

**The Commonwealth of  
Massachusetts  
Commission on Gay, Lesbian, Bisexual,  
and Transgender Youth**

Annual Recommendations  
to the Great and General Court  
and Executive Agencies  
FY2013



Arthur Lipkin, Chair  
Edward Byrne, Vice Chair

## **Letter from the Chair**

The Massachusetts Commission on GLBT Youth is established by law as an independent agency of the Commonwealth to recommend and advocate to all branches of state government effective policies, programs, and resources for GLBT youth to thrive.

The persistent health risk behavior disparities between GLBT youth and straight youth and, within the GLBT cohort, between youth of color and white youth must drive every state agency to do better, even in lean budget years.

We include in this document annual recommendations for four agencies: Department of Children and Families, Department of Elementary and Secondary Education, Department of Public Health, and Department of Youth Services. Our goal is to maintain a collegial on-going dialogue with each so as to improve the services of all agencies to all the GLBT youth they serve.

We are confident that our recommendations are reasonable and achievable if we work hard together to promote the well being of GLBT youth in schools, communities, and families.

At DPH, a longstanding partnership with the commission continues to thrive. We are grateful to DPH for maintenance funding for the programs it sponsors and for its commitment to stand by our youth. Rigorous program evaluation and refocusing are still a work-in-progress. We also thank DPH for providing vital administrative support to the commission.

At DESE, a recently renewed relationship with the commission is better than ever. We have partnered on two fledgling initiatives: trainings for school personnel on bias-based bullying and the formation of a statewide GSA Network. However, DESE's fiscal support for our recommendations (e.g., implementation of the anti-bullying law) has yet to materialize. These initiatives have depended on modest commission funding. No education program or campaign can succeed without DESE funds. We look forward to a more realistic FY13 DESE budget.

We are dismayed that DCF has yet to furnish us an inventory, promised a year ago, of services provided to GLBT youth in its many programs. However, the recommendations herein should serve as a reminder that working together on reasonable goals is what we seek. We are natural allies. The trainings and guidelines that we recommend need not be invented from scratch. They have either been implemented in MA before or excellent models provided by other states can serve us well.

Our recommendations to DYS regard a basic level of policy revision and program tailoring to meet the sexuality and gender identity-related needs of a youth population already greatly at risk. Again, the models provided by other states and national organizations can prompt our beginning this work in MA.

Lastly, once again, we urge the legislature to pass the Transgender Equal Rights Bill, which will extend protections to youth in schools and communities. They remain among our most vulnerable youth.

As in the past, the challenges we face – both budgetary and institutional -- can be overcome. All it takes is determination and hard work.

Sincerely,  
Arthur Lipkin, Ed.D.  
Chair, Massachusetts Commission on GLBT Youth

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## I. HISTORY AND STRUCTURE OF THE COMMISSION

The General Court created the Massachusetts Commission on Gay, Lesbian, Bisexual and Transgender Youth in 2006 (Act of Jul. 1, 2006, Ch. 139 §4, codified in Mass. Gen. Laws Ch. 3 §67). Up to 50 commissioners may be appointed, representing twelve Public Education, Public Health and GLBT organizations, and fourteen state regions. The Commission's leadership includes a Chair who appoints an Executive Committee which meets monthly. All members meet quarterly as a full body and monthly in functional teams.

## II. MISSION

The Massachusetts Commission on GLBT Youth is established by law as an independent agency of the Commonwealth to recommend and advocate to all branches of state government effective policies, programs, and resources for GLBT youth to thrive.

## III. VISION

A Commonwealth where all GLBT Youth thrive.

## IV. OUR VALUES

- We **value diversity and inclusion** in our membership; we value all voices in pursuit of our mission, especially the critical voices of youth.
- We are guided by the principles of **social justice**, and honor the multiple and intersecting components of individuals' identities.
- We act with a **deep respect** for one another, for our communities, for those we serve, and for those with whom we collaborate.
- We strive to **achieve measurable improvements** in the quality of life for GLBT youth in Massachusetts and beyond.

## V. KEY STRATEGIC ISSUES

Overarching key strategic issues:

- Reduce health disparities for GLBT youth

- Build support for GLBT youth of color within communities of color
- Build capacity and visibility for the Commission's work

Current key strategic issues:

- Implementation of the anti-bullying bill
- Secure funding for GLBT youth programs in state budget
- Pass An Act Relative to Transgender Equal Rights H502/S764

## **VI. INTRODUCTION**

The Commission's goal is to improve the health and safety of youth and students who are gay, lesbian, bisexual or transgender. The Commission is committed to the elimination of disparities in access to services and in service outcomes for GLBT populations in all life arenas, including health, education, social services, housing, and jobs. Information from providers serving the GLBT populations, from youth themselves, and from surveillance data indicate that GLBT are a vulnerable population, and that transgender youth and youth of color are particularly vulnerable (Consolacion, Russell, and Sue, 2004; Garofalo, DeLeon, Osmer, Doll, and Harper, 2006; Gutierrez, 2004; Harper, Jernewall, and Zea, 2004; McCready, 2004; O'Donnell, O'Donnell, Wardlaw, and Stueve, 2004).

The Commission has developed a set of recommendations for the Department of Children and Families (DCF), Department of Elementary and Secondary Education (DESE), Department of Public Health (DPH) and the Department of Youth Services (DYS) with the intent of making Massachusetts state agencies aware of and responsive to the needs of GLBT youth populations. The Commission will also consult with agencies to assist in the implementation of these recommendations, and monitor and report on progress.

## **VII. DEFINING TERMS AND TARGET POPULATIONS**

### Gay, Lesbian, Bisexual and Transgender (GLBT) Youth

The acronym GLBT is intended to represent all sexual minority and transgender/gender non-conforming youth.

### Sexual Minority Youth

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

### Transgender and Gender Nonconforming Youth

Transgender is an umbrella term that includes youth who transition (or aspire to transition) from one gender to another, and/or gender non-conforming youth—defined as youth who defy social expectations of how they should look, act, or identify based on the gender associated with their birth sex. This includes a range of people, including: male-to-female (MTF) or female-to-male (FTM) transgender/transsexual youth, as well as youth whose *gender identity* (how they identify their own gender) or *expression* (how they express their gender identity) differ from conventional expectations of masculinity or femininity (MTPC, 2007).

When discussing gay, lesbian, bisexual or transgender (GLBT) youth as a population, it is important to recognize that young people, particularly young people of color, may not fit or define themselves according to “commonsense” or prevailing definitions of gay, lesbian, bisexual or transgender (Silenzio 2003, 867-871). When using the signifier GLB, the Commission is referring to more than sexual identity or behavior per se, as youth, particularly those who are more vulnerable due to poverty, neglect, abuse, cognitive, emotional or physical disability or chronic illness may not have a fully developed sexual identity. These youth may not use the terms gay, lesbian or bisexual to identify themselves or their sexuality though they may be engaging in same-sex sexual or romantic relationships. Questioning youth are also included in the GLBT definition.

Defining and measuring GLB youth populations can be difficult with most instruments relying on sexual identity, sexual orientation, sexual behavior, or a combination of the three. (Robin, Brener, Donahue, Hack and Goodenow 2002, 349-355) (Austin, Conron, Patel, and Freedner 2007, 55-65) While the Commission urges the continued use of the term “GLBT”, it recognizes that this term should not be read to suggest only youth/students *identifying* as GLBT, but *also include youth/students who would be*

*represented by broader measures* such as orientation, same-sex sexual behavior, or transgressive gender presentation.

We believe that a broader understanding of these terms takes into account the complexity of sexual and gender identity development and allows for more culturally specific descriptions of populations than a reliance on identity alone. (Rosario, Schrimshaw, and Hunter 2008; Rosario, Schrimshaw, and Hunter 2004; Harper, Jernewall, and Zea 2004).

### Terms and Definitions Regarding Priority Populations

While there are documented health disparities and other forms of bias and discrimination associated with GLBT youth populations in general, the Commission recognizes within-group differences that necessitate targeted attention to specific sub-groups within GLBT youth populations. GLB youth of color and transgender/gender non-conforming youth, who may or may not be youth of color, are at disproportionate risk of experiencing violence and negative health outcomes, yet face additional barriers engaging with state agencies and accessing culturally-competent services. Thus, GLB youth of color and all transgender/gender non-conforming youth are considered priority populations by the Commission.

### Youth/Students of Color

The Commission defines youth of color broadly, to include those groups that have specific and longstanding relationships with systems of racialized or ethnic-based oppression, exploitation, and/or marginalization in the United States. Included in this population are both youth of color (e.g. non-white youth) as well as white-Hispanic youth and/or youth from other minority ethnic or cultural backgrounds that position them for experiences of racist or classist oppression.

### Transgender/Gender Non-conforming Youth

*Refer to the previous section for the Commission's definitions of "transgender" and "gender non-conformity"*

The Commission recommends the consistent use of as broad a definition of transgender as practicable. Gender norms are complexly influenced by broader cultural norms and those cultural norms affect self perception and perception by others. Additionally, transgender is a relatively new and rapidly evolving term, with no set standards for social science measurements and survey instruments. Because of these factors, we recommend the

inclusion of both identity (e.g. identifying or self-labeling as transgender, transsexual, MTF, FTM, genderqueer, or gender non-conforming) as well as behavioral measures (gender presentation and/or expression) when accounting for and/or addressing the needs of this population. Such an inclusive definition is, for instance, needed to ensure that professionals interact with these youth in an appropriate manner and provide appropriate care.

## **COMMISSION RECOMMENDATIONS**

### **VIII. Department of Children and Families (DCF)**

The Department of Children and Families (DCF) provides an intricate network of services that support the healthy development of children and youth in the Commonwealth. However, gaps within the DCF system have prevented GLBT youth from receiving appropriate services. Several years ago DCF was successful in providing a one time training for DCF staff and providers, starting an internal GLBT liaisons staff group, and in partnership with the Home for Little Wanderers, developing one of the first group homes in the country dedicated to creating a safe space for GLBT youth living in at-risk circumstances. We also commend DCF for including a GLBT module in their mandatory foster and adoptive parent MAPP trainings. However, there are still numerous gaps in services for these vulnerable youth.

The coming out process itself can cause emotional stress to the family and the child, which can end in the child leaving home, entering the foster care system or becoming homeless. Nationally there are over 500,000 youth in the foster care system and an estimated five to ten percent identify as gay, lesbian, bisexual or transgender (*Foster Care Statistics, 2009*; Marksamer, 2006). Approximately 50 percent of GLBT youth reported receiving negative reactions once they come out and 26 percent were physically kicked out (Ray, 2006). A recent study of high school students in Massachusetts confirms the national statistics: 25 percent of gay and lesbian students reported themselves as homeless (Corliss, 2011). The lack of skills and knowledge in identifying youth who are GLBT, a limited number of GLBT-friendly out-of-home placements, and the lack of appropriate research and data collected by the child welfare system has created a service gap.

## **Overview of Commission Recommendations to DCF**

**Recommendation 1:** GLBT specific trainings for workers and providers

**Recommendation 2:** Development of GLBT specific practice guidelines

**Recommendation 3:** Provide continued support to the DCF GLBT liaisons group

**Recommendation 4:** Encourage members of GLBT community to become foster parents

## **Expanded DCF Recommendations**

### **Recommendation 1: GLBT specific trainings for workers and providers**

When a child enters the system, it is important that intake counselors and social workers are able to identify his or her needs before placement. Workers are often not capable of identifying a youth's gender identity or sexual orientation. Many believe that it is not possible for a child to even identify as gay or lesbian at a young age (Mallon, 1999). This misconception can lead many youth who do identify as GLBT to be placed in homes that might not be properly responsive to their identity. Additionally, because coming out can be a delicate process for GLBT youth, it is important that social workers understand the appropriate language to use. Because many gay and lesbian youth hide their identity out of fear, they develop a heightened ability to read nuances or cues that carry messages of disapproval, discomfort, or a lack of acceptance (Mallon, 1999). Therefore it is important for social workers to develop skills, appropriate language, knowledge and authenticity that will enable them to provide youth with appropriate services.

In 2004, 42 optional trainings were provided to DCF staff, including intake and social workers, family resource coordinators, volunteers and management (Ray, 2006). The trainings taught DCF staff and volunteers about the impact of GLBT stigmatization, ways to work with GLBT youth and how to address homophobia and transphobia. Additionally, participants worked with the trainers to develop action plans with attainable goals and were provided a list of resources for GLBT services (Ray, 2006). Out of this initiative, 91 percent of DCF staff that took the training felt that it was

helpful in giving referrals to specific services for this youth population (Ray, 2006).

A reimplementaion of this all-agency training strategy would build capacities around GLBT issues in child welfare. The training should be supported with DCF's own resources or with the help of Federal or private grants. Given the Department's recent restructuring, high level of staff turnover, and the changing landscape for GLBT youth, such trainings are necessary for creating and maintaining culturally responsive services. This training, which should include a panel of LGBT speakers, could help providers, including foster parents, to adopt standards that lead to healthy youth development and prevent placement disruption for GLBT youth. Since the funding for the agency-wide training program has stopped, it is urgent that the Department commit to continuing the program with other funds.

The Commission would like to know how many DCF personnel and providers are being trained per year. We would also like assurance that culturally sensitive treatment of clients' gender identity and expression are included in the trainings. We would like assurance that these trainings and institutes are having a measurable and lasting impact in the regions where they are taking place.

### **Recommendation 2: Development of GLBT specific practice guidelines**

Developing and implementing GLBT specific practice guidelines related to non-discrimination, appropriate placement decisions, resources and referrals would offer a cultural standard and support staff in the utilization of DCF-recognized best practices for this population.

The Commission suggests looking to the policy developed by The New York City Administration for Children's Services (ACS) as a resource in the development of GLBT specific practices and standards. ACS developed a new policy in 2011 to promote a safe and respectful environment for LGBTQ youth and their families involved in the child welfare system (Mattingly, 2011). This policy aims to achieve its goals in the area of protective services, preventive services, and foster care, through the training of staff, appropriate placement of LGBT youth, assessment and counseling, readily available LGBT literature, and the use of appropriate language (Mattingly, 2011). The ACS policy works in tandem with New York State's PCFS Policy and Procedure Manual from 2008 (Carrion, 2008), and is being

implemented across ACS as well as nonprofit providers who work with the agency.

**Recommendation 3: Provide continued support to the DCF GLBT liaisons group**

The Commission applauds DCF's support for the GLBT liaisons group. We would like know how often the GLBT liaisons group is meeting, what resources are being made available, and what areas of focus the group deems most important to address the needs of GLBT clients. In order to increase the effectiveness of the GLBT liaisons group, it is recommended that the leadership of the Department (including DCF Commissioner) meet semi-annually together with leaders of the GLBT liaisons group and key members of the Massachusetts Commission on GLBT youth who have expertise in child welfare. Increasing communication between these three groups would provide a forum for collaboration that would help address the systemic challenges faced by the GLBT liaisons group, and identify external resources to meet these needs.

**Recommendation 4: Encourage members of GLBT community to become foster parents**

To ensure safe and affirming space for GLBT youth, DCF should actively recruit and train foster parents from the GLBT community. In conjunction with the GLBT Community Center, the New York City Administration for Children's Services has implemented this strategy through their GLBT Foster Care Project. This model could be utilized in partnership with various GLBT youth serving organizations and the MCGLBTY.

Additionally, MCGLBTY recommends DCF implement a screening process for potential and existing foster parents that identify families that would be open and affirming for GLBT youth and prevent placements in families that would be less likely to challenge homophobia/transphobia.

**IX. The Department of Elementary and Secondary Education (DESE)**

The Commission is very pleased with DESE's close collaboration with us on a number of important initiatives in the FY11:

- *Safe Schools*. Providing space and support at DESE for the commission's consultant on Safe Schools for GLBT Students.

- *Bullying Guidance.* DESE's guidance to schools on parental notification about bullying incidents based on actual or perceived sexual orientation or gender identity/expression.
- *Bias-Based Bullying Forums.* Two regional trainings for district and school leaders in Fitchburg and Tyngsboro on the topic of Bias-Based Bullying.
- *Consequences & Prevention.* As required by the anti-bullying law, these forums incorporated research findings on bullying, including information about specific categories of students who have been shown to be particularly at risk for bullying in the school environment (e.g. students with disabilities, homeless students, GLBT students). University researchers and school practitioners discussed the effects of such bullying and strategies for prevention.
- *YRBS Data.* Presentation of updated data to include 2009 and 2011 YRBS.
- *GSA Network.* A new statewide Gay/Straight Alliance Network and GSA Student Leadership Summer Camp to train student leaders to improve school climate for all targeted groups. (Support for GSAs was one of the original recommendations of the Board of Education in 1993.)
- *Researchers Roundtable on GLBT Student Health and Welfare.* Researchers Roundtable with the Fenway Institute, at which twenty research scholars, including one from DESE, shared the latest research to help the commission and DESE and DPH reduce health risks for GLBT youth.

We hope those collaborations will continue and lead to further opportunities to work together successfully.

### **Overview of Commission Recommendations to DESE**

**Recommendation 1:** Eliminate educational barriers based on race and ethnicity.

**Recommendation 2:** Address transgender and gender non-conforming student needs.

**Recommendation 3:** Expand surveillance data on GLBT Youth.

**Recommendation 4:** Expand the scope of programs beyond focus on suicide and violence.

**Recommendation 5:** Expand the scope of programs to include elementary and middle schools.

**Recommendation 6:** Support Safe Schools Program for GLBT Students.

**Recommendation 7:** Amend “access to equal opportunity” regulations

**Recommendation 8:** Include sexual orientation in curriculum frameworks

**Recommendation 9:** Include sexual orientation in teacher licensure standards

### **Expanded DESE Recommendations**

#### **Recommendation 1: Eliminate barriers based on race and ethnicity**

The Commission is encouraged by DESE’s continuing support of and use of the APA’s “Healthy Lesbian, Gay, Bisexual and Questioning Youth” training program and Summer Institute. We applaud the expansion of the one-day training to a comprehensive two-day training with an enhanced skills building component.

We would like to know how many schools and personnel are being trained per year and the demographics (e.g., communities of color). We would also like assurance that gender identity and expression are included in the trainings. We would like assurance that these trainings and institutes are having a measurable and lasting impact in the school districts where they are taking place.

If this program is effective in reducing GLBT students’ health risks, we ask that DESE expand it to more schools – with ESE’s own resources or with the help of Federal or private grants. Now that the CDC funding for the national APA program has stopped, it is urgent that the Commonwealth commit to continuing the program with other funds.

The Commission would like to know what the status of the PREP grant on teen pregnancy is. The YRBS indicates that GLB students are more likely to be pregnant or cause a pregnancy than their straight peers.

The Commission recommends that the DESE continue its inclusion of sexual orientation in its equity work within Career/Vocational Technical Education. We urge the renewal of the grant that supports CVTE in addressing homophobia and gender non-conformity in students’ career choices and in promoting a positive school climate.

## **Recommendation 2: Assess and address the needs of transgender and gender non-conforming students**

The Commission recommends special attention to transgender and gender non-conforming students in all of its bullying prevention efforts.

The Commission recommends that DESE issue an official guidance and model policy for K-12 schools to meet the needs of this population, including guidance from the DESE legal office regarding changes of names and gender-markers on official school records and regarding bathroom use, locker rooms, school uniforms, etc.

## **Recommendation 3: Expand surveillance data on GLBT Youth**

The Commission thanks the department for providing and presenting 2009 and 2011 YRBS data to us on June 15, 2011 and for providing data to outside researchers.

Building on the promise of the June 16, 2011 Researchers Roundtable, the Commission invites DESE to join the new Consortium for Research on GLBT Youth, a joint project of the Commission and the Fenway Institute Population Center.

The Commission commends the work of DESE, in conjunction with DPH, on the Gender Measures Project Advisory Group. We are pleased that the counting of transgender and gender nonconforming students began via the 2010 School Health Profiles Questionnaire. We would like to see a report on the results of this survey and the proposed principals' interviews/focus groups, as well as DESE's plans for programmatic responses to the needs of this population of students.

Insofar as the department grants the scientific limits of the School Health Profiles Questionnaire and in light of the CDC's announced intention to provide gender identity questions for inclusion in the 2013 YRBS, we strongly urge the department to incorporate those items in the MYRBS 2013. We have long advocated for the inclusion of this variable in direct student surveys.

Lastly, the Commission requests copies of DESE's Special Report on Sexual Minority Youth in Massachusetts, begun in April 2010.

**Recommendation 4: Expanding the scope of programs beyond focus on suicide and violence**

As noted in Recommendation 1, the Commission urges the department to find the resources needed for expanding the impact of the APA's Healthy Lesbian, Gay, Bisexual and Questioning Youth Program and other such programs to address such issues as substance use and safe sex practices.

Address proven protective factors: phys. ed., nutrition, service learning, leadership development programs (e.g., SAC), and family literacy.

Include after-school programs.

Include youth in Adult Basic Ed Programs (e.g. GED).

**Recommendation 5: Expanding the scope of programs to include elementary and middle schools**

The Commission requests that the department intentionally reach out to middle and elementary school staff to participate in APA trainings, the Sexuality Education Summer Institute, and Safe Schools for GLBT Students Programs.

The Commission recommends that DESE provide technical assistance and professional development on sexual orientation, gender identity/expression, and bias-based bullying at the elementary and middle school levels.

The Commission requests a report on the number of and contact information for existing GSAs in middle schools.

The commission recommends resources be included on the DESE website, regarding model policies and programs for elementary and secondary schools related to issues of sexual orientation and gender identity.

**Recommendation 6: Safe Schools Program for GLBT Students**

The Commission is very grateful to DESE for providing space and support for our consultant on Safe Schools for GLBT Students. His welcome integration into the department is invaluable for our cooperative efforts.

With its FY12 budget line, the commission looks forward to continuing this arrangement.

The Commission urges DESE to secure funding in FY13 for further support of the Safe Schools Program for GLBT Students.

The commission applauds DESE's Office for Career/Vocational Technical Education for providing technical assistance and professional development to give schools tools to support students to make career decisions that are not limited by gender, sexual orientation or perceived sexual orientation. We urge the department to continue this valuable initiative.

**Recommendation 7: Amend access to equal opportunity regulations**

The Commission asks that gender identity and expression be covered under Access to Equal Opportunity regulations, 603 C.M.R. 26.00 et. seq.

**Recommendation 8: Include sexual orientation, gender identity and expression in curriculum frameworks**

The Commission commends DESE for its intentions to include LGBT concerns in its Comprehensive Health Curriculum Frameworks. We would like to see a similar resolve regarding Frameworks in other curriculum areas, particularly Social Studies and English Language Arts. Despite the commission's consistent recommendations, the revised ELA Framework of March 2011 shows no evidence of inclusion of sexual orientation or gender identity in its standards of cultural diversity. (See California's recently enacted SB 48 for an example of comprehensive inclusion of marginalized groups in social studies curricula.)

**Recommendation 9: Include sexual orientation, gender identity and expression in teacher licensure standards**

The Commission commends DESE for taking our concerns into account in preparation of revised draft standards and performance indicators for principal and superintendent licensure. Understanding that they were to be brought to DESE for consideration in early 2011, we would like to see them.

## **X. The Department of Public Health (DPH)**

The Department of Public Health (DPH) is the major provider of services dedicated to youth who are GLBT and also hosts the administrative office for the Massachusetts Commission on GLBT Youth. The Commission applauds the extraordinary effort DPH has made during the ongoing fiscal crisis to preserve the infrastructure for GLBT youth programming and to support the work of the Commission.

The Commonwealth of Massachusetts was among the first states to analyze statewide health and risk behavior assessments on sexual-minority youth via the biennial Youth Risk Behavior Survey (YRBS), which is primarily responsible for monitoring youth behaviors that contribute to mortality and morbidity (Centers for Disease Control and Prevention, 2011). According to a presentation provided by Carol Goodenow, Director of the Coordinated School Health Programs in the Massachusetts Department of Elementary and Secondary Education, YRBS results from 1995 through 2009 document several health disparities experienced by sexual-minority youth when compared with other youth in the state (Goodenow, 2011). For example, nearly four times as many sexual-minority youth report daily cigarette smoking when compared with other youth in 2009 (16.2% vs. 4.2%, respectively).<sup>iii</sup> Additionally, when compared with other youth, four times as many sexual-minority youth have attempted suicide in the past 12 months that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (8.4% vs. 2.0%). Since 1995, these trends, along with other risk behaviors, like alcohol use, illicit drug use, and being in a physical fight, have consistently been more prevalent among sexual-minority youth in the state of Massachusetts when compared with their counterparts. These health disparities highlight a critical demand for the development and implementation of prevention programs and treatment services that target the sexual-minority and gender non-conforming youth populations, especially youth of color.

### **Overview of Commission Recommendations to DPH**

**Recommendation 1:** Continue and enhance data collection on GLBT youth

**Recommendation 2:** Ensure that evidence-based, culturally tailored strategies are being designed, adapted, and implemented to reduce health disparities among GLB youth of color and all transgender youth

**Recommendation 3:** Assess the prevalence and nature of GLBT youth homelessness and fund GLBT youth homelessness prevention research

**Recommendation 4:** Ensure that DPH and provider staff is trained on GLBT youth cultural competency

**Recommendation 5:** Include GLBT youth populations in the mission and purview of the Office of Health Equity

**Recommendation 6:** Provide continued support to the Massachusetts Commission on GLBT Youth's Mandate

### **Expanded DPH Recommendations**

#### **Recommendation 1: Continue and enhance data collection on GLBT youth**

Massachusetts has measured sexual-minority youth health outcomes and risk behaviors via the Youth Risk Behavior Survey (YRBS) since 1993. We applaud Massachusetts for this and support its continued engagement in measuring sexual minority youth via multiple questions, including identity and behavior. Despite the wealth of statewide knowledge on sexual-minority youth, virtually no data is regularly collected on transgender or gender non-conforming youth in the state. We encourage DPH to support and advocate for the inclusion of a question about gender identity on all statewide health-related surveys, including the YRBS and Youth Health Survey (YHS). Systematic measurement is necessary to assess the number of transgender or gender non-conforming youth in the Commonwealth, and will provide vital information about associated risk behaviors and health outcomes.

In addition to regularly monitoring the health and risk behaviors of GLBT youth, we recommend that all state-funded grants and programs begin measuring these populations as part of their mandatory requirements. We recommend that via take-in forms, consent forms, surveys, and focus groups, all grants and programs include questions on participants' sexual orientation, gender identity, and preferred pronouns, if applicable. Similar to the recommendations from the Institute of Medicine's recent report, The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding (Institute of Medicine, 2011), we recommend it be standard operating procedure for applicants to propose a specific number of sexual- and gender-minority participants for their program's targeted enrollment, in addition to sex, race/ethnicity, age and other demographics of

their participants. Once funded, all grants and programs should also be obliged to report these numbers on continuation and final reports. This would institutionalize the practice of collecting data on these vulnerable populations and systematically increase the knowledge about the health and risk behaviors of GLBT youth in the state and the effectiveness of programs for these populations.

**Recommendation 2: Ensure that evidence-based, culturally tailored strategies are being designed, adapted, and implemented to reduce health disparities among GLB youth of color and all transgender youth**

In Massachusetts, sexual-minority youth bear a disproportionate burden on a number of negative health outcomes and risks, including mental health issues, cigarette smoking, as well as alcohol and other substance use. Nationally representative and state-level data on transgender youth is virtually nonexistent; however, small studies have documented heightened risk factors for transgender youth as well (Garofalo, Deleon, Osmer, Doll, & Harper, 2006) (McGuire, Anderson, Toomey, Russell, 2006).

In an effort to prevent and/or address the myriad of negative health outcomes and risks associated with GLBT youth populations it is necessary that *evidence-based* programs and services be designed, adapted, and implemented. These programs and services should be structured and provided in a culturally appropriate manner, and target GLBT youth populations, particularly GLB youth of color and all transgender youth.

We recommend that DPH fund and evaluate intervention studies targeting GLBT youth and monitor specific health outcomes, including risk behaviors. In order to capture accurate data on all GLBT youth in the Commonwealth, these intervention studies should be focused in schools, families, and community centers that serve GLBT populations.

The Commission is eager to collaborate with DPH in identifying priority populations for service delivery and to discuss programmatic principles and desired outcomes that can be used as guidelines for current and future intervention programs.

### **Recommendation 3: Assess the prevalence and nature of GLBT homelessness and fund GLBT homelessness prevention research**

Homelessness disproportionately affects sexual-minority youth. In Massachusetts, 33.4% of homeless youth identified as GLB or were unsure of their sexual orientation (Corliss, 2011). In addition, homeless sexual-minority youth are at greater risk than their homeless heterosexual counterparts for negative health outcomes and risk behaviors, including mental health issues (Cochran, Stewart, Ginzler, Cauce, 2002) (Van Leeuwen et al., 2006) (Gangamma, Slesnick, Toviessi, Serovich, 2008) and engagement in risky sexual behavior, like survival sex (Marshall, Friedman, Stall, Thompson, 2009) (Kipke et al., 2007).

The Commission recommends that DPH include measures for sexual identity/behavior and gender-identity/expression on surveys assessing youth homelessness in Massachusetts, to gain more knowledge about the prevalence and nature of GLBT homelessness. Despite the lack of interventions developed for homeless GLBT youth, it is critical for DPH to create and fund innovative strategies and programs to prevent and address homelessness among GLBT populations.

The Commission commends DPH for their work with external stakeholders and encourages continued collaboration to gain a better understanding of GLBT youth homelessness. DPH is also encouraged to collaborate with other state agencies charged with addressing homelessness.

### **Recommendation 4: Ensure that staff is trained on GLBT youth cultural competency and aware of GLBT-specific healthcare needs**

Many health professionals either lack training or are insufficiently trained to provide culturally competent care to GLBT youth. A recent study reports that as many as 70% of physicians do not discuss sexual orientation with their adolescent patients due to factors such as a lack of knowledge about the treatment needs of GLBT youth and fear of offending their patients (Institute of Medicine, 2009) (Lena, Wiebe, Ingram, Jabbour, 2002) In a more recent study, physicians reported that they would not address sexual orientation even if their patient was depressed or had attempted suicide (Kitts, 2010).

DPH's Division of Primary Care and Health Access undoubtedly provides care to GLBT youth. To ensure that culturally-competent care is being

administered and that issues of sexual orientation and gender identity are discussed, we recommend that all employees, including physicians, nurses, and receptionists, be required to attend GLBT cultural competence training. We also recommend that hospital staff, school health center nurses, and all other health care providers under the purview of DPH become familiar with the Guidelines for Care of Lesbian, Gay, Bisexual and Transgender Patients, published by the Gay and Lesbian Medical Association (Gay and Lesbian Medical Association, 2006), and the Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health, published by the American College of Physicians (Goldhammer, Mayer, Potter, Makadon, 2007). Both of these publications outline practical guidelines and sample questions to providing confidential, compassionate, and culturally competent healthcare to GLBT patients. The former also provides recommended provider-patient questions and sample GLBT-sensitive intake forms.

The Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health also discusses health disparities and best practices as they relate to GLBT populations. This type of information is crucial for comprehensive and appropriate provision of healthcare services for transgender and sexual minority populations.

**Recommendation 5: Include GLBT youth populations in the mission and under the purview of the Office of Health Equity**

The Commission commends DPH and the Office of Health Equity (OHE) for their attention to the needs of racial and ethnic minorities in the Commonwealth and strongly recommends that GLBT populations be explicitly included under the purview of OHE.

The Commission feels the mission, goals and actions of the OHE are undermined by a lack of targeted attention to GLBT youth who are also members of racial and ethnic minority groups.

Additionally, the disparities in health and behavioral risks between GLB populations and their heterosexual counterparts is well documented, and a growing body of research on transgender health indicates that similar disparities are likely to exist among this population. Moreover, GLBT populations are continuing to emerge. In 1993, 3.3% of high school males and 4.3% of females were sexual minorities. In 2009, these percentages grew: 6.3% of males and 12.5% of females were sexual minorities. As

with other racial and ethnic minority groups who experience poorer health status, improving the health of all these populations is critical to the future health of Massachusetts as a whole. Including GLBT in the purview of this office is thus appropriate and necessary in achieving OHE's goal of improving the health of minority populations in Massachusetts.

We recommend that the Office of Health Equity explicitly include GLBT populations into its mission statement. The new mission statement could read as such: "The Massachusetts Office of Health Equity promotes the health and well being of racial, ethnic, linguistic, sexual, and gender minority populations throughout the Commonwealth by increasing the Department of Public Health's capacity to respond effectively to the critical public health needs of these communities." This revision would assist in institutionalizing the need for public health practitioners and researchers to target these populations for risk prevention and health promotion activities, therefore hopefully reducing the health disparities between GLBT populations and their non-GLBT counterparts.

#### **Recommendation 6: Provide continued support to the Massachusetts Commission on GLBT Youth**

The Commission is a volunteer body, with representation from diverse communities. It functions as a public health advocacy body for GLBT youth, with a focus on improving public policy and securing quality services for GLBT populations. Basic administrative support is necessary to enable the Commission to meet and perform its legislative mandate. It is thus requested that DPH: (1) provide dedicated funding for the Commission in the FY13 state budget, to cover administrative expenses and training for Commission members; and (2) cover costs of Commission meetings, including but not limited to security, rental costs, preparation and delivery of meeting-related materials, travel costs for Commission members who request assistance, expenses related to set-up and logistics of mandatory meetings, and software subscriptions to allow for ongoing communications among Commissioners.

#### **XI. The Department of Youth Services (DYS)**

The Department of Youth Services detains and rehabilitates youth involved with the juvenile justice system. The agency accomplishes its mission of promoting positive change in the lives of youth through various intervention

methods. DYS services include community programs (29) and detention facilities (57) that range from high security locked facilities to staff secured group homes. DYS has made a marked improvement in its focus on detention reform during Commissioner Tewksbury's tenure, through providing detention alternatives and diversion programs and increased community involvement.

Based on the risk factors outlined by the Office of Juvenile Justice Detention Prevention, gay, lesbian, bisexual and transgender (GLBT) youth are at a heightened risk of becoming involved with the juvenile justice system (Shader, 2003). According to the Journal of Pediatrics, lesbian, gay, and bisexual youth are 40% more likely than other teens to be punished by school authorities, police and the courts (Annie E. Casey Foundation, 2011). On average, GLB and questioning youth spend more time in the juvenile justice system than their non-GLBT counterparts, and are more likely to be targeted by police and be detained (Majd et al., 2009). Nationally, GLBT youth are twice as likely to be detained for non-violent crimes (e.g. prostitution, running away and probation violations and comprise 15% of the national detention population) (Irvine, 2010). Harassment and victimization experienced by GLBT youth can increase their risk (Whitbeck, Chen, Hoyt, Tyler, Johnson, 2004). The time is ripe for DYS to develop a comprehensive policy to address the needs of GLBT youth.

### **Overview of Commission Recommendations to DYS**

**Recommendation 1:** Provide GLBT cultural competency resources for staff and encourage staff to create safe spaces for GLBT youth

**Recommendation 2:** Ensure safety, privacy, and medical care for transgender and gender-nonconforming youth

**Recommendation 3:** Provide access to GLBT resources for youth and families

**Recommendation 4:** Expand anti-discrimination policy to include gender identity and expression

**Recommendation 6:** Ensure that current policies and practices around romantic or affectionate behavior are gender neutral (i.e. staff response and consequences are the same for same-sex and heterosexual behavior)

## **Expanded DYS Recommendations**

### **Recommendation 1: Provide GLBT cultural competency resources and encourage staff to create safe spaces for GLBT youth**

GLBT youth who enter detention facilities across the U.S. face emotional, sexual and physical abuse from other youth and even facility staff (Majd, et al., 2009). Approximately 80% of detained youth in a survey by the National Center for Lesbian Rights reported their own safety to be threatened (Majd, et al., 2009). On a national level, youth who identify as GLBT are 9 times as likely to be sexually victimized by youth or staff in facilities as heterosexual youth (Center for Children's Law and Policy, 2010). Appropriate education for detention staff about how to address the needs of GLBT youth and ameliorate homophobic and transphobic environments can reduce sexual victimization.

To ensure that GLBT youth feel safe and receive services appropriate for their rehabilitation, we recommend that DYS promote cultural competency and accountability for staff to create safe spaces for GLBT youth. Specifically, we recommend that DYS:

- **Collaborate with nonprofits to provide staff training**
- **Adopt a manual or handbook with clear expectations for staff**
- **Formalize the grievance and reporting policy for GLBT youth in care**

For guidance on this recommendation, we look to other jurisdictions. The State of New York has the first comprehensive policy in the nation that considers the challenges that GLBT youth face while in the juvenile justice system. The New York State Office of Children and Family Services (OCFS) policy is intended to “maintain and promote a safe environment for lesbian, gay, bisexual, transgender, and questioning (GLBTQ) youth in OCFS operated residential and after-care programs” (Carrion, 2008). The Policy and Procedure Manual include provision for staff trainings.

### **Recommendation 2: Ensure safety, privacy, and medical care for all youth, particularly youth who are transgender or gender non-conforming**

Transgender youth face unique obstacles in sex-segregated facilities throughout their experiences in detention. Often, facilities will automatically place transgender youth according to their birth sex (Majd et al., 2009). This policy raises a number of issues for transgender youth; for example, some transgender youth's gender identity and expression may conform to those associated with the gender opposite of their birth sex. Placement by sex at birth would therefore place undue burden on the youth who is transgender and potentially impact the other youth at the facility. We recommend that DYS facilities make individualized determinations on a case-by-case basis to provide transgender youth with facilities that match their gender identity or offer transgender youth the option of living in a single room. There are also other challenges. To promote the safety and well being of trans and gender-nonconforming youth, we recommend that DYS:

- **Provide appropriate health and mental health care for transgender and gender non-conforming youth**
- **Use a youth's pronoun and name preferences**
- **Provide grooming and gender presentation options appropriate to a youth's gender identity**
- **Establish committees for case-by-case decisions regarding youth privacy and safety**

The following link is to New York's ACS guidelines when working with GLBT youth and protocols for working with GLBT youth (Mattingly, 2011). The guidelines address youth placement, trainings for staff members, mental health assessments and counseling, uniforms, personal grooming, language and pronoun/name usage and the availability of culturally specific resources. <http://www.lgbtconsortium.com/2011/08/new-yorks-administration-for-childrens-services-releases-policies-for-lgbtq-youth/> □ □

We commend DYS for its involvement with the Sidney Borum Center in Boston, and urge the Department to expand this type of collaboration throughout the state.

### **Recommendation 3: Provide access to GLBT resources for youth and families**

The Youth Advocacy Department is the juvenile justice arm of the Committee for Public Counsel Services in Massachusetts, the state public

defender. In addition to legal representation and advocacy, YAD provides social services, and Community Notebooks available online, to provide information to youth and their families about programs and services ranging from after school programs to youth groups, from legal services to teen parenting services, as well as employment and leadership programs. Available at: <http://www.youthadvocacydepartment.org/outreach/outreach-communitynotebooks.html>.

We recommend that DYS work with YAD and collaborate with nonprofits to make GLBT- specific resources available in the Community Notebooks, and to distribute Community Notebooks to youth in care. Such resources should include housing and support services, legal resources, education and employment resources, etc. A list may be found on the following web page:

- MA Commission on GLBT Youth resources page - <http://www.mass.gov/cgly/youth.htm>

#### **Recommendation 5: Expand anti-discrimination policy to include gender identity and expression**

We commend the Department of Youth Services for its current anti-discrimination policy and sexual harassment policy, each of which includes sexual orientation as a protected class. We recommend the Department continue in its efforts to prevent discrimination against GLBT youth. We urge the Department to include additional language in its policies to protect transgender and gender non-conforming youth. The Commission points to Executive Order no. 526 issued by Governor Deval Patrick in February prohibiting discrimination against transgender state employees for the proper language to add to the current statement: “on the basis of gender identity and expression.”

#### **Recommendation 6: Ensure that current policies and practices around romantic or affectionate behavior are gender neutral (i.e. staff responses and consequences are the same for same-sex and heterosexual behavior)**

The Commission also suggests that DYS policies around sexual behavior specify that same-sex activity is not *in and of itself* prohibited behavior among youth in care. According to a study by the Equity Project and National Center for Lesbian Rights:

staff tends to overreact to developmentally appropriate displays of affection, such as hugging or handholding, between girls in particular. The American Civil Liberties Union and Human Rights Watch also documented that staff singled out lesbian youth for expressing affection toward others in a 2008 report about girls in New York juvenile justice facilities. This report found that staff members punished girls whom they perceived to be lesbians for writing letters or blowing kisses at other girls because this was seen as “lesbian behavior” (Majd et al., 2009).

The model policy recommended by the Equity Project would include the following language: "Employees of [facility] shall not prohibit or discourage communication or interaction between youth of the same sex that is not also prohibited or discouraged between youth of different sexes. Expressions of romantic or emotional attraction between youth of the same sex that do not include sexual activity are not prohibited and shall not result in punishment." Id. at 160. We recommend language similar to the above to employee policy 1.05.06(a), Client Sexual Misconduct.

*[[http://www.mass.gov/Eeohhs2/docs/dys/policies/010506a\\_client\\_sex\\_misconduct%20word.doc](http://www.mass.gov/Eeohhs2/docs/dys/policies/010506a_client_sex_misconduct%20word.doc)]*

Massachusetts is uniquely positioned to be a leader in promoting social justice within the juvenile justice system. By building on existing culturally responsive DYS policies and adopting a comprehensive GLBT policy for the juvenile justice system, we can ensure that all youth, regardless of sexual orientation and/or gender expression and identity, receive equitable access to services and feel safe while in care. Through incorporating policies that support GLBT youth and that encompass all facets of the juvenile justice system, educating decision makers and providing access to services, we can create a system that provides security and appropriate rehabilitation for GLBT youth.

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