

# Equality and Equity

## Advancing the LGBT Community in Massachusetts

A Special Report of Boston Indicators and The Fenway Institute  
Supported by The Equality Fund at The Boston Foundation



## ABOUT BOSTON INDICATORS

Boston Indicators is a research center at the Boston Foundation that seeks a thriving Greater Boston for *all* residents across *all* neighborhoods. We do this by analyzing key indicators of well-being and by researching promising ideas for making our city more prosperous, equitable and just. To ensure that our work informs active efforts to improve our city, we work in deep partnership with community groups, civic leaders and Boston's civic data community to produce special reports and host public convenings.

## ABOUT THE FENWAY INSTITUTE

The Fenway Institute works to make life healthier for LGBT people, people living with HIV/AIDS, and the larger community. We do this through research and evaluation, education and training, and policy analysis. We are the research division of Fenway Health, a federally qualified health center that serves 32,000 patients each year. One of Fenway Health's original focus areas was gay men's sexual health, and Fenway has been a leader in HIV prevention, care, and research since the 1980s. Since then it has expanded its work on lesbian and bisexual women's health and on transgender health. Today half of Fenway's patients are LGBT, about 2,200 are living with HIV, and about 3,000 are transgender.

## A SPECIAL THANKS

Thanks first to the Equality Fund at the Boston Foundation, for supporting this research. The Equality Fund was created in 2012 to make high-impact grants to nonprofits serving the diverse members of the LGBTQ community and build a permanent endowment to benefit the LGBTQ community of Greater Boston. In particular, we would like to thank the Equality Fund Advisory Committee and Committee Co-Chairs Catherine D'Amato and Scott E. Squillace, Esq. for providing vision, advice and guidance for this report.

We would also like to thank the several dozen leaders and community members throughout the LGBT community who made important contributions to the development of this report. We spoke with several dozen leaders and community members throughout the LGBT community made important contributions to the development of this report. We spoke with partners from across the LGBT community and many who work in support of the LGBT population about the assets, challenges and opportunities facing this community today. We want to express our deep appreciation to everyone who participated in this process for their insights and for the spirit of generosity with which they were shared. We are also grateful to our partners in state government, especially in the Massachusetts Department of Public Health, who generously analyzed and shared data and expertise with us.

For more information about all those who assisted us in developing this project, please see the Acknowledgments section of this report.

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**BOSTON INDICATORS**  
MEASURING WHAT WE VALUE

 THE FENWAY INSTITUTE

**The Equality Fund**  
At The Boston Foundation

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Please note that we use the term LGBT, meaning “lesbian, gay, bisexual and transgender,” throughout this report. Some data sources we cite use different terms that refer to similar and overlapping populations. Many surveys report on lesbian, gay and bisexual (LGB) people, or same-sex couple households, but not on transgender people. Sometimes surveys that ask questions about gender identity or transgender status do not have a large enough sample size for analysis. At various points, we refer to LGBT people, LGB people and same-sex couple households to defer to the terms used by the studies, reports and surveys themselves. For more information on the terminology used in this report, please see the Glossary in Appendix 2.

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# Introduction

This report comes at a critical moment for the LGBT community in Massachusetts. We in the Commonwealth have a long track record of securing legislative victories, establishing innovative programming, and building sustainable institutions in support of LGBT people. Even so, there is much unfinished work related to the state's growing LGBT population, and rising threats, both federal and local, to the health and safety of many LGBT people.

With this in mind, Boston Indicators and The Fenway Institute set out to leverage increasingly LGBT-inclusive public data, findings from existing research and key insights from interviews and listening sessions in a first-of-its-kind report on the local LGBT community in Massachusetts. The insights generously shared in those listening sessions and interviews, by a diverse set of people from across the LGBT community, have informed and guided our research. Our efforts were also nurtured by conversations with and the work of the Boston Foundation, whose commitment to the LGBT community stretches back decades. In particular, we worked in close partnership with the Boston Foundation's Equality Fund, which was established in 2012 to support nonprofits serving the diverse members of the LGBTQ<sup>1</sup> community.

The Equality Fund's prior outreach to leaders in the LGBT community surfaced many challenges and opportunities. In this report, we build on those findings to provide a demographic snapshot of Massachusetts' LGBT population, an outline of obstacles faced by particular groups within the LGBT community, and examples of ways we can support those groups. In doing so, we hope this research is a platform for further discussion on the LGBT community's future and the collective action we can take to sustain, and accelerate, progress.

At the outset of this report, we feel it is critical to provide some context about the presented data. Much of the available data on LGBT people is from public health surveys and research projects that focus on health concerns and risk. We tried to balance this data—by definition focused on deficit or vulnerability—with information about community-based innovative programming, services for LGBT people and pro-LGBT public policies, which we believe reflect the resiliency, strength and vision of the LGBT community in Massachusetts. Also, for reasons described in the Methodology section (Appendix 1), some surveys only provide information about lesbian, gay or bisexual people, or about same-sex couples. Whenever possible we provide data on transgender people. Unfortunately, this is not always available.

## KEY FINDINGS

- As a share of its total population, Massachusetts has the second largest LGBT population of any state (5 percent).
- Almost 16 percent of 18- to 24-year-olds identify as lesbian, gay, bisexual or something else.
- Almost half (48 percent) of Massachusetts' LGB youth have considered attempting suicide. Some 11 percent of non-LGB youth have considered attempting suicide.
- A large share of LGBTQ youth of color in Greater Boston are unemployed (32.7 percent), unstably housed (15.5 percent) and food insecure (30.9 percent).
- Almost two-thirds (65 percent) of Massachusetts' transgender people report experiencing discrimination in public spaces in the past year. And 17 percent of transgender people were living in poverty in 2015, compared to 11.5 percent of the general population.
- Almost one-third (32.9 percent) of LGBT adults aged 50 to 75 have been diagnosed with depression at some point in their lives.

## From Stonewall to Today: A Story of Progress, Strength and Resilience in the Commonwealth

In 1969, a police raid of the Stonewall Inn, a bar in New York City that welcomed LGBT people, prompted physical resistance from the bar's patrons. The riots that ensued helped inspire a new era of LGBT activism nationwide, one in which Massachusetts has played a prominent role. Demonstrating tremendous strength and resiliency, our local LGBT community has achieved much progress in the face of a deeply unjust legal system, a severe HIV/AIDS epidemic and countless acts of daily discrimination.

The 1970s and 1980s were periods of great activity for the LGBT community in Massachusetts. A Boston chapter of the Mattachine Society existed during the 1960s, and in late 1969 and 1970 a number of new groups were formed: a chapter of the Daughters of Bilitis, the Homophile Union of Boston and the Student Homophile League.<sup>2</sup> In June 1971 Boston was one of the first cities in the U.S. to organize a gay and lesbian liberation march (New York had held the Christopher Street Liberation Day parade in June 1970 to commemorate the Stonewall riots). This eventually became LGBT Pride.<sup>3</sup> Several important community organizations were formed in the 1970s and 1980s, including Fenway Community Health Center (1971), Gay Community News (1973), Gay and Lesbian Advocates and Defenders (1978), the Boston Alliance of Gay and Lesbian Youth (1980), the AIDS Action Committee (1983), the Bisexual Resource Center (1985), the Multicultural AIDS Coalition (1989), and political organizations.

In 1989, after at least a 17 year long struggle, the Massachusetts state legislature passed a sexual orientation nondiscrimination law covering

employment, housing and public accommodations, making Massachusetts only the second state in the nation to do so.<sup>4</sup> Since then, we have developed strong social services and policy initiatives for the LGBT population generally, and for youth and older adults:

- In 1992, we became the first and only state to establish a Governor's Commission on Gay and Lesbian Youth. Also in 1992, we became the first state to establish a Safe Schools Program for Gay and Lesbian Students.
- In 1993, the Massachusetts State Legislature passed a Gay and Lesbian Student Rights Law.<sup>5</sup>
- In 2003, we became the first state in the country to legalize same-sex marriage.<sup>6</sup> Over the following five years, LGBT activists and allies fought to defend the 2003 Massachusetts Supreme Judicial Court ruling against attacks by local and national religious right organizations and elected officials.
- In 2004, we were the first state to use Older Americans Act funding (Title III c) to support LGBT-focused congregate meal programs, thanks to advocacy by the LGBT Aging Project, founded in 2001.
- In 2012, the Commonwealth's Executive Office of Elder Affairs was the first to designate LGBT elders as a population of greatest social need under the Older Americans Act.<sup>7</sup>
- In 2014, the Massachusetts State Legislature created the first and only statewide Special Legislative Commission on LGBT Aging.<sup>8</sup>



## In June 1971 Boston was one of the first cities in the U.S. to organize a gay and lesbian liberation march.

- Massachusetts has also been home to some of the first openly LGBT politicians at both the state and federal levels. For example, in 1974, State Representative Elaine Noble became the first openly lesbian or gay candidate elected to a state legislature in the country.<sup>9</sup>

In addition to advancing policies and services, Massachusetts has led the nation in collecting data to better understand and address disparities affecting LGBT people:

- Massachusetts was among the first states to ask sexual orientation questions on the Youth Risk Behavior Survey (YRBS), starting with a sexual behavior question in 1993, and adding a sexual orientation identity question in 1995.<sup>10</sup>
- In 2013, Massachusetts became the first state to ask a transgender status question on its YRBS. In 2017, the state added a gender expression question.<sup>11</sup>
- The Massachusetts Behavioral Risk Factor Surveillance System (BRFSS) has asked about sexual orientation since 2001 and transgender status since 2007.<sup>12</sup>

While our overall record of progress is laudable, we lag behind other states in supporting the transgender community. In 2011, Massachusetts passed a gender identity nondiscrimination law, following the example of 15 other states.<sup>13</sup> Oregon,<sup>14</sup> Washington<sup>15</sup> and California<sup>16</sup> offer nonbinary gender markers on state licensed identification documents. In 2011 California passed a law requiring that LGBT history be taught in schools.<sup>17</sup> Massachusetts Governor William Weld's Commission on Gay and Lesbian

Youth recommended inclusion of gay and lesbian people in curricula in 1993.<sup>18</sup> Just as we were going to press with this report, in April 2018, Massachusetts state government finally approved optional LGBT-inclusive curricula for the first time.<sup>19</sup>

Nationwide, significant progress has been made in ensuring equality for LGBT people. Still, 28 states do not have nondiscrimination laws that protect people on the basis of sexual orientation and gender identity.<sup>20</sup> Worse, many states are considering and passing laws that authorize health care providers to discriminate against LGBT people based on religious or moral objection.<sup>21</sup> Even in Massachusetts, an upcoming veto referendum in November 2018 seeks to overturn a law signed in 2016 prohibiting discrimination in public accommodations on the basis of gender identity.<sup>22</sup>

Originally a liberation movement, the LGBT movement has focused in recent years on achieving legal equality. We have achieved this in Massachusetts, but not under many aspects of federal policy. And even local advances are under threat. Many of the challenges facing the LGBT community are equity issues—health disparities, disproportionate violence and discrimination, overrepresentation in the juvenile justice and foster care systems, and socioeconomic inequality. It is our hope that in describing work to advance affirming and culturally competent services and strengthen resiliency for all LGBT people, we begin to articulate a vision of equity for our community.



**M**assachusetts is the second “gayest” state in the country. According to the Gallup Daily Tracking Survey, 5 percent of Massachusetts’ total population identifies as lesbian, gay, bisexual or transgender (LGBT), second only to Vermont (5.8 percent).<sup>23</sup>

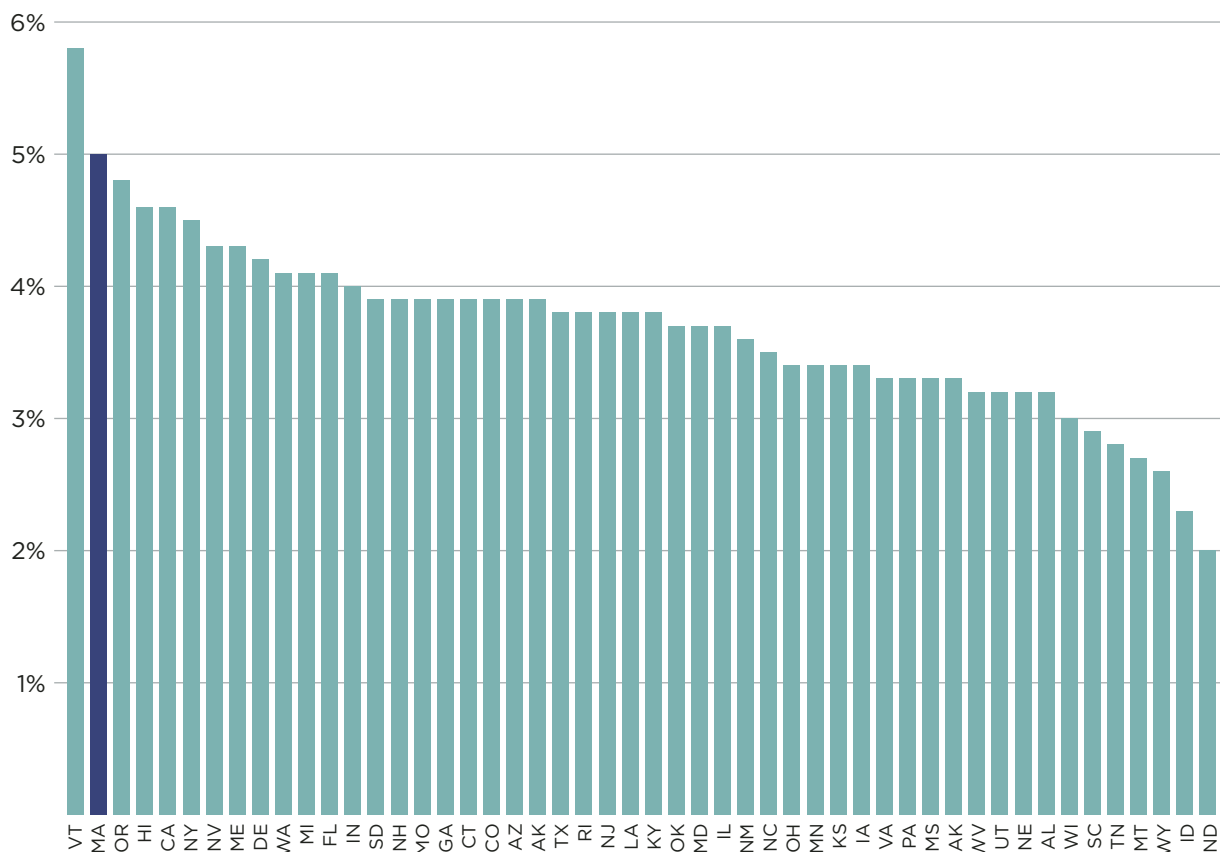
It is, however, likely that 5 percent is a low estimate for the share of Massachusetts’ total population that identifies as LGBT. While we need to rely on national surveys for 50-state comparisons like the one above, our state Department of Public Health actually estimates that about 7.2 percent of Massachusetts adults report being LGBT. On the 2016 Behavioral Risk Factor Surveillance System survey, 6.8 percent of adults reported being gay, lesbian, bisexual or “something else”<sup>i</sup> and 0.4 percent

i. “Something else” does not include the response, “straight, that is not gay.”

## Demographic Overview

**Five percent of our state population reports being LGBT—and the actual percentage may be higher.**

FIGURE 1.  
**Massachusetts has the second highest share of population that identifies as LGBT.**  
 Share of total state population identifying as LGBT. Massachusetts. Tracking poll, July 2017.



Source: Gallup Daily Tracking Survey. The Williams Institute. UCLA.

**Almost 16 percent of Massachusetts residents between the ages of 18 and 24 identify as gay, lesbian, bisexual or something else, while less than 3 percent of those aged 65 to 74 identify as such.**

reported being transgender.<sup>24</sup> This means that of 5,474,136 adults in Massachusetts in 2016,<sup>25</sup> approximately 394,000 are LGBT.

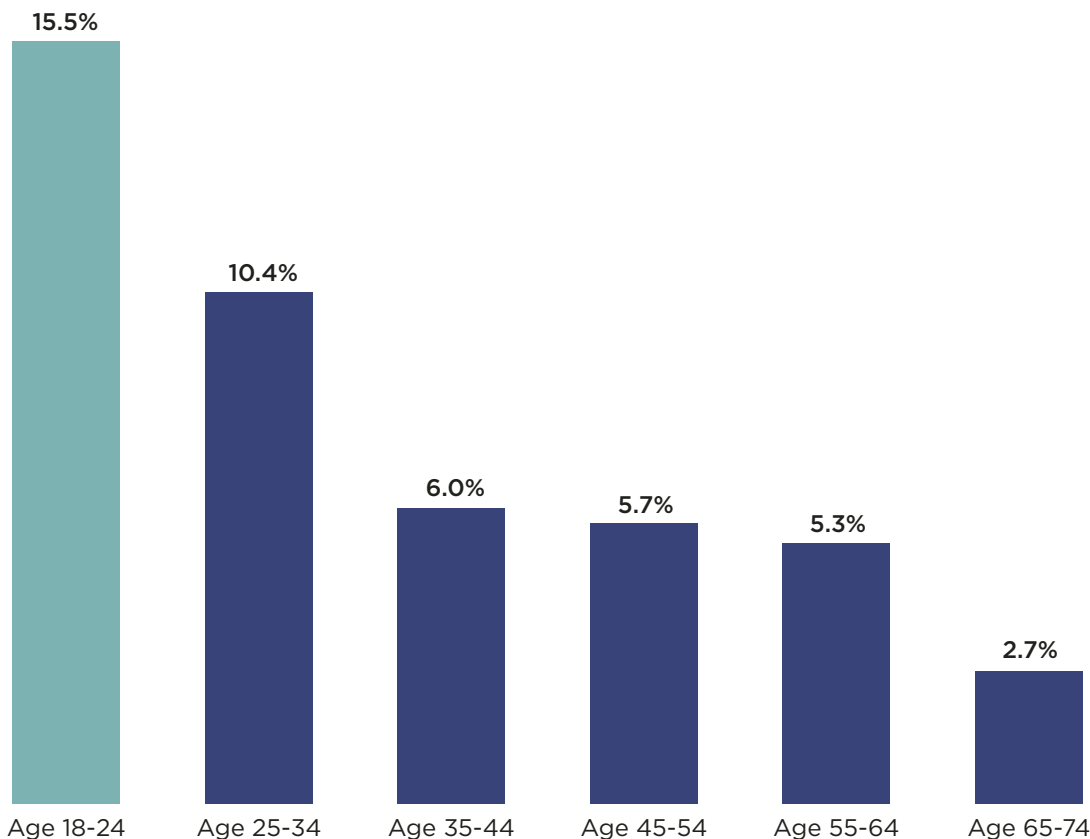
Further, even the higher Department of Public Health figures likely underestimate the true size of our LGBT population. Given today's more welcoming environment and relatively high rate of LGBT identification among 18- to 24-year-olds, it is reasonable to think that the LGBT population may, in reality, account for a greater percentage of Massachusetts' total population than 7.2%.

Almost 16 percent of Massachusetts residents between the ages of 18 and 24 identify as gay, lesbian, bisexual or something else, while less than 3 percent of those aged 65 to 74 identify as such. Young people also identify as transgender more often than does the general population. In 2015, 2.0 percent of Massachusetts high school students identified as transgender,<sup>26</sup> a figure more than five times as high as the 0.34 percent of the adult population that identified as transgender in 2015.<sup>27</sup>

FIGURE 2.

**Younger people in Massachusetts are more likely to identify as gay, lesbian, bisexual or something else.**

Share of population identifying as gay, lesbian, bisexual or something else. By age. Massachusetts. 2016.



Source: 2016 Massachusetts BRFSS.

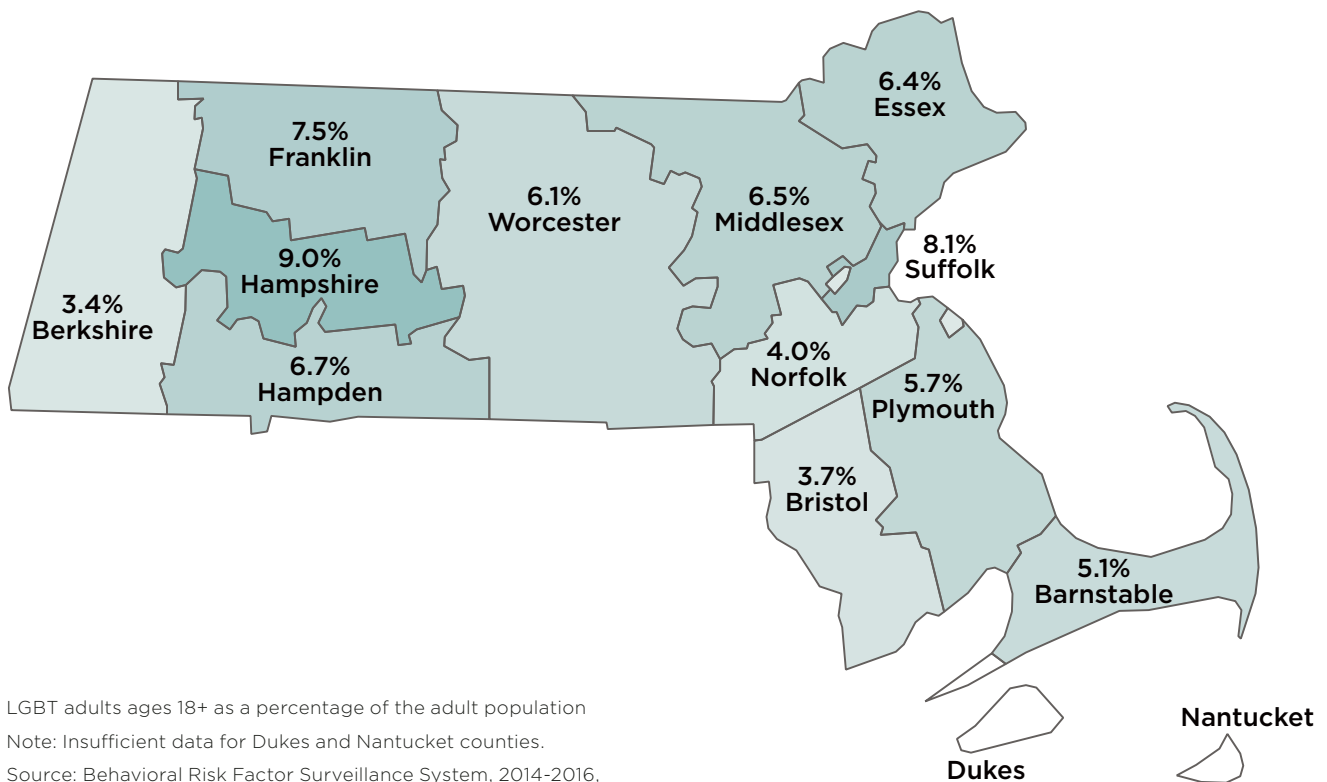
The relationship between LGBT identification and age can be partially explained by the safer and more supportive environment experienced by today's young LGBT population as compared to that of prior generations. Many LGBT elders came of age in a time when homosexuality was broadly considered a sin, a crime, and a mental disorder.<sup>28</sup> As a result of the discriminatory treatment they routinely experienced, many LGBT elders report higher degrees of internalized stigma and identity concealment.<sup>29</sup> While there is much work yet to be done in creating a truly inclusive environment, much progress has been achieved: 92 percent of American LGBT adults say that society has become more accepting of them in the past decade.<sup>30</sup>

**Many LGBT elders came of age in a time when homosexuality was broadly considered a sin, a crime, and a mental disorder.**

### Massachusetts' LGBT population lives throughout the state, with concentrations in Boston, the Pioneer Valley and the Outer Cape.

While Boston is home to the largest number of LGBT people in the state, other regions of the state also have significant numbers of LGBT populations. Suffolk, Hampshire and Franklin Counties have the highest percentages of LGBT people as a share of their total county population,

FIGURE 3.  
**Massachusetts' LGBT population is rural, suburban and urban.**  
 LGBT adults 18+ as share of total population. By county. 2014–2016.

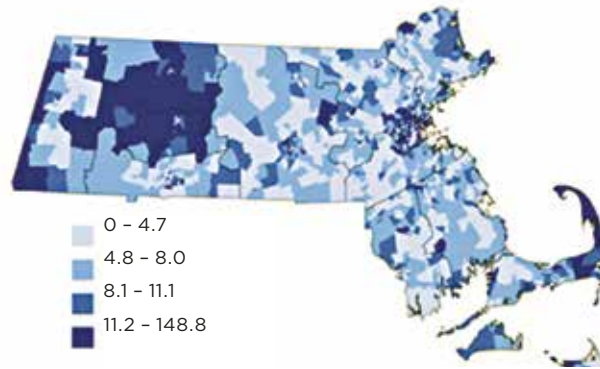


LGBT adults ages 18+ as a percentage of the adult population  
 Note: Insufficient data for Dukes and Nantucket counties.  
 Source: Behavioral Risk Factor Surveillance System, 2014-2016, Massachusetts Department of Public Health. Data from Maria McKenna, PhD, Massachusetts DPH. Map designed by Dana King.

**In 2010, there were at least 11 same-sex couple households for every 1,000 households in the Pioneer Valley, the Berkshires and the Outer Cape. Lesbian couples were most concentrated in Franklin, Hampshire, Middlesex and Barnstable counties, while gay male couples were most concentrated in Suffolk County, the Cape and Islands.**

**FIGURE 4.  
Boston, the Outer Cape and the Pioneer Valley are home to high concentrations of same-sex couples.**

Same-sex couples as a share of all couples.  
By census tract. 2010.



Source: Gates G & Cooke A. (n.d.). Massachusetts census snapshot: 2010. Los Angeles, CA: The Williams Institute UCLA School of Law

at 7.5 percent of the population or higher. Nine of Massachusetts' 14 counties have LGBT populations that account for at least 5 percent of their total populations. (There were insufficient data from Martha's Vineyard and Nantucket to be able to characterize what percentage of the population of those islands is LGBT.)<sup>31</sup>

Owing to data limitations,<sup>ii</sup>

a more granular analysis of the LGBT population's geography is limited to same-sex couples.<sup>iii</sup> In 2010, there were at least 11 same-sex couple households for every 1,000 households in the Pioneer Valley, the Berkshires and the Outer Cape. Lesbian couples were most concentrated in Franklin, Hampshire, Middlesex and Barnstable counties, while gay male couples were most concentrated in Suffolk County, the Cape and Islands.<sup>32</sup>

ii. Please note that this data on same-sex couples is drawn from the American Community Survey (ACS). The ACS does not ask direct questions on sexual orientation. It does report on whether two adults in a household are spouses, and the sex of the two individuals who comprise that couple. This data is both useful and limited.

iii. In 2016, approximately 394,00 people in Massachusetts were LGBT. The same-sex couple American Community Survey sample for 2016 is 20,256, or approximately 40,512 individuals. This means that about 90% of the LGBT community in Massachusetts is not found in the ACS' same-sex couple households.

## More women than men identify as lesbian or gay, bisexual or something else.

In Massachusetts, women are more likely than men to identify as “lesbian or gay,” “bisexual,” (LGB) or “something else.” Some 7.4 percent of adult women identify as LGB or something else, while 6.1 percent of adult men identify as such.<sup>33</sup> (On the Massachusetts Behavioral Risk Factor Surveillance System survey, women are asked if they are “lesbian or gay,” whereas men are asked if they are “gay.”)<sup>34</sup> Among same-sex couple households, the same trend holds true: 57.1 percent of same-sex couples were female, or lesbian couples, while 42.9 percent of same-sex couples were male or gay male couples.<sup>35</sup> (Many individuals in these couples would identify as bisexual, queer, or something other than gay or lesbian.)

An even more striking difference in sexual orientation exists between female and male high school students in Massachusetts. In 2015, 13.0 percent of all high school youth were sexual minorities.<sup>iv</sup> In other words, they reported identifying as lesbian, gay, bisexual, or not sure, or they reported same-sex behavior. Among female youth, 18.2 percent were sexual minorities. Among male youth, only 8.7 percent were sexual minorities.<sup>v</sup>

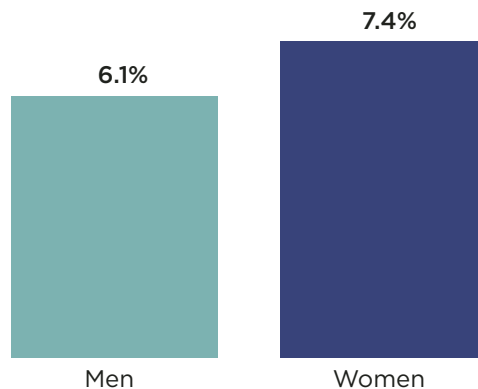
iv. “Sexual minority,” as defined by the Massachusetts Youth Risk Behavior Survey, includes those who self-identify as lesbian, gay, bisexual, or not sure of their sexual orientation, and students who don’t identify as LGB but report having had sexual contact with a same-sex partner.

v. An important distinction exists between the Youth Risk Behavior Survey (YRBS) and the Behavioral Risk Factor Surveillance System (BRFSS). In the YRBS, all high school students are asked about sexual orientation identity and about sexual behavior. In the BRFSS, adults are asked about sexual orientation identity, but only a subset is asked about sexual behavior. For methodological reasons, the Massachusetts BRFSS only reports on what percentage of adults identifies as LGB, while the Massachusetts YRBS reports on both LGB identity and same-sex behavior.

FIGURE 5.

### More women than men identify as lesbian or gay, bisexual or something else in Massachusetts.

Share of population 18+ identifying as lesbian or gay, bisexual or something else. By gender. Massachusetts. 2016.



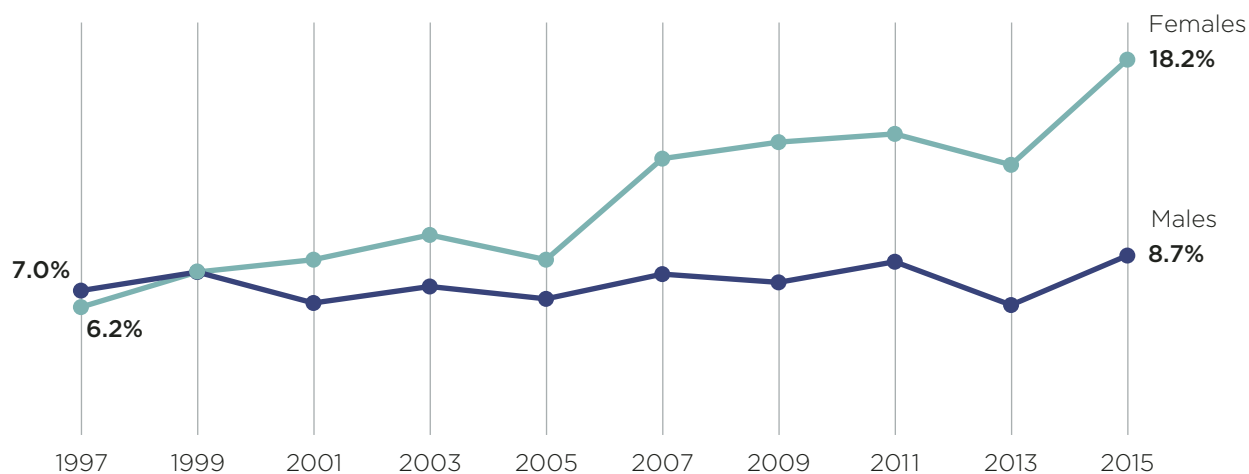
Source: BRFSS 2016. Massachusetts Department of Public Health, Office of Data Management and Outcomes Assessment, 2017. A profile of health among Massachusetts adults, 2016.

From 1997 to 2015, the percentage of high school aged females and males who identified as LGB or reported same-sex behavior increased. The growth in the percentage of high school aged females who are sexual minorities is particularly striking—from 1997 to 2015, it more than doubled from 7 percent to 18.2 percent.<sup>36</sup>

FIGURE 6.

### A growing share of high schoolers are sexual minorities, especially females.

Share of high school population who self-identify as lesbian, gay, bisexual, or not sure and/or youth who report having had sexual contact with any same-sex partner. By gender. Massachusetts.



Source: Massachusetts YRBS 1997-2015. Presented in Goodenow, LGBTQ Youth in Massachusetts: What's Happening? 2017.

### The race and ethnicity of our LGBT population mirrors that of the state overall.

Among high school youth, more than 10 percent of each large racial and ethnic group are sexual minority. Of youth who identify as Hispanic, almost 16 percent belong to sexual minority groups, the highest share among large racial and ethnic groups of youth.

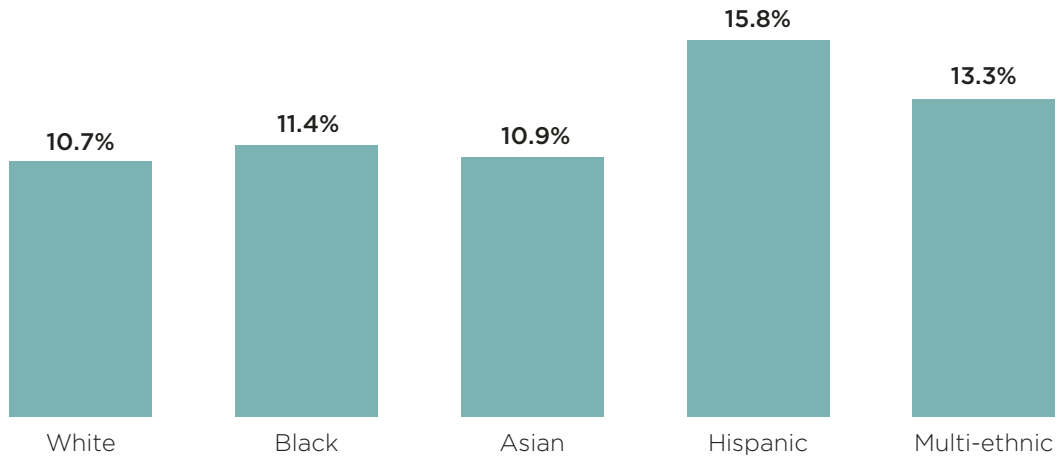
Massachusetts has become more racially and ethnically diverse over the past several decades, mirroring a national demographic shift. That diversity is particularly striking at the intersection of sexual minority status and race, ethnicity and language spoken among youth. According to an analysis of pooled YRBS data from 1995 to 2009, sexual minority youth are more likely than their peers to be people of color (31 percent vs. 26 percent), recent immigrants (10 percent vs. 5 percent) or speak a non-English language at home (22 percent vs. 18



FIGURE 7.

### Among high schoolers, more than a tenth of each large racial and ethnic group are sexual minorities by identity or behavior.

Share of population who are sexual minority (by identity or behavior). By race and ethnicity. Massachusetts. 2011-2015.

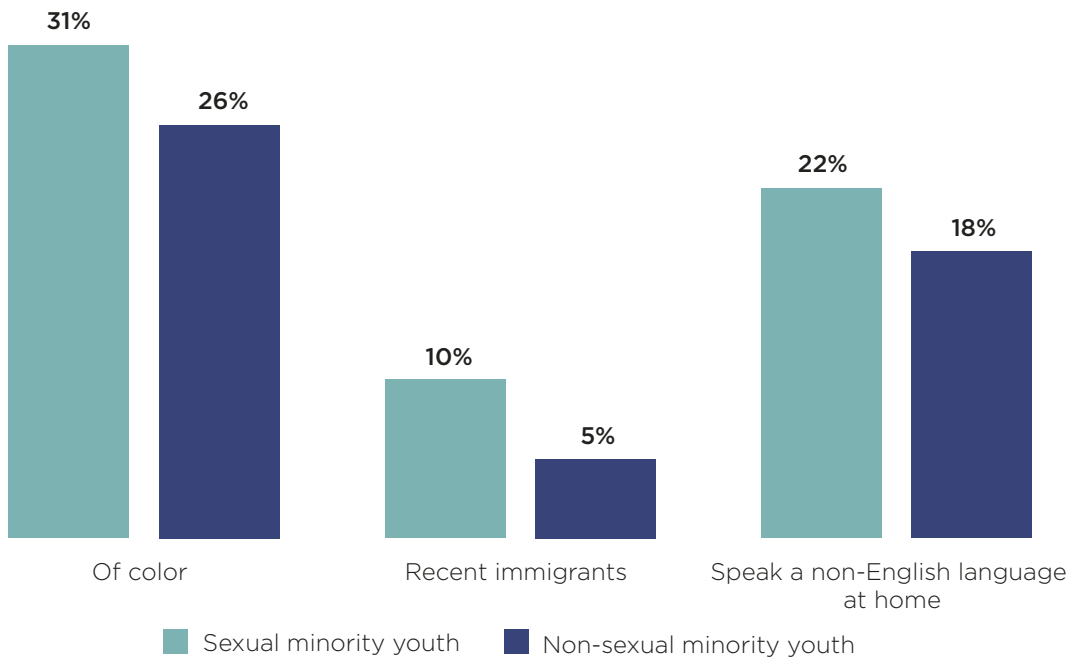


Source: Massachusetts Youth Risk Behavior Survey data, 2011-2015. Presented in Goodenow, C. LGBTQ youth in Massachusetts: What's happening? 2017.

FIGURE 8.

### Sexual minority youth are particularly racially, ethnically and linguistically diverse.

Race, ethnicity and language spoken at home. Sexual minority youth and non-sexual minority youth. Massachusetts. 1995-2009

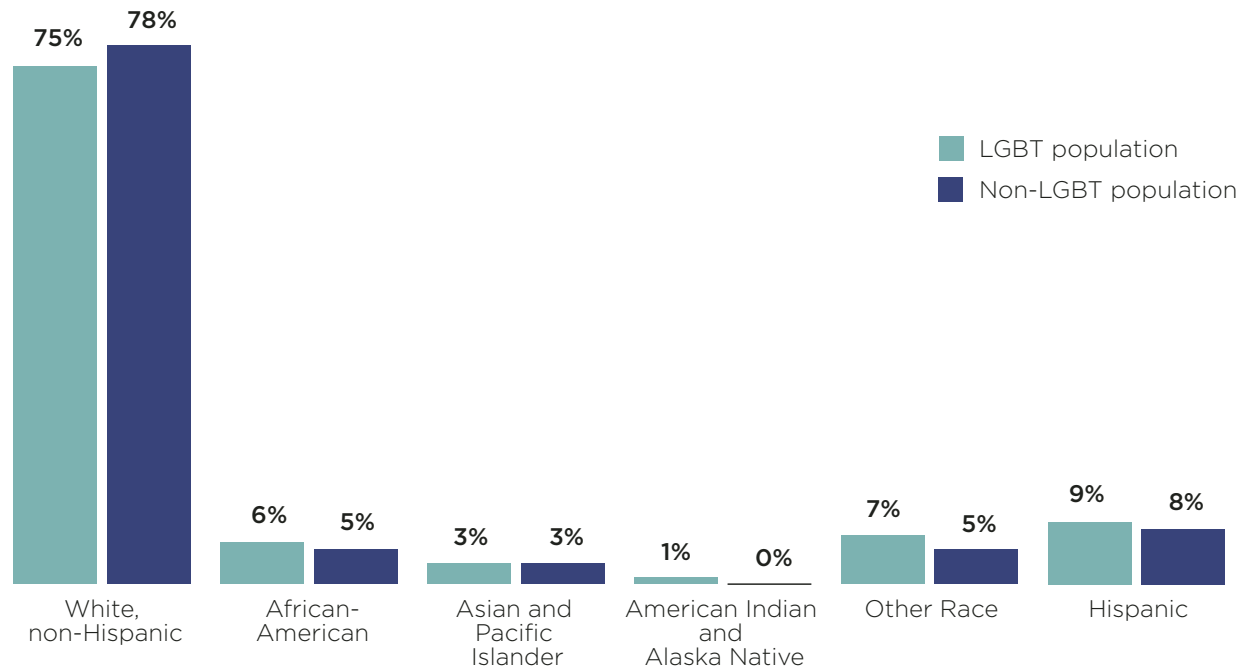


Goodenow, C. (June 2011). Prevention needs of sexual minority youth, MYRBS 1995-2009. Presentation for the Massachusetts Department of Elementary and Secondary Education.

FIGURE 9.

## The racial and ethnic makeup of the LGBT population mirrors that of the state population.

Race and ethnicity. LGBT population and non-LGBT population. Massachusetts. 2017.



Source: Gallup Daily Tracking Survey. The Williams Institute. UCLA, July 2017.  
Please note this is Gallup Daily Tracking Survey data, which may provide different numbers than other sources.

percent).<sup>37</sup> These inter-sections highlight the importance of carefully considering the needs of the LGBT population when serving groups characterized by racial, ethnic, national origin or linguistic similarities.

Overall, the racial and ethnic makeup of those who report being LGBT on the Gallup Daily Tracking Survey for Massachusetts is similar to that of the state as a whole. Like Massachusetts' general population, three-quarters of the LGBT population is white. Almost one in ten report being Hispanic, about one in twenty report being black, and almost one in thirty report being Asian.

## While same-sex couples out-earn different-sex couples on average, LGBT people make up a disproportionately large share of people at the bottom of the income ladder.

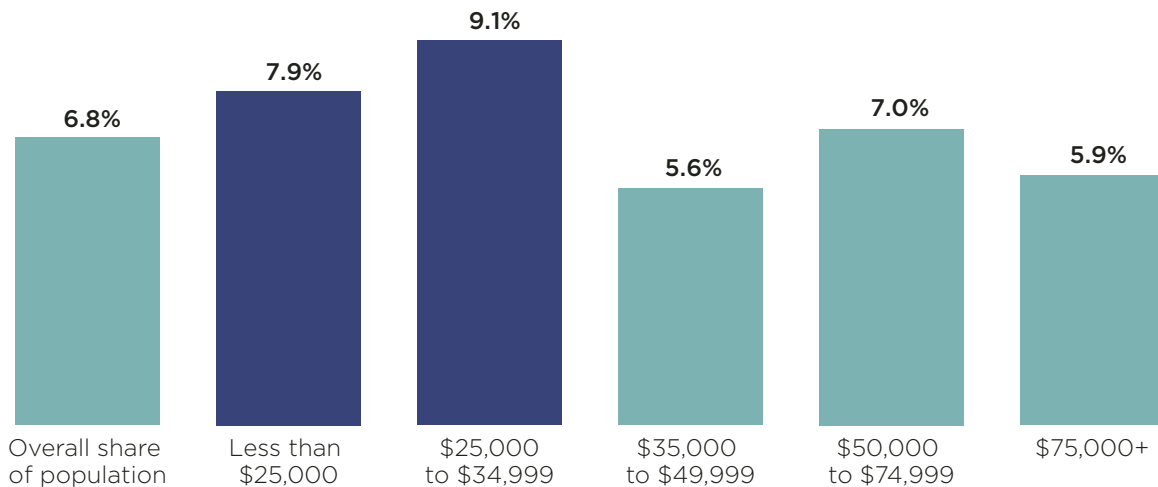
A disproportionately large share of Massachusetts' residents earning less than \$35,000 identify as lesbian or gay, bisexual (LGB) or something else. Overall, 6.8 percent of our state population age 18 or older identifies as LGB or something else. More than 9 percent of people earning between \$25,000 and \$34,999, and almost 8 percent of those earning less than \$25,000, identify as LGB or something else. In comparison, only 5.9 percent of those earning above \$75,000 identify as LGB or something else.<sup>38</sup>

The skewed income distribution is likely a factor of age, with LGB residents of Massachusetts slightly more likely than heterosexuals to be young. But it could also reflect higher rates of poverty in the LGB community, which we see in national data. Some 24 percent of lesbian and bisexual women live in poverty, compared to 19 percent of heterosexual women.<sup>39</sup> About 13 percent of gay and bisexual men live in poverty, the same share as seen in heterosexual men.<sup>40</sup>

It is, however, noteworthy that both male and female same-sex couples have an average income higher than different-sex couples, who earn

FIGURE 10.  
**A disproportionately large share of those earning less than \$35,000 identify as lesbian or gay, bisexual or something else.**

Share of population identifying as lesbian or gay, bisexual or something else.  
By household income. Massachusetts. 2016.



Source: Massachusetts Department of Public Health, Office of Data Management and Outcomes Assessment. (2017). A profile of health among Massachusetts adults, 2016. BRFSS data.

**Transgender  
Massachusetts  
residents  
experience higher  
rates of poverty  
than people  
who are not  
transgender.**

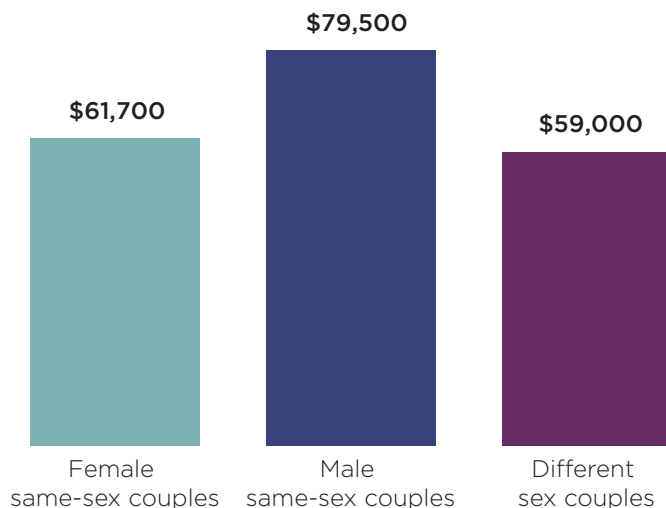
an average of \$59,000 per year.<sup>vi</sup> (Please note that same-sex couples are not representative of the entire LGBT population.<sup>vii</sup>) Male same-sex couples in Massachusetts have an average income that is approximately 29 percent higher than female same-sex couples—\$79,500 versus \$61,700, respectively. Still, female same-sex couples out-earn different-sex couples.<sup>41</sup>

Transgender Massachusetts residents experience higher rates of poverty than people who are not transgender (sometimes referred to as cisgender people). In 2015, seven percent of transgender people in Massachusetts were unemployed, and 17 percent were living in poverty. This compares to 4.8 percent of all Massachusetts residents who were unemployed<sup>42</sup> in July 2015, and 11.5% who were poor.<sup>43</sup> In part because of their economic circumstances, many transgender people struggle

vi. Male same-sex couples are often referred to as gay male couples, even though some members of these couples may not identify as gay. Female same-sex couples are often referred to as lesbian couples, even though some members of these couples may not identify as lesbians. Different sex couples are often referred to as heterosexual or straight couples, even though some members of these couples may not identify as heterosexual or straight. Many individuals in both same-sex and different-sex couples identify as bisexual.

vii. As previously noted, in 2016 approximately 394,00 people in Massachusetts were LGBT. The same-sex couple American Community Survey sample for 2016 is 20,256, or approximately 40,512 individuals. This means that about 90% of the LGBT community in Massachusetts is not found in the ACS' same-sex couple households.

FIGURE 11.  
**Same-sex couples in Massachusetts have higher incomes.**  
Mean household income. By couple type. Massachusetts. 2011-2013.



Source: American Community Survey, 2011-2013. Married & unmarried cohabiting couples. Williams Institute. UCLA.

with homelessness. Some 8 percent of transgender people reported homelessness in the past year and 24 percent reported homelessness at some point in their lives.<sup>44</sup>

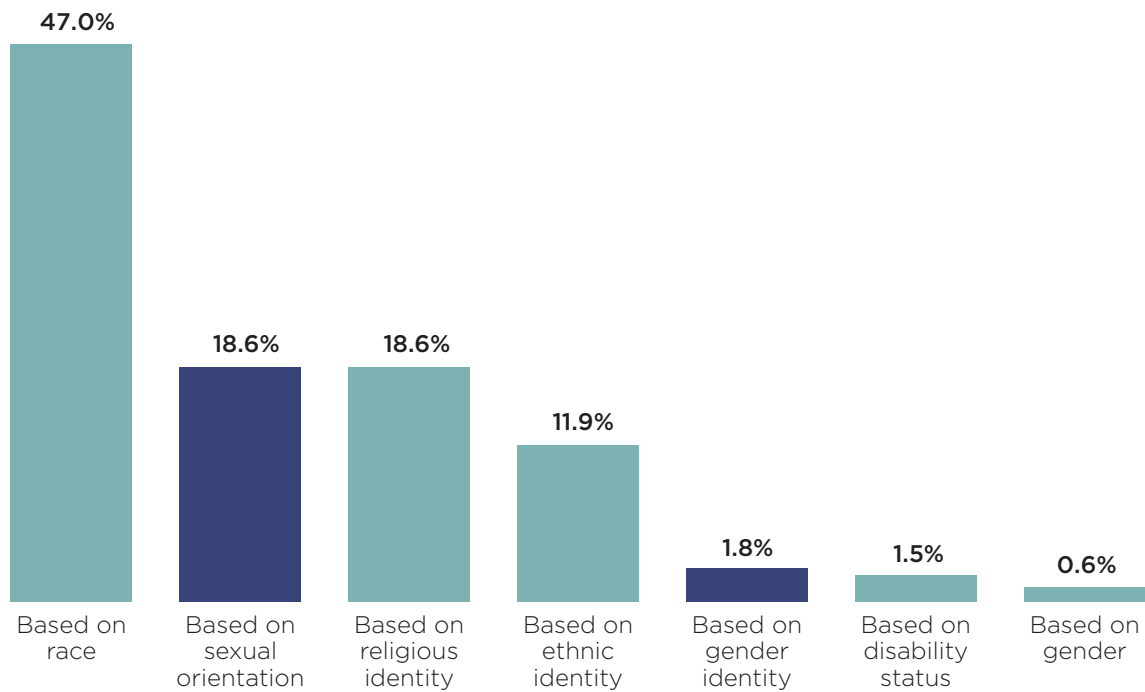
## LGBT people are more likely to be targets of hate crime than any other group in America.

In extreme and far too common cases of discrimination, LGBT people—especially black gay and bisexual men and transgender women—experience bias-motivated hate violence.<sup>45</sup> On a per capita basis, LGBT people are more likely to be targets of hate crimes than any other group in America.<sup>46</sup> In 2014, 18.6 percent of reported hate crimes were perpetrated on the basis of the victim’s sexual orientation, and 1.8 percent were perpetrated on the basis of the victim’s gender identity.<sup>47</sup> Combined, this is 20.4 percent, more than a fifth of reported hate crimes. Just as troublingly, research suggests that anti-LGBT hate crimes are more violent and result in hospitalization more often than those based on race/ethnicity, religion or disability.<sup>48</sup>

FIGURE 12.

### More than a fifth of reported hate crimes are perpetrated on the basis of the victim’s real or perceived sexual orientation or gender identity.

Share of hate crimes by motivating factor. United States. 2014.



Federal Bureau of Investigation: Uniform Crime Reports: 2014 Hate Crime Statistics. Available at <https://www.fbi.gov/about-us/cjis/ucr/hate-crime/2014>



Nationwide and in Massachusetts, the LGBT community has won key legislative victories, built impactful institutions, and nurtured cultures of resilience and support. Today, the LGBT community faces different challenges than it did a generation ago. Yet the same determination, creativity and collaboration that was so effectively used to produce positive change in decades past will be required to address today's issues. In this report, we highlight four groups with pressing concerns and a cross-cutting topic that affects the entire LGBT population:

- LGBT youth;
- LGBT youth of color;
- The transgender community;
- LGBT older adults;
- Sexual orientation and gender identity (SOGI) data collection.

## LGBT YOUTH

Massachusetts has relatively robust, high-quality supports for LGBT youth. Local resources that contribute to the network of support for LGBT youth include: Gender and Sexuality Alliances (GSAs), Alliances for GLBT Youth (AGLYs), the Safe Schools Program for LGBTQ youth, and the Massachusetts Commission on LGBTQ Youth.

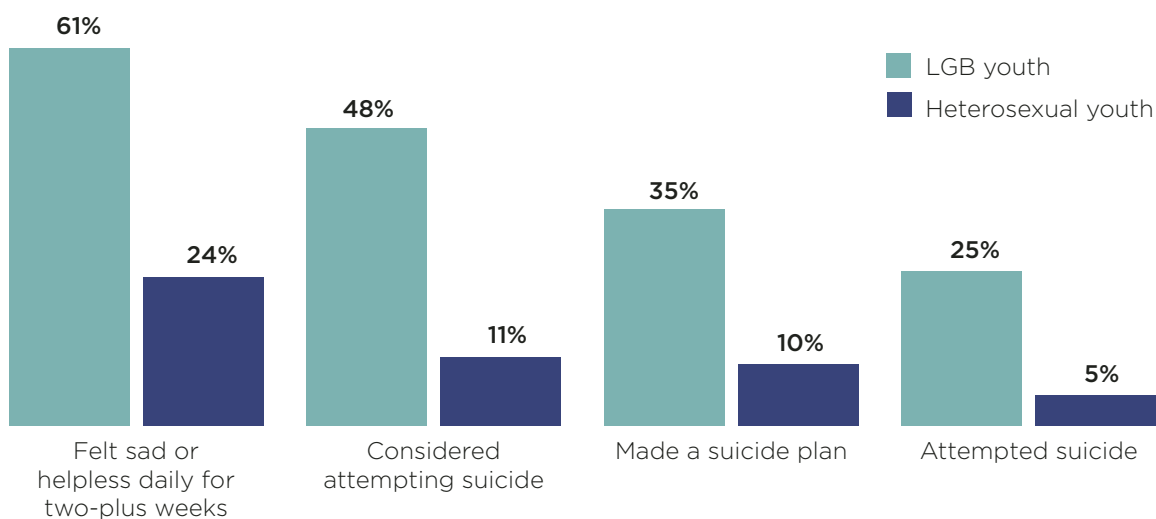
Even so, LGBT youth continue to face a significant burden of mental health challenges. In Massachusetts in 2015, more than half of all LGB

## Areas for Action

FIGURE 13.

### LGB youth are at increased risk of depressive symptoms.

Share of population experiencing depressive symptoms. LGB and heterosexual youth. Massachusetts. 2015.



Source: Massachusetts YRBS, 2015.

youth reported feeling so sad or helpless that they stopped doing some of their usual activities. Almost half considered attempting suicide, more than one-third made a suicide plan, and one-quarter attempted suicide. Each of these statistics was more than double the corresponding number for heterosexual youth.<sup>49</sup>

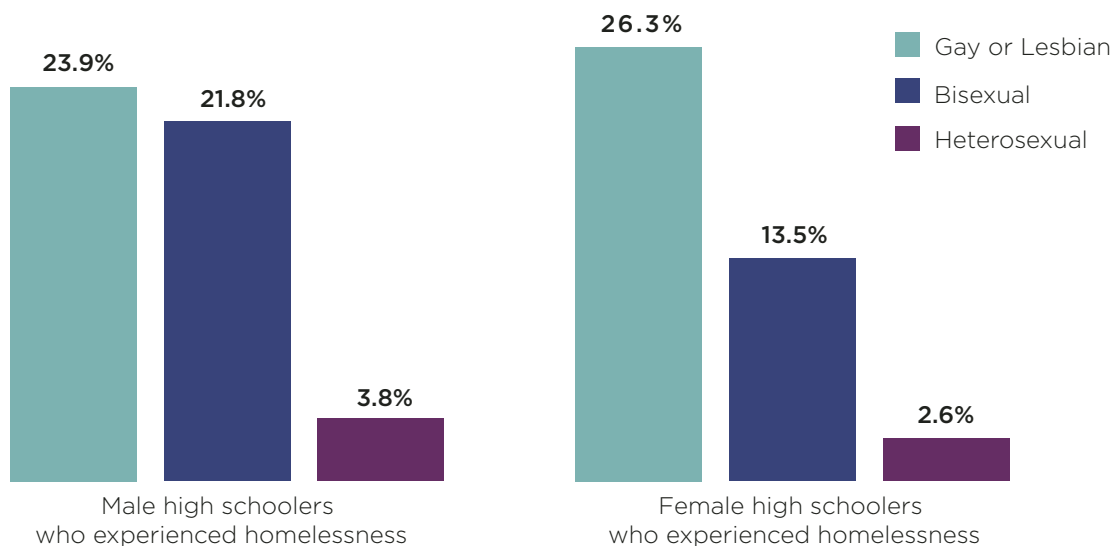
Numerous factors likely contribute to the severe symptoms of depression reported by LGB youth in Massachusetts. Among them is the degree to which LGB youth are bullied, threatened and/or injured at school. Statewide, 13.4 percent of lesbian, gay and bisexual (LGB) youth did not attend school in 2015 because of safety concerns.<sup>50</sup> Nationally, LGB youth report being threatened or injured with a weapon on school property at almost twice the rate of heterosexual youth—10.0 percent and 6.7 percent, respectively.<sup>51</sup>

Widespread homelessness is another factor that likely contributes to the high rates of depression reported by LGB youth. One in four gay or lesbian high schoolers have been homeless at some point, while less than one in 20 heterosexual high schoolers in Massachusetts have experienced homelessness.<sup>52</sup> These disparities in the sexual orientation of homeless youth are driven in part by family relationships, which can often lead to LGBT youth running away from home or being thrown out of their homes.

FIGURE 14.

### Gay, lesbian and bisexual high schoolers are more likely to experience homelessness than their heterosexual peers.

Share of population that experienced homelessness. Gay, lesbian, bisexual and heterosexual youth. Massachusetts. 2005 and 2007.



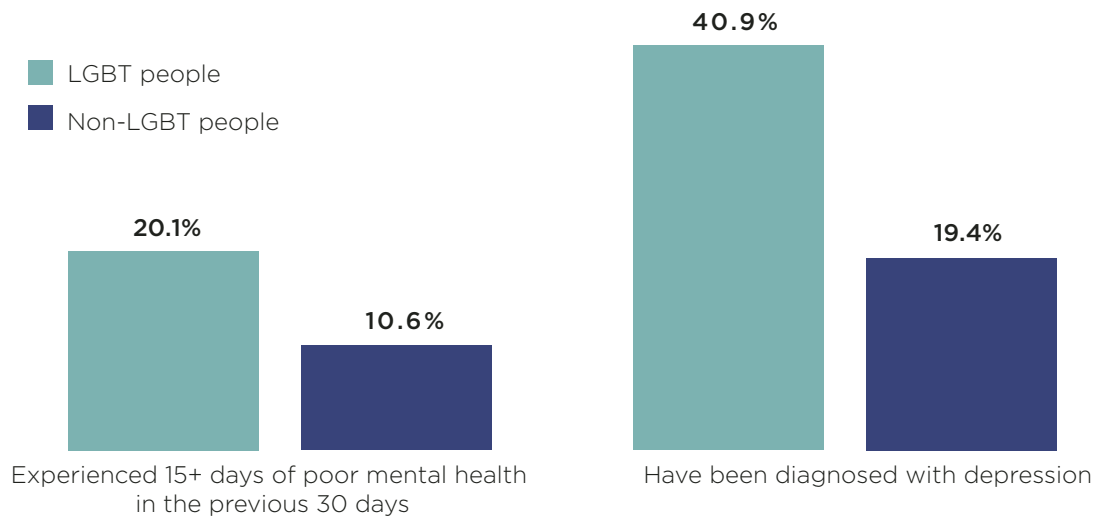
Source: Corliss HL, Goodenow CS, Nichols L, & Austin SB. (2011). High burden of homelessness among sexual-minority adolescents: findings from a representative Massachusetts high school sample. *American Journal of Public Health, 101*(9), 1683-1689. Massachusetts YRBS data, pooled for 2005 and 2007.



FIGURE 15.

### The LGBT population as a whole is at increased risk of depression.

Share of adult population experiencing depressive symptoms. LGBT and non-LGBT populations. Massachusetts. 2011-2016.



Source: Analysis of 2011-2016 Massachusetts Behavioral Risk Factor Surveillance System data conducted by Maria McKenna, PhD, Massachusetts Department of Public Health.

Often living under highly stressful conditions, LGBT youth struggle with mental well-being—and, it should be noted, so does the LGBT population more broadly. According to an analysis of pooled Massachusetts BRFSS data from 2011 to 2016, 20.4 percent of LGBT adults experienced 15 or more poor mental health days in the past month, and 38.8 percent had, at some point, received a depression diagnosis. The corresponding figures for non-LGBT people were 10.5 percent and 19.1 percent, respectively.<sup>53</sup>

### How Can We Support LGBT Youth?

There are a number of exemplary programs, organizations and policies in Massachusetts that should be highlighted, funded and promoted throughout the state. Additionally, model programs and policies from other parts of the country should be replicated locally.

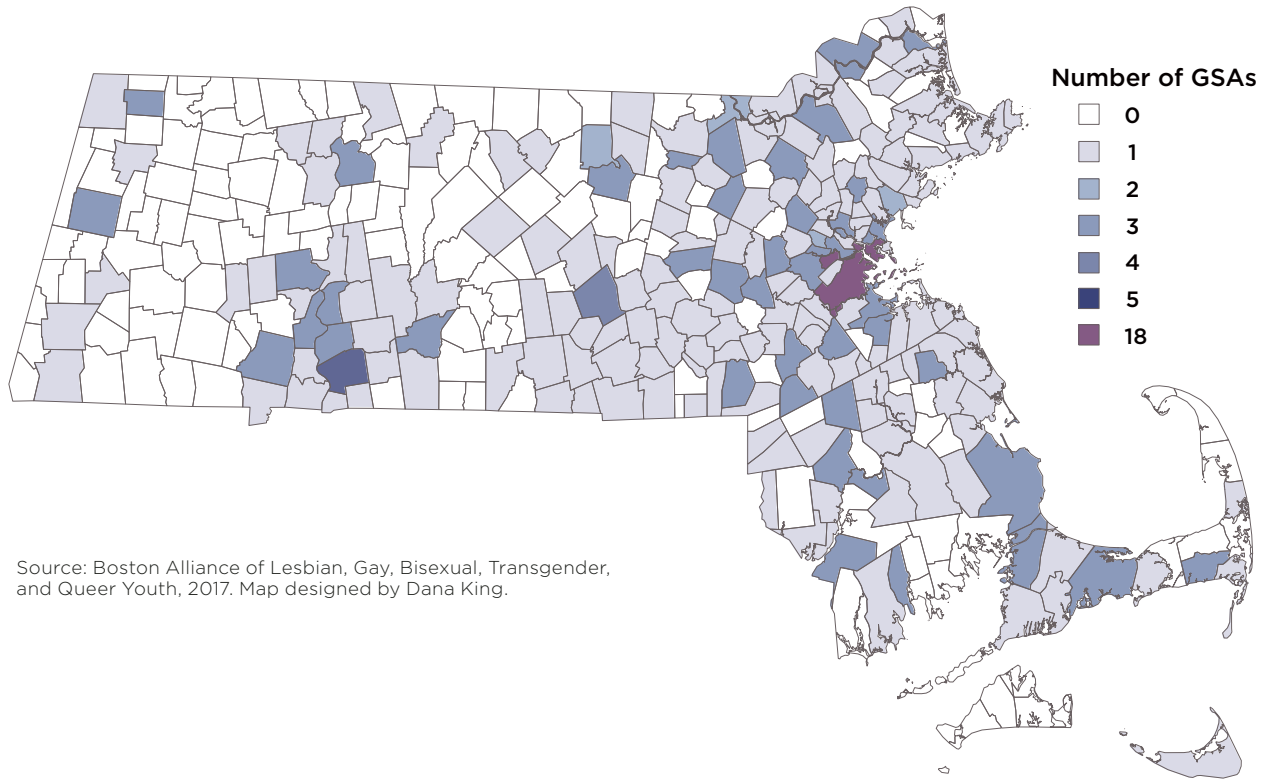
Please note that the list below is far from exhaustive; rather, it is a starting point for ongoing conversations about ideas for action.

#### 1. PROGRAMS THAT SUPPORT THE MENTAL AND EMOTIONAL HEALTH OF LGBT YOUTH:

- Alliances for Gay, Lesbian, Bisexual and Transgender Youth (AGLYs) are social support organizations that connect LGBTQ youth to both services and one another. AGLYs are particularly important to LGBT

**AGLYs are particularly important to LGBT youth who live in places with fewer resources than Boston, such as the North Shore or western Massachusetts.**

FIGURE 16.  
**Gender and Sexuality Alliances (GSAs) by city or town.**  
 Number of GSAs per city or town, 2017



Source: Boston Alliance of Lesbian, Gay, Bisexual, Transgender, and Queer Youth, 2017. Map designed by Dana King.

youth who live in places with fewer resources than Boston, such as the North Shore or western Massachusetts. AGLYs subsist on limited budgets, and often staff are very part-time and underpaid. More resources from funders could allow for the strengthening of Massachusetts' extensive AGLY network.

- Camp Aranu'tiq is the first-ever summer camp established for transgender and gender-variant/gender nonconforming youth. The camp seeks to build confidence, resilience and community for transgender and gender variant youth and their families. Camp Aranu'tiq is headquartered in Needham, Massachusetts, and the camp is located in New Hampshire.

## 2. PROGRAMS AND TRAININGS THAT HELP PROTECT LGBT YOUTH AT SCHOOL:

- Safe schools programs, Gender Sexuality Alliances in schools and competency training of school staff all contribute to a safer and more welcoming educational environment for LGBT youth. These programs and trainings should be further expanded upon in the locales where they currently operate, and should be extended to areas where they do not.

### 3. PROGRAMS THAT ADDRESS HOUSING AND HOMELESSNESS:

- Y2Y Harvard Square, a student-run overnight shelter, provides a safe and affirming environment with gender neutral spaces for young adults experiencing homelessness. While Y2Y is highly successful, it does not have the capacity to meet the need for housing among LGBT homeless youth. Also, it is closed for several months each year. Replicating the Y2Y model on a larger scale and for 365 days a year is needed.

### 4. PROGRAMS AIMED AT NURTURING FAMILY ACCEPTANCE:

- The Family Acceptance Project (FAP), based at San Francisco State University, is “a research, intervention, education and policy initiative” that emphasizes the importance of family acceptance of LGBT youth.<sup>54</sup> It aims to prevent health and mental health risks for LGBT youth—including suicide, homelessness and HIV—in the context of their families, diverse cultures and faith communities. FAP has had success in nurturing support from parents in conservative faith communities, thus reducing the vulnerability of LGBT youth to behavioral health concerns, homelessness and other issues.

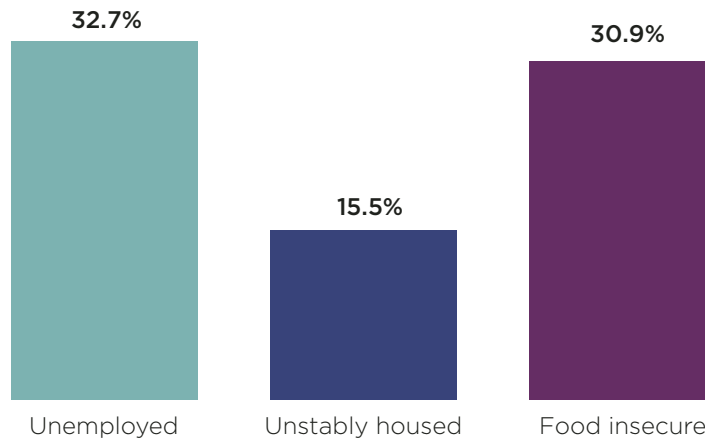
## LGBT YOUTH OF COLOR

As part of the LGBT youth population, youth of color confront some challenges that are the same as the general LGBT youth population and other challenges that are distinct.

FIGURE 17.

### A large share of LGBTQ youth of color live with economic, housing and food insecurity.

Unemployment, housing stability, and receipt of public assistance. LGBTQ youth of color. Greater Boston. 2014. n=294.



Source: Conron K, Wilson J, Cahill S, Flaherty J, Tamanaha M, Bradford J (2015). *Our health matters: Mental health, risk, and resilience among LGBTQ youth of color who live, work, or play in Boston*. Boston: Fenway Institute, BAGLY, Boston GLASS.

A significant share of the LGBTQ youth of color population struggles with difficult and compounding economic and living circumstances. A 2014 study of LGBTQ youth of color in Greater Boston found that one-third (32.7 percent) were unemployed, 15.5 percent were unstably housed, and 30.7 percent were food insecure. In an attempt to meet their needs, over half (52.6 percent) reported receiving public benefits/government assistance, such as MassHealth insurance or food stamps. Still, a great deal of need is not being met and many LGBTQ youth are forced to extreme lengths to survive. Some 15.7 percent reported exchanging sex for a place to sleep, money, food, drugs or other resources in the prior three months.<sup>55</sup>

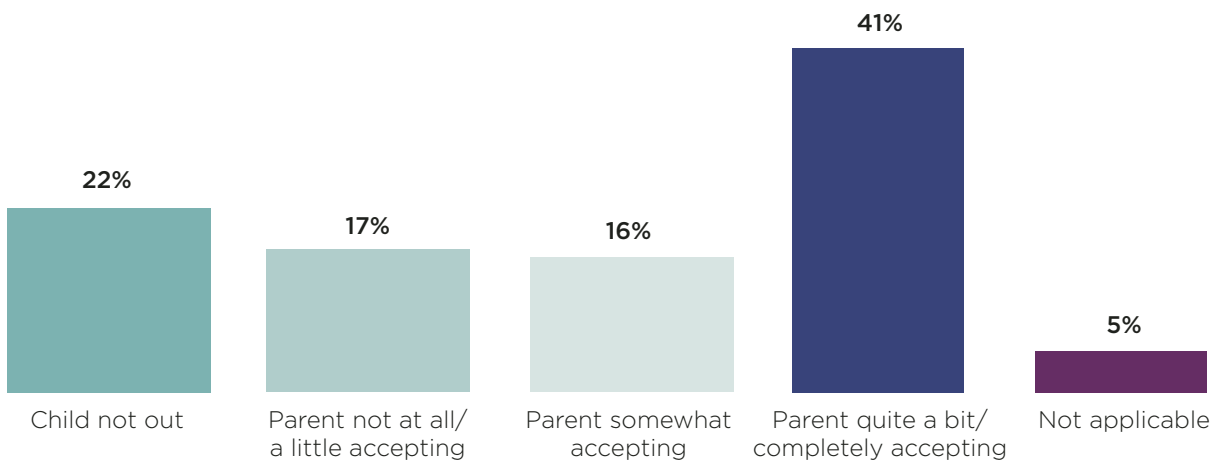
Familial acceptance is likely another contributing factor to the mental health challenges LGBTQ youth of color face. More than half of LGBTQ youth of color, and many LGB youth broadly, continue to struggle with maternal acceptance or are not out. There is a clear link between parental rejecting behaviors and negative health outcomes in lesbian, gay and bisexual young adults.<sup>56</sup>

Living at the intersection of multiple identities that are often marginalized, LGBTQ youth of color also experience widespread discrimination. In Greater Boston, nearly 90 percent of the 294 LGBTQ youth of color surveyed in 2014 reported experiencing discrimination based on one of their demographic characteristics (e.g. race, sexual

FIGURE 18.

### More than half of LGBTQ youth of color struggle with maternal acceptance or are not out.

Current maternal acceptance. LGBTQ youth of color. Greater Boston. 2014. n=294.

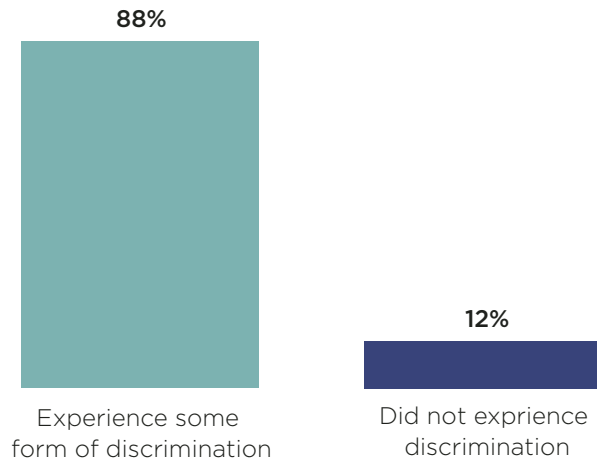


Source: Conron K, Wilson J, Cahill S, Flaherty J, Tamanaha M, Bradford J (2015). *Our health matters: Mental health, risk, and resilience among LGBTQ youth of color who live, work, or play in Boston*. Boston: Fenway Institute, BAGLY, Boston GLASS.

FIGURE 19.

### The vast majority of LGBTQ youth of color experience some form of discrimination.

Share of LGBTQ youth of color population experiencing discrimination yearly. Greater Boston. 2014.

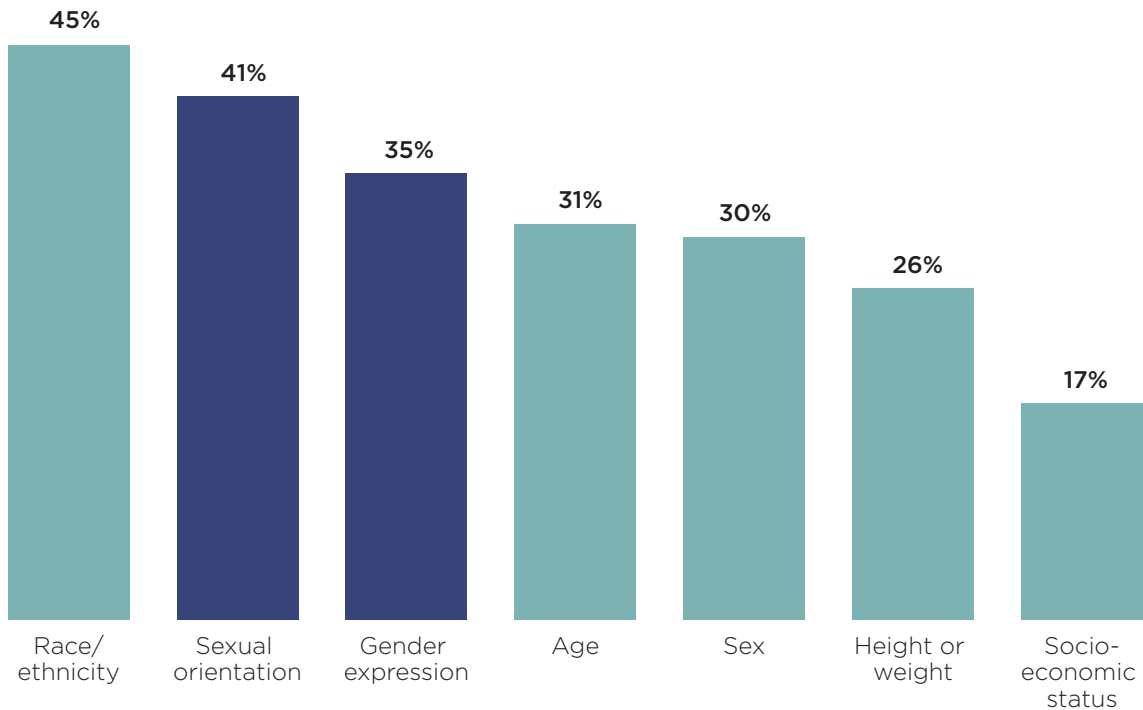


Source: Conron et al. 2015. *Our Health Matters: Mental Health, Risk, and Resilience Among LGBTQ Youth of Color Who Live, Work, or Play in Boston*. The Fenway Institute

FIGURE 20.

### Sexual orientation and gender expression discrimination are among the most common forms of discrimination faced by LGBTQ youth of color.

Share of LGBTQ youth of color population experiencing discrimination yearly. By number of types of everyday discrimination. Greater Boston. 2014.



Source: Conron et al. 2015. *Our Health Matters: Mental Health, Risk, and Resilience Among LGBTQ Youth of Color Who Live, Work, or Play in Boston*. The Fenway Institute

**Among a sample of LGBTQ youth of color in Greater Boston, 40 percent reported symptoms of depression/anxiety and 20 percent reported having attempted suicide.**

orientation, gender). In other words, discrimination is a near-universal experience for LGBTQ youth of color.

Among LGBTQ youth of color, the most common basis for experiences of discrimination was race/ethnicity (44.6 percent). Sexual orientation (41.2 percent) and gender expression (35 percent) were the second and third most common bases.

LGBT youth of color also live under the threat of hate-based violence, an extreme form of discrimination. Fear of suffering attacks is, without question, warranted: In 2014, 60 percent of LGBTQ<sup>viii</sup> survivors of reported hate-based violence were people of color, as were half of the LGBTQ victims of reported hate-based homicides.<sup>57</sup>

Given the myriad and severe difficulties they confront daily, it is not surprising that LGBT youth of color are at a high risk of developing depressive symptoms. Among a sample of LGBTQ youth of color in Greater Boston, 40 percent reported symptoms of depression/anxiety and 20 percent reported having attempted suicide.<sup>58</sup>

## **How Can We Support LGBT Youth of Color?**

There are a number of exemplary programs, organizations and policies in Massachusetts that should be highlighted, funded and promoted throughout the state. Additionally, model programs and policies from other parts of the country should be replicated locally.

Please note that the list below is far from exhaustive; rather it is a starting point for ongoing conversations about ideas for action.

### **1. PROGRAMS THAT PROVIDE SOCIAL AND EMOTIONAL SUPPORT:**

- The Boston House and Ball Community is a mostly Black gay and transgender community that provides social support. Rooted in the Harlem Renaissance of the 1920s, and possibly dating back to the Civil War era,<sup>59</sup> the House and Ball Community has since grown into an extensive support network, spanning multiple cities across the United States.<sup>60</sup> The community includes “Houses,” which function somewhat like gender diverse sororities or fraternities, directed by a house “mother” and “father.” Organizers convene “Balls,” which are elaborate events that include voguing and runway competitions performed in drag or in creative costumes.”<sup>61</sup> The House and Ball Community provides a supportive space for many LGBT youth who

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viii. Here, “LGBTQ community” refers to the lesbian, gay, bisexual, transgender, queer population and HIV-affected people. This is how the National Coalition of Anti-Violence Programs defines LGBTQ.

may be marginalized due to racism, poverty, anti-LGBT prejudice, and rigid gender norms.<sup>62</sup>

## 2. TRAININGS AIMED AT BUILDING CAPACITY IN SERVICE PROVIDERS:

- The challenges faced by LGBT youth of color often relate to race, sexual orientation, gender identity or some combination of these identities. Understanding issues of intersectionality and the experiences unique to it are crucial for providing LGBT youth of color with the supports they need. Trainings and educational workshops on intersectionality are, then, highly important opportunities to build service providers' capacities to assist LGBT youth of color.

## THE TRANSGENDER COMMUNITY

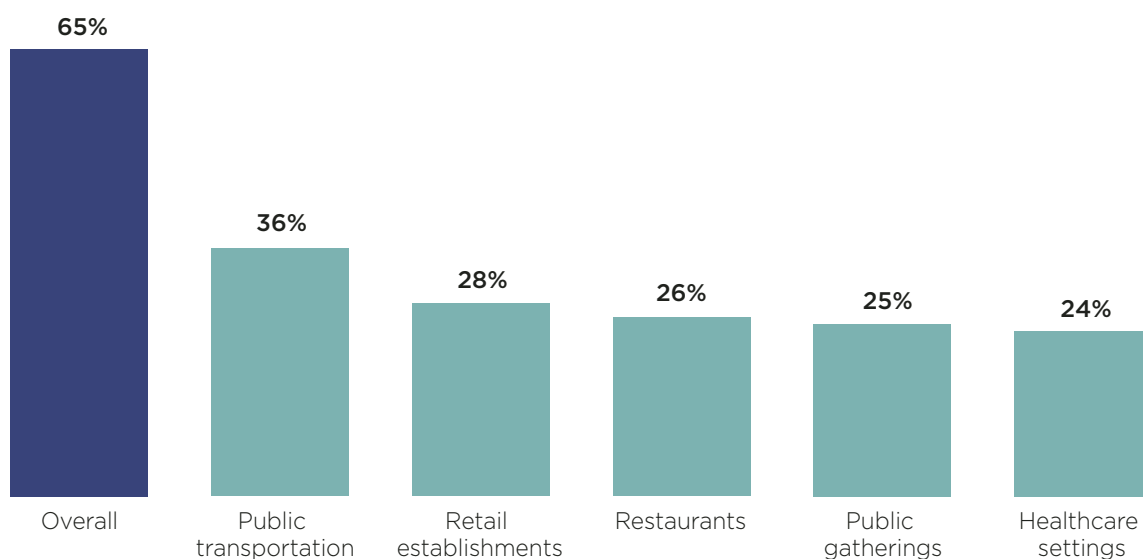
LGBT people experience pervasive discrimination: one in four LGBT people nationwide reported experiencing discrimination in 2016.<sup>63</sup> LGBT people experience unfair treatment in employment,<sup>64</sup> housing<sup>65</sup> and public accommodations.<sup>66</sup> They also experience prejudice in health care,<sup>67, 68</sup> which can become a barrier to necessary medical services. Even if individuals have not experienced it themselves, reports of discrimination against community members can discourage LGBT people from accessing care.

**A 2014 study by The Fenway Institute and the Massachusetts Transgender Political Coalition found that 65 percent of transgender Massachusetts residents experienced discrimination in public spaces in the past 12 months.**

FIGURE 21.

### The transgender community experiences pervasive discrimination.

Share of Mass. transgender population experiencing discrimination in past year. By public space. 2014



Source: Reisner SL, White JM, Dunham E, Heflin K, Begenyi J, Coffey-Esquivel J, Cahill S. (2015). Legal protections in public accommodations settings: A critical public health issue for transgender and gender non-conforming people. *Milbank Quarterly*. 93(3): 484-515.

Transgender people are especially affected by discrimination. A 2014 study by the Fenway Institute and the Massachusetts Transgender Political Coalition found that 65 percent of transgender Massachusetts residents experienced discrimination in public spaces in the past 12 months. The most common setting in which discrimination occurred was public transportation, but no setting was immune to it.

Transgender people also receive differential treatment when seeking housing. Some 61 percent of transgender people experienced housing discrimination, including receiving quotes for higher rental prices and fewer financial incentives than their cisgender peers, in a 2017 study conducted by Suffolk University Law School.<sup>69</sup>

Even more disturbing is the degree to which transgender people are at risk of violence. In 2014, two-thirds of the LGBTQ<sup>ix</sup>victims of hate-based homicides were transgender, despite transgender people accounting for a small numeric share of the entire LGBT population.<sup>70</sup>

The effects of anti-transgender discrimination are multiple and profound. From education to employment,<sup>71</sup> from housing to health care,<sup>72, 73</sup> from physical safety to mental health, discrimination can touch every facet of a transgender person's life. Many of these effects are further compounded by the economic hardship experienced by transgender people. In Massachusetts, a greater share of transgender people are unemployed (7 percent) than cisgender people (4.8 percent). A greater share of transgender people are also living in poverty (17 percent) than cisgender people (11.5 percent).

## How Can We Support The Transgender Community?

There are a number of exemplary programs, organizations and policies in Massachusetts that should be highlighted, funded and promoted throughout the state. Additionally, model programs and policies from other parts of the country should be replicated locally.

Please note that the list below is far from exhaustive; rather it is a starting point for ongoing conversations about ideas for action.

### 1. PROGRAMS AND TRAININGS THAT COULD HELP PROTECT TRANSGENDER PEOPLE FROM DISCRIMINATION:

- Providing comprehensive competency training for social service and health care providers who might serve transgender people

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ix. Here, "LGBTQ community" refers to the lesbian, gay, bisexual, transgender, queer population and HIV-affected people.



is critical to avoiding behaviors ranging from insensitive to discriminatory.

- Public awareness and education campaigns should be created to inform the public about the extent of anti-transgender discrimination in public accommodations and the importance of nondiscrimination law as a recourse for transgender people.

## **2. ORGANIZATIONS THAT ADVOCATE FOR AND SERVE THE TRANSGENDER COMMUNITY:**

- Supporting organizations and leaders that advocate for and serve the transgender community is a vital step in pursuing equity and equality for transgender people. That support could involve resources, partnerships, and efforts to lift up their work.

## **3. POLICIES THAT COULD HELP SUPPORT THE TRANSGENDER COMMUNITY:**

- Introducing non-binary gender markers on state identity documents, such as drivers' licenses, to include individuals who identify as gender non-binary would be a significant step forward. According to the 2015 U.S. Transgender Survey, conducted by the National Center for Transgender Equality, 36 percent of nearly 28,000 transgender respondents identified as non-binary.<sup>74</sup>
- Defending the gender identity nondiscrimination law on the November 2018 ballot referendum is crucial to ensuring equal treatment of transgender people in public spaces. (*For more, see the detail box on page 32.*)

## The 2018 Ballot Question on Public Accommodations

**The campaign  
against transgender  
nondiscrimination  
legislation often  
misrepresents  
the transgender  
community in a way  
that is harmful and  
stigmatizing.**

In 2016, Massachusetts passed a public accommodations law which aimed at curtailing discrimination against transgender people in public spaces. A referendum to overturn this law will be on the November 2018 ballot in Massachusetts. The Massachusetts Transgender Anti-Discrimination Veto Referendum asks residents to respond to the question:

“Do you approve of a law summarized below, which was approved by the House of Representatives by a vote of 117-36 on July 7, 2016, and approved by the Senate by a voice vote on July 7, 2016?”<sup>75</sup>

Individuals who vote “yes” will be voting in favor of upholding gender identity nondiscrimination in public accommodations, while those who vote “no” will cast a vote in favor of repealing the 2016 public accommodations law.

Freedom Massachusetts is leading the “yes” vote campaign, while Keep MA Safe is leading the “no” vote campaign, the latter arguing that the gender identity nondiscrimination law threatens the safety of women and children in public restrooms. The majority of the funding backing the “no” vote campaign comes from the Massachusetts Family Institute, “a proactive, public voice on a number of issues including: strengthening, protecting, and preserving marriage between a man and a woman.”<sup>76</sup>

The Massachusetts Family Institute is a state affiliate of Focus on the Family, the largest Christian right advocacy group in the U.S.<sup>77</sup> Focus on the Family’s political agenda includes banning abortion, opposing sexual health education and opposing legal equality for LGBT people.<sup>78</sup>

The campaign against transgender nondiscrimination legislation often misrepresents the transgender community in a way that is harmful and stigmatizing. These representations, in the form of advertisements and TV commercials, can take a significant emotional toll on transgender individuals. Even if the veto referendum to repeal gender identity nondiscrimination in public accommodations is defeated in November 2018, those serving, educating and providing care to the transgender community should take into consideration the emotional impact, particularly on transgender youth, of exposure to and fighting against such injurious misrepresentations.

If the veto referendum overturns transgender protections in public accommodations, Massachusetts would become the first state in the nation to do so. Because the Commonwealth has a longstanding reputation as a leader in LGBT rights and progressive causes more generally, reversing these protections would set a dangerous precedent for the entire country.

## LGBT OLDER ADULTS

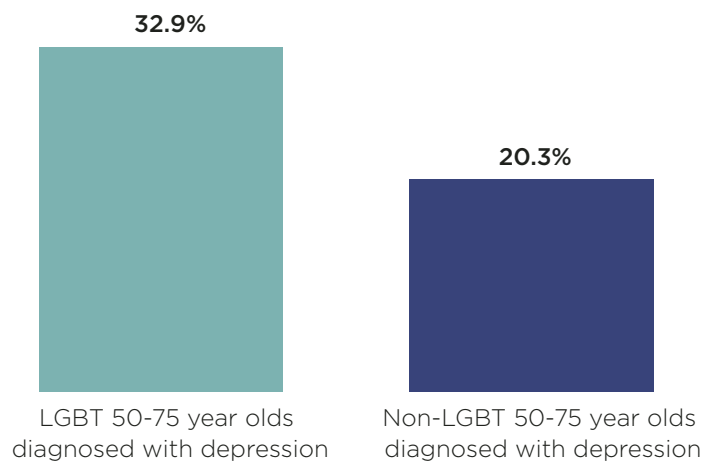
Older adults who grew up in the 1940s and 1950s came of age in an environment in which heterosexism, homophobia and stigmatization were far more powerful and less challenged than they are today.<sup>79</sup> Growing up among these prejudices is likely a driving cause behind the much lower rates of older residents identifying as LGBT—2.7 percent for 65 to 74 year olds as compared to 15.5 percent for 18 to 24 year olds (see *Figure 2 at the beginning of this report*).

Today, older LGBT adults, many of whom were trailblazers in securing the LGBT community’s landmark victories, are often isolated from the supports they need. Services and social networks are more concentrated in urban areas—places where many LGBT older adults cannot afford to live.

The geographic isolation of older LGBT adults is deepened by several demographic trends. Older LGBT adults are more likely to report being physically disabled or have poor mental health outcomes compared to the general population.<sup>80</sup> Caregiving often becomes the responsibility of family members, typically the children of the aged person. However, older LGBT adults are three to four times less likely to have children, and more likely to be single and living alone in their old age, as compared to their heterosexual peers.<sup>81</sup>

**Today, older LGBT adults, many of whom were trailblazers in securing the LGBT community’s landmark victories, are often isolated from the supports they need.**

FIGURE 22.  
**Middle aged and older LGBT people are more likely to be diagnosed with depression.**  
Percentage of 50- to 75-year-olds reporting a depression diagnosis, Mass. BRFSS, 2014-2016.



Source: Analysis of 2014-2016 Massachusetts BRFSS data by Maria McKenna, Massachusetts Department of Public Health, November 2017.

**Cultural competency training of elder care workers and home care aides in issues affecting LGBT older adults has been shown to improve older LGBT adults' experiences in mainstream senior service settings.**

Older gay men are at particular risk of isolation as they are less likely than lesbians to have children<sup>82</sup> and have lost significant friendship networks to the HIV/AIDS epidemic.<sup>83</sup> Moreover, older gay and bisexual men are at the intersection of two populations that are highly vulnerable to HIV: 65 percent of people living with HIV in the Commonwealth are age 50 or older<sup>84</sup> and, in 2014, 46 percent of new HIV infections in Massachusetts were diagnosed in men who have sex with men.<sup>85</sup>

Lesbian and bisexual women also face significant health challenges. They experience cervical cancer at the same rate as heterosexual women but are less likely to get routine preventive screenings for cervical cancer.<sup>86</sup> They may be at higher risk for breast and ovarian cancer related to higher rates of nulliparity (never having given birth), higher rates of obesity and lower rates of mammograms.<sup>87</sup>

Given the isolation and health challenges they experience, it is no surprise that one in three LGBT adults age 50 to 75 has been, at some point, diagnosed with depression. By comparison, one in five non-LGBT elders has been diagnosed with depression.<sup>88</sup>

Despite crucial health challenges, many older LGBT adults are not well connected to elder services. Many experience prejudicial treatment from heterosexual age peers or from service providers, or fear they will experience such treatment based on past experiences of discrimination.<sup>89</sup> LGBT older adults may, then, be less likely than their non-LGBT peers to access senior centers and congregate meal programs or seek housing assistance, food stamps or other supports.<sup>90</sup>

## **How Can We Support Older LGBT Adults?**

There are a number of exemplary programs, organizations and policies in Massachusetts that should be highlighted, funded and promoted throughout the state. Additionally, model programs and policies from other parts of the country should be replicated locally.

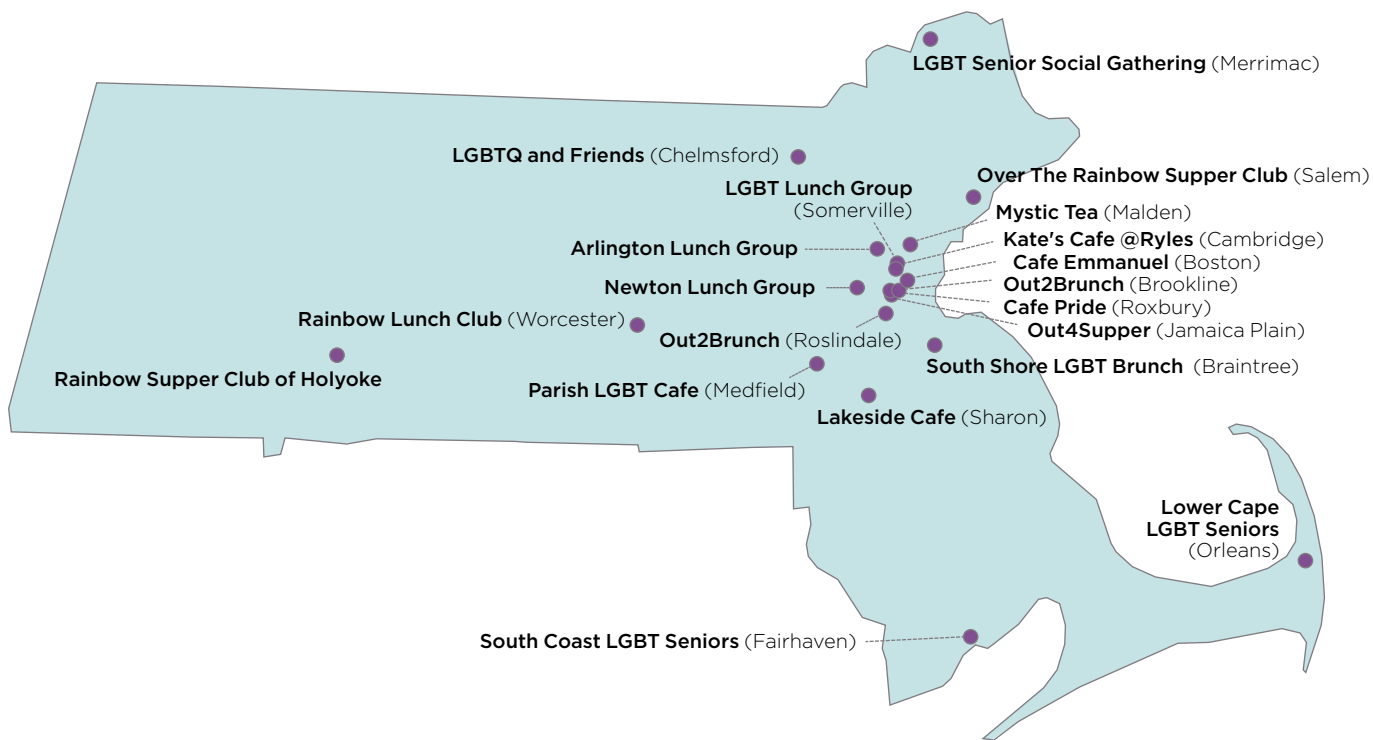
Please note that the list below is far from exhaustive; rather it is a starting point for ongoing conversations about ideas for action.

### **1. PROGRAMS THAT PROVIDE SOCIAL SUPPORT:**

- Congregate meal programs for LGBT elders and their friends can help them develop, strengthen and sustain social support networks. Massachusetts has more congregate meal programs, funded by

FIGURE 23.  
**Massachusetts LGBT Meal Site Location.**

As of April 2018



the Older Americans Act, for LGBT elders and their friends (20) than the rest of the nation combined.<sup>91</sup> The LGBT Aging Project helped launch many of these meal programs. A 2012 study of LGB elders who attended LGBT-friendly congregational meal programs in Massachusetts found that they traveled much farther than heterosexual elders who attended mainstream Older Americans Act-funded meal programs.<sup>92</sup> Some traveled 50 miles or more to see friends once a month, indicating the need for congregational meal programs in more communities.

- Programs such as the Beacon Hill Village Project and JP at Home provide social events, programming and information, and referrals to vetted providers of home care and maintenance services for older adults.
- LGBT-friendly older adult visitor programs that match younger people to LGBT elders also provide support and reduce social isolation. Ethos in Jamaica Plain, an Aging Service Access Point (ASAP), runs such a program, as does Services and Advocacy for GLBT Elders (SAGE) in New York City.

## 2. PROGRAMS THAT PROVIDE ACCESS TO EDUCATIONAL PROGRAMMING AND CIVIC ENGAGEMENT FOR OLDER LGBT ADULTS:

- Old Lesbians Organizing for Change (OLOC) provides members with a community united in a common mission of confronting ageism, sharing mutual interests, and experiencing the joy and warmth of playing and working together.
- Rainbow Lifelong Learning Institute Boston offers LGBT older adults and their friends the opportunity to build and strengthen community through educational programs and social activities.

## 3. TRAININGS AND POLICIES THAT WOULD BENEFIT OLDER LGBT ADULTS:

- Cultural competency training of elder care workers and home care aides in issues affecting LGBT older adults has been shown to improve older LGBT adults' experiences in mainstream senior service settings.<sup>93</sup> This training should be a core component of the overall education provided to those who care for older adults.
- The Massachusetts Executive Office of Elder Affairs (EOEA) started collecting sexual orientation and gender identity (SOGI) data from elders accessing services in 2016 to understand whether LGBT older adults experience any barriers to accessing these services. EOEA should report data findings to improve elder services. All providers of care and services to older adults should collect voluntary, confidential SOGI data, along with other demographic data, to ensure that LGBT older adults are accessing the services they need.

## SEXUAL ORIENTATION AND GENDER IDENTITY (SOGI) DATA COLLECTION

### Federal SOGI Data Collection and Context

The collection of sexual orientation and gender identity (SOGI) data is important to better understand the experiences of LGBT people, the extent to which they are accessing social services and the disparities affecting them. SOGI data can be collected on population-level surveys, as well as in social services and in health care settings.

For decades now, researchers and activists have promoted adding SOGI questions to federal surveys to capture health and demographic data about LGBT people. Under the Obama Administration, the number of federal surveys that included sexual orientation questions increased to twelve, seven of which also included questions about gender identity or transgender status.<sup>94</sup> Among the federal surveys that include SOGI questions are:

- The Health Center Patient Survey,
- The National Adult Tobacco Survey,
- The Population Assessment of Tobacco and Health,
- The National Crime Victimization Survey, which collects data on intimate partner violence,<sup>95</sup>
- The National Inmate Survey, which collects data on sexual assault in prison as mandated by the Prison Rape Elimination Act.<sup>96</sup>

Federal surveys collecting sexual orientation data but not gender identity data include:

- The National Health Interview Survey,
- The National Survey on Drug Use and Health,
- The National Health and Nutrition Examination Survey, and
- The National Survey of Family Growth

Unfortunately, the forward momentum on adding SOGI questions to surveys appears to have slowed, and even stopped, under the Trump Administration. In 2017, the Department of Health and Human Services proposed eliminating the National Survey of Older American Act Participants survey question on sexual orientation and a follow-up question on transgender status, and reversed plans to add SOGI questions to a disability survey administered by the Administration for Community Living.<sup>97</sup> The National Survey of Older Americans Act Participants collects data on participation in Older Americans Act-funded services and programs, such as home care assistance and congregate meal programs. In response to community push-back, the sexual orientation question was added back to the OAA survey, but not the transgender status question. SOGI questions remain excluded from the disability survey.

As this report went to press, the U.S. Department of Justice published plans to remove SOGI questions from the National Crime Victimization Survey (NCVS) for 16 and 17 year olds “due to concerns about the potential sensitivity of these questions for adolescents.”<sup>98</sup> Collecting such data is important in understanding whether or not LGBT people experience disproportionate violent crime. We know from other studies that lesbian and bisexual women, and bisexual men, experience higher rates of intimate partner violence, which is also documented in the NCVS.<sup>99</sup>

In order to continue making progress in understanding LGBT health and the structural determinants affecting the health of LGBT people, we

**Massachusetts state government agencies should more regularly report on SOGI data collected on surveys that they administer.**

must resist these rollbacks. Education and advocacy, such as submitting public comment opposing the removal of SOGI questions from federal surveys, are two important levers in that effort. Additionally, Massachusetts' civic and political leaders should push for continued and expanded SOGI data collection by our federal government.

## State and Local SOGI Data Collection

### REPORTING ON AND MAKING AVAILABLE EXISTING DATA

As noted earlier in this report, Massachusetts has been a national, and even global, leader in adding SOGI data collection questions to surveys. Many state and local surveys in the Commonwealth, such as the Youth Risk and Behavioral Risk Factor surveys, already collect SOGI data.<sup>x</sup> Yet while this data has been collected for several years, there is a lack of regular publication and reporting of it by state agencies. Given the increasing diversity of the LGBT community in Massachusetts, analysis is needed at the intersections between LGBT respondents and race, ethnicity, age, socioeconomic status, education, geography, disability, language and immigration status. This requires pooling multiple years of data, or oversampling small populations.

Some Massachusetts cities and towns regularly analyze and report on SOGI data to better understand disparities and protective factors for LGBT residents. For example, in 2016, the *Healthy Brookline* report demonstrated that LGBTQ students were likely to hear derogatory remarks about their identities and experience depression.<sup>100</sup> It also showed that mental health services are among the students' protective factors, as a greater share of LGBTQ students saw mental health professionals than did their non-LGBTQ peers.

Following the Brookline example, we recommend:

- First, that the Massachusetts Department of Public Health (DPH), which has been a great partner to us in developing the analysis for this report, regularly analyze and publish data collected in the state BRFSS and YRBS related to LGBT people.
- Second, that the state should invest in both collecting and publishing better data on anti-LGBT discrimination and violence victimization, given that the data currently available to the public from the Attorney General's Office and the Massachusetts Commission Against Discrimination is extremely limited. Specifically, the Massachusetts Commission Against Discrimination and the

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x. See the sidebar on page 6 for more information.



Attorney General's Office should work with Fenway Health's Violence Recovery Program and other service providers to regularly publish data on the extent of anti-LGBT discrimination and violence victimization.

- Third, the Boston Public Health Commission and Boston Public Schools should publish its Boston Youth Risk Behavior Survey data on LGBT youth, and/or partner with local researchers to analyze and publish the data.
- Finally that data, whenever possible, should elucidate the intersection of multiple identities, including sexual orientation, gender identity, race, ethnicity, class, disability, age, immigration status and speaking a first language other than English. This may require pooling multiple years of data to have sufficient sample size. We also encourage agencies and researchers to look at differences within the data, for example comparing bisexual women, lesbian women, and heterosexual women. A growing body of research indicates that bisexuals experience the greatest rates of behavioral health burden, including depression and social anxiety, as well as the highest rates of cigarette smoking and other substance use. It is important to highlight bisexual health disparities in analysis and reporting.

### **ADDING SOGI QUESTIONS TO SURVEYS**

In addition to reporting on currently collected data, state and local governments in Massachusetts should add SOGI questions to surveys where none currently exist. For example:

- The City of Boston Homeless Shelter Annual Homeless Census could ask SOGI questions to better understand and serve homeless LGBT people. Some data indicate that LGBTQ youth are overrepresented in homeless populations across the U.S. Is this true here? Are LGBTQ youth accessing homeless services at a proportionate level, and if not, why not?
- The Boston Survey of Children's Health should ask SOGI questions of adolescents in order to better understand the experiences of LGBT youth.
- Youth- and elder-serving agencies in Massachusetts should also collect SOGI data to better understand the extent to which LGBT people at the two ends of the age spectrum are accessing services. Data indicate that LGBT youth are overrepresented in foster care and juvenile justice populations, intersecting with racial and ethnic disparities. These and other youth serving agencies should collect

and report on SOGI data, as the Massachusetts LGBTQ Youth Commission has been recommending for many years.<sup>101</sup>

- The Boston Public Health Commission's Gonorrhea survey, Hepatitis C Virus survey, and Chlamydia survey should include SOGI questions because research has shown higher rates of sexually transmitted infections (STIs) among gay and bisexual men and transgender women. LGBT people may also be more likely to become sexually active at earlier ages, which can put them at risk of STIs and pregnancy.
- More and more private employers are collecting voluntary, confidential SOGI data from employees. We strongly encourage all private sector employers to collect voluntary, confidential sexual orientation and gender identity (SOGI) data from employees to document whether there are systemic disparities in employment and examine the intersection of SOGI with race/ethnicity, age, and other demographic variables.

## CONCLUSION

While LGBT people in Massachusetts experience challenges, including striking disparities, Massachusetts is also home to some of the most cutting edge and innovative pro-LGBT social services, community resources and public policies. LGBT organizations work diligently across the Commonwealth to achieve equity and equality for LGBT people. Private corporations, health care organizations, institutions of higher learning and other organizations seek to promote inclusion and opportunity for LGBT residents of Massachusetts. These organizations and policies reflect the vision, strength and resilience of the LGBT community.

While there are no easy fixes, local and national work already underway has begun to lay the paths forward. Drawing from the same perseverance, creativity and courage that have animated its efforts for decades, we have little doubt that the Massachusetts' LGBT community, and its supporters, will continue to serve as national leaders in pursuing equality and equity for all LGBT people.

## APPENDIX 1

### METHODOLOGY

This report is an overview of what we know about the demographic indicators of the LGBT community in Massachusetts. Our analysis is based on publicly available data from surveys, peer-reviewed academic publications, reports from state and federal government agencies, and gray literature—i.e. reports from nongovernmental research and advocacy organizations. We present a snapshot of what these data tell us about LGBT youth, LGBT people in their late 20s to 50s, and older LGBT people; about transgender people; about differences between female same-sex couples and male same-sex couples; about racial/ethnic diversity within our community; about geographic distribution; and about income, education, and other economic factors.

We use publicly available data from the U.S. Census Bureau (2010 U.S. Census state-level preferred estimates; American Community Survey data from 2011, 2012, and 2013). We also use data from the Gallup Daily Tracking Survey, which asks about LGBT identity and provides state-level data. These data are publicly available at LGBTStat, an interactive data tool that can be found on the website of the Williams Institute at UCLA Law School.

We also provide data from the Massachusetts Youth Risk Behavior Survey (YRBS), a Centers for Disease Control and Prevention-funded survey conducted biannually with high school students by the Massachusetts Department of Elementary and Secondary Education (DESE) and the Massachusetts Department of Public Health (DPH). We also use Massachusetts Behavioral Risk Factor Surveillance System (BRFSS) survey data. Both the YRBS and BRFSS surveys provide population-based estimates of basic demographics and risk behaviors, including substance use and violence victimization. We cite data that these agencies have published in reports, data cited in peer-reviewed academic journal articles and data shared with us by the staff of these agencies. Detail on the methodologies behind these surveys are available in official reports from DPH and DESE:

<http://www.mass.gov/eohhs/docs/dph/behavioral-risk/youth-health-risk-report-2015.pdf>

<http://www.mass.gov/eohhs/docs/dph/behavioral-risk/report-2016.pdf>

While the Massachusetts YRBS and BRFSS ask about transgender status, the percentage of people who identify as transgender is

## Appendices

relatively small compared to the percentage who identify as LGB or, in the case of YRBS, report same-sex behavior. For this reason, at some points in this report, we present data on racial/ethnic, age and sex differences for LGB survey respondents, but not for transgender respondents.

Other surveys, like the American Community Survey, capture data on same-sex cohabiting households. This gives us data on partnered LGB people. Some transgender people are in these same-sex couple households, but we do not know more about them because the U.S. Census and the American Community Survey do not ask about gender identity or transgender status. Small sample sizes for Asian Pacific Islander, Native American and multiracial respondents mean that we often describe differences among White, Black and Hispanic LGB respondents but not other racial/ethnic groups.

In order to better understand the experiences of transgender people and other people of color in Massachusetts, we complement the population-based data of YRBS and BRFSS with other published data on LGBT people in the region. Two examples of such data are:

Conron K, Wilson J, Cahill S, Flaherty J, Tamanaha M, Bradford J (2015). *Our health matters: Mental health, risk, and resilience among LGBTQ youth of color who live, work, or play in Boston*. Fenway Institute. (n=294, Boston and inner suburbs like Cambridge, Lynn, Quincy)

Reisner S, White J, Dunham E, Heflin K, Begenyi J, Cahill S (2014). *Discrimination and health in Massachusetts: A statewide survey of transgender and gender nonconforming adults*. Boston: The Fenway Institute and the Massachusetts Transgender Political Coalition. (n=452, 26% from Boston, additional 28% from Greater Boston outside of the City of Boston)

The LGBTQ youth of color information in this report is based on a survey funded by the National Institute of Minority Health and Health Disparities of LGBTQ youth of color in Greater Boston. The survey was conducted by The Fenway Institute, the Boston Alliance of GLBTQ Youth (BAGLY) and Justice Resource Institute/Boston GLASS. We oversampled Asian Pacific Islander LGBTQ youth and transgender youth. We documented resiliency factors, such as parental acceptance and faith/spirituality, as well as risk factors, such as not feeling safe in one's neighborhood, being victimized by violence and exchanging sex for money or a place to stay.

The transgender discrimination report, conducted by The Fenway Institute and the Massachusetts Transgender Political Caucus,

documented widespread discrimination in public accommodations settings such as the bus or subway, stores and restaurants, parks and health centers. It also describes negative mental and physical correlates of experiencing discrimination and its role in reducing access to preventive and emergency health care.

We also examined data from several other sources on victimization and discrimination against LGBT people. These sources include the Massachusetts Commission Against Discrimination, the Massachusetts Attorney General's office and Fenway Health's Violence Recovery Program, which collects data on hate violence against LGBT people and intimate partner violence within same-sex relationships, as well as interactions with law enforcement.

Finally, we describe and map some of the myriad resources available to LGBT people in the Commonwealth. These resources include Gay-Straight Alliances in high schools and middle schools, congregate senior meal programs for LGBT older adults and their friends and many first-in-the-nation, or close-to-first, laws and policies that provide legal equality to LGBT people at the city and state level.

### **STATISTICAL SIGNIFICANCE OF DATA PRESENTED**

In some cases, the sources of the data we present in the figures throughout the report analyzed the data for statistical significance (95% confidence interval,  $p < 0.05$ ). If the original data source included information about whether or not the data is statistically significant, we have listed it below:

- Figure 2: Differences between the proportion of 18-24 year olds who identify as gay, lesbian, bisexual, or something else and the proportion identifying as such of all other presented age cohorts age 35 and older are statistically significant.
- Figure 3: Differences between most counties are not statistically significant.
- Figure 5: This difference is not statistically significant.
- Figure 6: This difference is statistically significant.
- Figure 7: All differences are statistically significant.
- Figure 10: Differences are not statistically significant.
- Figure 13: All differences are statistically significant.
- Figure 15: All differences are statistically significant.
- Figure 22: This difference is statistically significant.

## APPENDIX 2

### Glossary of LGBT Terms

In this glossary, you will find some of the terms most relevant to lesbian, gay, bisexual, transgender (LGBT) people. When reading this glossary, here are a few things to keep in mind:

- 1)** Definitions vary across communities; not all LGBT people will agree with all of these definitions, so please defer to the terms individuals use to describe themselves;
- 2)** There are many terms not included on this list; we tried to keep the list as concise and relevant as possible;
- 3)** Terms and definitions change frequently.

**Assigned sex at birth** (noun) – The sex (male or female) assigned to a child at birth, most often based on the child’s external anatomy. Also referred to as birth sex, natal sex, biological sex, or sex.

**Bisexual** (adjective) – A sexual orientation that describes a person who is emotionally and sexually attracted to people of the same sex and people of a different sex.

**Cisgender** (adj.) – A person whose gender identity and assigned sex at birth correspond (i.e., a person who is not transgender).

**Coming out** (noun) – The process by which one accepts and/or comes to identify one’s own sexual orientation or gender identity (to come out to oneself). Also the process by which one shares one’s sexual orientation or gender identity with others (to come out to friends, etc.).

**Gay** (adj.) – A sexual orientation that describes a person who is emotionally and sexually attracted to people of the same sex. It can describe men or women, but is more commonly used to describe men.

**Gender** (noun) – see gender identity.

**Gender expression** (noun) – This term describes the ways (e.g., feminine, masculine, androgynous) in which a person communicates their gender to the world through their clothing, speech, behavior, etc.

**Gender identity** (noun) – A person’s inner sense of being a boy/man/male, girl/woman/female, another gender, or no gender.

**Gender queer** (adj.) – Describes a person whose gender identity falls outside of the traditional gender binary structure. Other terms for people whose gender identity falls outside the traditional gender binary

include gender nonconforming, gender variant, gender expansive, non-binary, etc. Sometimes written as one word (genderqueer).

**Heterosexual** (straight) (adj.) – A sexual orientation that describes women who are emotionally and sexually attracted to men, and men who are emotionally and sexually attracted to women.

**Homophobia** (noun) – The fear of, discrimination against, or hatred of lesbian or gay people or those who are perceived as such.

**Lesbian** (adj., noun) – A sexual orientation that describes a woman who is emotionally and sexually attracted to other women.

**Men who have sex with men/Women who have sex with women (MSM/WSW)** (noun) – Categories that are often used in research and public health settings to collectively describe those who engage in same-sex sexual behavior, regardless of their sexual orientation. However, people rarely use the terms MSM or WSW to describe themselves.

**Non-binary** (adj.) – See gender queer.

**Queer** (adj.) – An umbrella term used by some to describe people who think of their sexual orientation or gender identity as outside of societal norms. Some people view the term queer as more fluid and inclusive than traditional categories for sexual orientation and gender identity. Due to its history as a derogatory term, the term queer is not embraced or used by all members of the LGBT community, especially older people.

**Sexual orientation** (noun) – How a person characterizes their emotional and sexual attraction to others. Includes identity, behavior and attraction.

**Transgender** (adj.) – Describes a person whose gender identity and assigned sex at birth do not correspond. Also used as an umbrella term to include gender identities outside of male and female. Sometimes abbreviated as trans.

**Transgender man/trans man/female-to-male (FTM)** (noun) – A transgender person whose gender identity is male may use these terms to describe themselves. Some will just use the term man.

**Transgender woman/trans woman/male-to-female (MTF)** (noun) – A transgender person whose gender identity is female may use these terms to describe themselves. Some will just use the term woman.

**Transphobia** (noun) – The fear of, discrimination against, or hatred of transgender or gender non-conforming people or those who are perceived as such.

## SOURCES

Definitions for this glossary were developed and reviewed by the National LGBT Health Education Center and other experts in the field of LGBT health, as well as adapted from glossaries published by the Safe Zone Project and the UCLA LGBT Resource Center.





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