DMH, EOE, EEC, DESE, and DCF typically act as an information sharing session to identify any concerns with specific residential schools or system-wide trends; ensures that agencies understand any concerns; and assists in coordinating responses as necessary.

The Commission recommends that as the OCA continues to work to address systemic gaps in service provision for residential schools that it investigates into the specific experiences of LGBTQ youth in the schools. The Commission further recommends that the OCA publicly reports out on the workings of the interagency group or works with each agency to ensure that the public receives transparent information about the state’s progress to address issues with residential programs.

**9. Continue to identify opportunities to address suicidality among LGBTQ youth, including through collaboration with the Commission.**

As the Commission has noted for many years in its annual recommendations, LGBTQ youth report suicidal ideation at alarming rates.<sup>xix</sup> 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. In its 2020 report on youth suicides in Massachusetts, the agency noted that there is little data available capturing suicidality rates among youth involved in Massachusetts state systems, though national data indicates that youth in state systems are more than three times as likely to commit suicide. With the OCA’s work with JPAD and the Youth Suicide Prevention Task Force through DPH, the Commission looks forward to continuing the conversation about what initiatives are occurring to help address this significant gap in research.

*Acknowledgments: The Commission sincerely thanks the contributions of its OCA liaisons.*

**Citations**

<sup>i</sup> Hannah Hussey. (2021). *LGBTQ Youth in the Massachusetts Child Welfare System: A Report on Pervasive Threats to Safety, Wellbeing, and Permanency*. Massachusetts Commission on LGBTQ Youth. <https://www.mass.gov/doc/commission-report-on-dcf/download>.

<sup>ii</sup> See, e.g., Movement Advancement Project. (2023). *Under Fire: The War on LGBTQ People in America*. [https://www.mapresearch.org/file/Under%20Fire%20report\\_MAP%202023.pdf](https://www.mapresearch.org/file/Under%20Fire%20report_MAP%202023.pdf).

<sup>iii</sup> The Trevor Project, “2022 National Survey on LGBTQ Youth Mental Health Massachusetts,” 2022, <https://www.thetrevorproject.org/wp-content/uploads/2022/12/The-Trevor-Project-2022-National-Survey-on-LGBTQ-Youth-Mental-Health-by-State-Massachusetts.pdf> 2022 National Survey on LGBTQ Youth Mental Health Massachusetts.

<sup>iv</sup> See Stephanie Barry. 2022. “Parents File Federal Lawsuit Against Ludlow School Officials over Gender Identity Protocols.” *MassLive*, April 15, 2022. <https://www.masslive.com/news/2022/04/parents-file-federal-lawsuit-against-ludlow-school-officials-over-gender-identity-protocols.html>; Abby Patkin. 2023. “Stoughton High Senior Leads Growing Movement to Restore Pride Flags in Town Schools.” *Boston.com*, January 11, 2023. <https://www.boston.com/news/schools/2023/01/11/stoughton-high-senior-leads-growing-movement-to-restore-pride-flags-in-town-schools/>; Jessica Bartlett. 2022. “Boston Children’s Faced Months of Death Threats and Hate Mail. Here’s How Staff Members Are Coping.” *Boston Globe*, December 3, 2022. <https://www.bostonglobe.com/2022/12/03/metro/boston-childrens-faced-months-death-threats-hate-mail-heres-how-staff-are-coping/>; Human Rights Foundation. (2022). *Online Harassment, Offline Violence: Unchecked Harassment of Gender-Affirming Care Providers and Children’s Hospitals on Social Media, and Its Offline Violent Consequences*. <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/HRCF-OnlineHarassmentOfflineViolence.pdf>.

<sup>v</sup> See Mass. Gen. Laws Ann. ch. 18C, § 2 (“There shall be an office of the child advocate which shall be independent of any supervision or control by any executive agency”).

<sup>vi</sup> Mass. Gen. Laws ch. 18C, § 5 (“The child advocate shall receive complaints relative to the provision of services to children by an executive agency and shall review and monitor the complaints that reasonably cause him to believe that a child may be in need of assistance and to ensure that the complaint is resolved. If the complaint is not resolved by the relevant executive agency within a reasonable period of time in light of the circumstances, if the resolution is determined to be unsatisfactory to the child advocate, or if the complaint reasonably causes the child advocate to believe that a child may be in need of immediate assistance, the child advocate may conduct an investigation and upon completion of the investigation, the child advocate may provide relevant information in the form of a report to any relevant agencies and request a meeting, if necessary, to review the investigation and accompanying report”).

<sup>vii</sup> Mass. Gen. Laws ch. 18C, § 5.

<sup>viii</sup> *Ibid.*

<sup>ix</sup> Office of the Child Advocate. 2023. *Office of the Child Advocate Annual Report: Fiscal Year 2022*. <https://www.mass.gov/doc/oaca-annual-report-fiscal-year-2022/download>.

<sup>x</sup> *Ibid.*

<sup>xi</sup> Mass. Gen. Laws Ann. ch. 18C, § 6.

<sup>xii</sup> U.S. Administration for Children and Families, Children’s Bureau. *Advancing Equity and Inclusion Through the Child and Family Service Reviews*. <https://www.cfsrportal.acf.hhs.gov/resources/round-4-resources/cfsr-round-4-process/advancing-equity-and-inclusion-through-cfsrs>

<sup>xiii</sup> Alexis Henry and Carter Pratt, “Evaluation of a Housing Stabilization and Support Program for DCF-Involved Youth and Young Adults: FY22 Update,” August 2022, <https://www.mass.gov/doc/a-housing-stabilization-and-support-program-for-young-adults-opting-out-of-dcf-care-interim-evaluation-august-2022-update-on-hssp-pilot/download>.

<sup>xiv</sup> Office of the Child Advocate. 2023. *Office of the Child Advocate Annual Report: Fiscal Year 2022*. <https://www.mass.gov/doc/oaca-annual-report-fiscal-year-2022/download>.

<sup>xv</sup> *Ibid.*

<sup>xvi</sup> 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>.

<sup>xvii</sup> Data on file with the Commission.

<sup>xviii</sup> Juvenile Justice Policy and Data Board. (2023). *Massachusetts Juvenile Justice System: 2022 JJPAD Annual Report*. <https://www.mass.gov/doc/jjpad-2022-annual-report/download>

<sup>xix</sup> Massachusetts Commission on Lesbian, Gay, Bisexual, Transgender, Queer & Questioning Youth. (2022). *Report and Recommendations for Fiscal Year 2023*. <https://www.mass.gov/doc/mclgbtqy-annual-recommendations-fy-2023/download>

## Appendix A: Glossary of Terms

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**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/aromantic/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.

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

**Cisnormativity:** Cisnormativity refers to the societal assumption that gender identity and assigned sex at birth align for the majority of people, and that cisgender identities are the norm or default. Cisnormativity reinforces the gender binary and traditional gender roles, with the assumption that individuals are either male or female based on their assigned sex at birth. Cisnormativity operates through various forms of discrimination, including but not limited to, exclusion from social and political power, lack of legal protections, and limited access to healthcare.

**Cissexism:** Cissexism refers to the systemic and individual practices that privilege and center cisgender individuals and experiences, while marginalizing and devaluing transgender and gender non-conforming individuals. Cissexism operates through various forms of discrimination, including but not limited to, exclusion from social and political power, lack of legal protections, and limited access to healthcare. Cissexism reinforces gender binary norms, assumptions, and expectations, and contributes to the perpetuation of transphobia and discrimination against transgender and gender non-conforming individuals.

**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.

**Deadnaming:** Deadnaming refers to the act of referring to a transgender individual by their former or birth name, rather than their chosen name that reflects their gender identity. Deadnaming is a form of disrespect and invalidation of an individual's gender identity and can be emotionally harmful.

**Demisexual:** an individual experiences sexual attraction only after forming a strong emotional connection with someone

**First-generation youth:** a youth born outside of the United States to parents neither of whom was a U.S. citizen

**Foreign-born youth:** a group of youth including naturalized U.S. citizens, lawful permanent residents, refugees, asylees, legal nonimmigrants (holders of temporary visas), and those who are undocumented

**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 diverse:** Gender diverse refers to the wide range of gender identities and expressions that exist beyond the binary categories of male and female. It includes individuals who identify as non-binary, genderqueer, genderfluid, as well as those who identify as transgender or cisgender. Gender diverse individuals may express their gender in a variety of ways, and their experiences may be shaped by intersecting identities, such as race, ethnicity, class, and disability.

**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 expansive:** Gender expansive refers to a wide range of gender identities and expressions beyond the binary categories of male and female. Gender expansive individuals may identify as non-binary, genderqueer, genderfluid, or any other gender identity outside of the binary. It can also refer to individuals who express their gender in a non-conforming way, such as through clothing, hairstyles, or mannerisms that are not traditionally associated with their gender.

**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.

**Heteronormativity:** Heteronormativity refers to the societal assumption that heterosexuality is the norm or default sexual orientation, and that relationships and identities outside of heterosexuality are abnormal or deviant. Heteronormativity reinforces the gender binary and traditional gender roles, with the assumption that men are attracted to women and vice versa. It is a system of beliefs and practices that privileges and centers heterosexual individuals and experiences while marginalizing and excluding non-heterosexual identities and relationships.

**Heterosexism:** Heterosexism is a systemic and individual set of beliefs, attitudes, and practices that privilege and normalize heterosexual relationships, while marginalizing and stigmatizing non- heterosexual identities and relationships. Heterosexism reinforces the notion that heterosexuality is the norm and ideal, and that other sexual orientations are deviant, abnormal, or inferior. Heterosexism operates through various forms of discrimination, including but not limited to, exclusion from social and political power, lack of legal protections, and limited access to healthcare.

**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.

**Misgendering:** Misgendering is the act of using language that does not accurately reflect an individual's gender identity. This can include using incorrect pronouns, titles, or descriptors that do not align with an individual's gender identity.

**Neopronouns:** non-traditional pronouns that individuals may use to refer to themselves or others, particular those who do not feel comfortable using gendered pronouns like he/him or she/her. Neopronouns can include words like they/them, ze/hir, and xe/xem, as well as other custom-made pronouns



**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 identity or expression

**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

**Reproductive health:** a health focus on the provision of healthcare services, health facilities, research, and a person's relationship with their provider

**Reproductive justice:** a contemporary and political approach in activism using a human rights framework to draw attention to and resist laws, public, and corporate policies based on racial, gender, and class oppression, noting that people have the right to have safe and healthy autonomy over their own body

**Reproductive rights:** the centering and protections of a person's legal rights to reproductive health care, including the right to an abortion, birth control, affordable healthcare, prenatal and pregnancy care, and sexual health education

**Second-generation youth:** youth born in the United States with at least one first-generation parent

**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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