

**Testimony Supporting  
H.B. 7359: An Act Concerning a Lesbian, Gay, Bisexual, Transgender and Queer Health and  
Human Services Network**

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Human Services Committee  
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Senator Moore, Representative Abercrombie, Senator Logan, Representative Case, and Esteemed Members of the Human Services Committee:

I am submitting testimony today on behalf of Connecticut Voices for Children, a research-based child advocacy organization working to ensure that all Connecticut children have an equitable opportunity to achieve their full potential. Thank you for this opportunity to provide support for H.B. 7359 as well as suggestions to strengthen the language. **We support establishing a network or taskforce to connect and advise state agencies so that the state can better serve children and parents who identify as being part of the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) community. However, we suggest creating a mechanism to involve state agencies within the purview of the work done by this network and adding the Children's Committee to the committees of cognizance within this piece of legislation.**

HB 7359 proposes creating a statewide network to build a safer and healthier environment for LGBTQ people. The proposed bill states that the network will use the following strategies to ensure that state agencies and the Legislature have the knowledge and expertise needed to serve children within this vulnerable population:

- Conduct ongoing analyses related to the needs of LGBTQ individuals within the state,
- Advise on state and agency policy to meet these needs, and
- Build leadership capacity across LGBTQ-serving organizations across the state.

**Connecticut Voices for Children supports this bill because LGBTQ youth are a vulnerable population and are over-represented in systems that serve at-risk youth.** Compared to heterosexual youth, LGBTQ youth are more likely to experience bullying in school,<sup>1</sup> run away from home due to rejection by family members,<sup>2</sup> face homelessness,<sup>3</sup> use illegal drugs,<sup>4</sup> and contemplate/execute suicide.<sup>5</sup> The percentage of LGBTQ youth in foster care is about twice that of the general population (19.1 percent versus 10 percent),<sup>6</sup> and 13 to 15 percent of youth within the juvenile justice system identify as LGBTQ.<sup>7</sup> Once LGBTQ youth enter these systems, they are at greater risk of suffering harassment in group homes, foster families,<sup>8</sup> and corrections facilities<sup>9</sup> compared to heterosexual and gender-conforming youth within these same systems.

It is important that all agencies LGBTQ youth may touch prevent and address potential harassment by creating anti-discrimination policies and by developing materials to help LGBTQ youth understand their rights in navigating these complex state systems. Because the LGBTQ youth state agencies serve are likely to have experienced trauma and have unmet behavioral health needs, state agencies must employ staff trained in trauma-informed practices who are able to connect youth with appropriate support in a timely fashion.

To maximize the potential realization of these goals we offer further suggestions:

- **Include state agencies within the work and reporting requirements of this network.** As written, this bill creates a powerful legislative advisory body. However, administrative policy and regulations influence the day-to-day lives of LGBTQ children and youth in important ways; without executive agencies that serve LGBTQ youth and parents involved in this network, the potential to improve how the state serves these individuals is limited. Important agencies to include are: DMHAS, DSS, DCF, SDE, DOH, DPH, and DOC. The Judicial Branch should also be included.
- **Include the Committee on Children within Section 1 (b) (3) reporting requirements.** The Committee on Children has cognizance of how the child welfare, children’s behavioral health, and juvenile justice systems serve children. Given the disproportionate representation of LGBTQ children and youth in state systems, it is important for these systems to have support in meeting the needs of LGBTQ children and their parents.

We thank you for this opportunity to voice our support of H.B. 7359 and to make further recommendations to maximize the benefit of the work done by this network for LGBTQ children and parents. I can be reached with any questions at [lruith@ctvoices.org](mailto:lruith@ctvoices.org) or (203)498-4240 x 112.

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<sup>1</sup> Mitchum, P., and Moodie–Mills, A.C. (2014.) *Beyond Bullying: How Hostile School Climate Perpetuates the School-to-Prison Pipeline for LGBTQ Youth*. Washington, D.C.: Center for American Progress. Retrieved from:

<https://www.americanprogress.org/issues/lgbt/reports/2014/02/27/84179/beyond-bullying/>

<sup>2</sup> Friedman, M.S., Marshal, M.P., Guadamuz, T.E., Wei, C., Wong, C.F., Saewyc, E.M. and Stall, R. (2011.) “A Meta-Analysis of Disparities in Childhood Sexual Abuse, Parental Physical Abuse, and Peer Victimization Among Sexual Minority and Sexual Nonminority Individuals.” *American Journal of Public Health* 101(8):1481–1494. Retrieved from:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3134495/>

<sup>3</sup> Burwick, A., Oddo, V., Durso, L., Friend, D., and Gates, G. (2014.) *Identifying and Serving LGBTQ Youth: Case Studies of Runaway and Homeless Youth Program Grantees*. Washington, D.C.: U.S. Department of Health and Human Services, Administration for Children & Families, Office of Planning, Research, and Evaluation. Retrieved from: <https://aspe.hhs.gov/report/identifying-and-serving-lgbtq-youth-case-studies-runaway-and-homeless-youth-program-grantees>

<sup>4</sup> Heck, N.C., Livingston, N.A., Flentje, A., Oost, K., Stewart, B.T., and Cochran, B.N. (2014.) “Reducing Risk for Illicit Drug Use and Prescription Drug Misuse: High School Gay–Straight Alliances and Lesbian, Gay, Bisexual, and Transgender Youth.” *Addictive Behaviors* 39:824–828. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4066611/>

<sup>5</sup> Kahn, L. (2016.) *Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9-12: United States and Selected Sites, 2015*. Washington, D.C.: U.S. Department of Health and Human Services Centers for Disease Control and Prevention. Retrieved from: <https://www.cdc.gov/mmwr/volumes/65/ss/pdfs/ss6509.pdf>

<sup>6</sup> Cotton, S., Zebracki, K., Rosenthal, S.L, Tsevat, J., & Drotar, D. (2006). Religion/spirituality and adolescent health outcomes: A review. *Journal of Adolescent Health*, 38: 472-480.

<sup>7</sup> Hunt, J., and Moodie–Mills, A.C.. (2012.) *The Unfair Criminalization of Gay and Transgender Youth: An Overview of the Experiences of LGBTQ Youth in the Juvenile Justice System*. Washington, D.C.: Center for American Progress. Retrieved from:

[http://www.americanprogress.org/wpcontent/uploads/issues/2012/06/pdf/juvenile\\_justice.pdf](http://www.americanprogress.org/wpcontent/uploads/issues/2012/06/pdf/juvenile_justice.pdf)

<sup>8</sup> Human Rights Campaign. (n.d.) LGBTQ youth in the foster care system. Retrieved from <https://assets2.hrc.org/files/assets/resources/HRC-YouthFosterCare-IssueBrief-FINAL.pdf>

<sup>9</sup> Hahn, P. A. (2004). The Kids Are Not Alright: Addressing Discriminatory Treatment of Queer Youth in Juvenile Detention and Correctional Facilities. *BU Pub. Int. LJ*, 14, 117.