

Identifying the Intersection of Trauma and Sexual Orientation and Gender Identity:

Part I: Key Considerations



WHY ASK ABOUT SEXUAL ORIENTATION AND GENDER IDENTITY?

There is a growing body of evidence showing that Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ+) youth suffer from potentially traumatic events (PTEs) at significantly higher rates than their straight and cisgender peers. Among the most prevalent PTEs affecting LGBTQ+ youth are parental rejection, bullying, physical and sexual harassment, and hate crimes. Consequently, LGBTQ+ youth experience a wide array of health disparities, such as increased rates of anxiety, depression, suicidal ideation and attempts, drug and alcohol misuse, sexually transmitted diseases/infections, homelessness, and Post Traumatic Stress Disorder (PTSD). The alarming rate at which LGBTQ+ youth are victimized in the United States urges us to identify LGBTQ+ youth in order to assess for safety and risk of self-harm or suicidality, prevent exposure to trauma via psychoeducation, and refer to evidence-based trauma-focused treatment when they have been exposed to trauma. Nevertheless, discussing and acknowledging sexual orientation and gender identity—with or without the aforementioned PTEs—has not been common practice in child-serving systems and organizations.

Often LGBTQ+ youth's increased risk for trauma is partly due to societal stigma and prejudice. As a trauma treatment provider, you have an obligation to provide safe and affirming spaces for LGBTQ+ youth to express themselves honestly—without fear of judgment, ridicule, or having their identities outed. Additionally, you must ask about essential and basic information such as gender identity, sexual orientation, and PTEs. Without asking these important questions, you cannot provide trauma-informed services that truly meet the unique needs of LGBTQ+ youth and their families. It is essential that as a provider, you actively acknowledge and validate youth who hold marginalized identities and seek to understand the ways in which these identities and PTEs may intersect.

IDENTIFYING THE INTERSECTION OF TRAUMA AND SEXUAL ORIENTATION AND GENDER IDENTITY: THE SCREENER

Identifying the Intersection of Trauma and Sexual Orientation and Gender Identity was developed to contribute to the visibility of the alarming prevalence of violence and abuse against LGBTQ+ youth in our society. This screener was designed to help organizations and providers to garner information about gender identity, sexual orientation, and PTEs in a secure, supportive way and to prevent treatment practices from resulting in more trauma. The screener, intended for use with children and youth ages 7-18, seeks to highlight common risk factors and the critical importance of screening for trauma exposure, PTSD, and post-traumatic stress symptoms.

The Screener can augment a more general trauma screening and should be used in a safe, affirming, and validating manner. It has been developed to be administered verbally.

GOALS FOR THE SCREENER FOR THE INTERSECTION OF TRAUMA AND SEXUAL ORIENTATION AND GENDER IDENTITY

- 1 To contribute to the visibility of the alarming prevalence of violence and abuse against LGBTQ+ youth in our society.
- 2 To raise awareness about the common risk factors for LGBTQ+ youth and the critical importance of screening for trauma exposure, PTSD, and post-traumatic stress symptoms.
- 3 To normalize the development of sexual orientation and gender identity for all youth and to create safe places to talk about these components of their identities.
- 4 To promote a shared language and mutual understanding of the strengths of and challenges faced by LGBTQ+ youth and their caregivers.
- 5 To facilitate meaningful engagement and conversations with LGBTQ+ youth and their caregivers.
- 6 To provide early, effective, and identity-affirming trauma-focused screening and intervention to LGBTQ+ youth.
- 7 To more comprehensively screen for youth's experience of PTEs and learn about how traumatic events may intersect with a youth's actual or perceived sexual orientation and gender identity.

WHAT STUDIES HAVE REVEALED ABOUT LGBTQ+ YOUTH AND TRAUMA

Various studies have found higher rates of PTEs, higher rates of PTSD, and significant health and educational disparities among LGBTQ+ youth as compared to straight and cisgender youth.

Sense of Safety

- 59.5% of LGBTQ+ students felt unsafe at school because of their sexual orientation, and 44.6% because of their gender expression.¹
- In a large national survey, 13.5% of LGB students did not go to school at least one day in the month prior to completing the survey because of safety concerns, in contrast to 7.5% of heterosexual students.²
- 34.9% of LGBTQ+ students missed at least one entire day of school in the past month because they felt unsafe or uncomfortable, and 10.5 % missed four or more days in the past month.¹

Physical and Sexual Harassment and Abuse

- About one-third of LGBTQ+ youth have been physically threatened or harmed in their lifetime due to their LGBTQ+ identity, with 40% of transgender and nonbinary youth being physically threatened or harmed in their lifetime due to their gender identity.³
- A majority of LGBTQ+ students (57.3%) report that they have been sexually harassed (e.g. unwanted touching, sexual remarks directed at them) at school, and 14.4% reported that such events occurred often or frequently.¹ In a large national survey, 16.4% of LGB students and 22.9% of transgender students reported that they have experienced sexual dating violence (e.g., forced to engage in unwanted sexual behaviors), as compared to 6.7% of their heterosexual and cisgender peers.^{2,4}
- LGBTQ+ youth are significantly more likely than their straight cisgender peers to have experienced child sexual abuse (35.5% vs. 18.0%), child physical abuse (20.0% vs. 11.0%), and child emotional abuse (38.1% vs. 23.6%).⁵
- Research shows LGBTQ+ youth are at disproportionate risk for sex trafficking and sexual exploitation. In a nationwide survey of over 600 homeless youth aged 17-25, 24% of LGBTQ youth had engaged in some form of commercial sex (for example sex in exchange for shelter, food, money or something of value, or being sexually exploited by a third party), compared to 12% of non-LGBTQ youth.⁶



Parental and Family Rejection

- 29% of LGBTQ youth have experienced homelessness, been kicked out, or run away.³
- “Lesbian, gay, and bisexual young adults who reported higher levels of family rejection during adolescence were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.”⁷
- LGBT youth represent between 30% and 43% of those served by drop-in centers, street outreach programs, and housing programs. LGBT youth receiving services in these programs reported experiencing family rejection (68%) and abuse in their family (54%) and that these were primary factors contributing to their homelessness or being at risk for homelessness.⁸

Mental Health

- 9.3% of LGBT teens met criteria for PTSD in the previous 12 months,⁹ compared to a national rate of 3.9% among youth.¹⁰
- Among transgender youth, 34.6% report attempting suicide in the past twelve months compared to 9.1% of cisgender female youth, and 5.5% of cisgender male youth.⁴ Among LGB youth 23.4% report attempting suicide in the past 12 months, compared to 6.4% of heterosexual youth.²

KEY IMPLEMENTATION CONSIDERATIONS FOR TRAUMA-INFORMED ORGANIZATIONS AND PROVIDERS

Organizational Considerations

Trauma-informed practice requires that organizations create and sustain culturally informed and affirming environments. Implementation of this screener is one aspect of building an affirming environment for LGBTQ+ youth within your organization.

You can find resources for additional strategies your organization can consider at <https://www.nctsn.org/what-is-child-trauma/populations-at-risk/lgbtq-youth/nctsn-resources>, specifically the Safe Places, Safe Spaces resources. Additional resources are included at the end of this document.

Your organizational leadership, and you as a provider, should continually reflect on, evaluate, and improve organizational practices, policies, and goals prior to and throughout implementation of the screener.

1 Assess your organization’s readiness for implementation and consider what steps would be necessary to build organizational buy-in and readiness across levels of your organization. This document can be used to build buy-in for the screener and as a source of information to create talking points.

- Build buy-in with organizational leaders and supervisors, so they understand the importance of the screener and are able to advocate for its use.
- Build buy-in with team members who will implement the screener directly. Strategies may include presenting the screener for discussion in a staff meeting, team meeting, or specific workgroup.

2 Consider what type of training and consultation will be needed to initiate and support the ongoing administration of the screener. It is important to establish relationships with community partners who can provide training, consultation, and resources. Training and consultation topics may include:

- LGBTQ+ 101 (including basic concepts and terminology)
- LGBTQ+ affirming environments and practices
- LGBTQ+ affirming organizational policies
- Skills for working with LGBTQ+ youth and families (e.g., managing confidentiality concerns, promoting family behaviors that affirm LGBTQ+ youth)

All parts of your organization may not be ready to move forward with implementation at the same pace. Rather than waiting for the entire organization to be fully ready to implement this screener, it may make more sense to begin with particular departments or programs that have a higher level of readiness, with the goal of more widespread use throughout the organization over time. Implement this process within your agency where and when you can.

3 Establish and communicate consistent practices of confidentiality, in accordance with local and state laws, agency policy, and ethical guidelines.

- Consider documentation and communication protocols for when a youth requests to keep aspects of their sexual orientation or gender identity confidential from their caregivers and/or other members of the treatment team to address various concerns, including safety.
- Build your awareness of the legal and ethical issues involved in evaluating and treating LGBTQ+ youth. Consider how your organizational policies could maximize youth choice to keep sexual orientation or gender identity confidential while remaining in compliance with relevant local, state, federal, licensing board, and other relevant requirements.
- Ensure that your organizational practices include specific guidance about if and when to document information related to sexual orientation or gender identity and who has access to documentation about youth's treatment (including medical records).

4 Determine how the screener fits into your current screening and assessment process, and identify who will administer the screener and when.

- Adapt the screener to avoid repetition of questions already included in your current assessments.
- Administer the screener to all youth and caregivers. This helps you as a provider avoid assumptions or stigmatization and affirms that sexual orientation and gender identity are important parts of everyone's identities.
- Utilize the screener with youth beginning at age 7. Research shows most children develop gender constancy between ages 3-5.^{11,12,13} Ask screener questions specific to sexual orientation beginning at age 12. Research shows children on average are aware of their sexual orientation between ages 9-10.¹⁴
- Administer the screener separately to youth and their caregivers to promote open and honest communication and to identify potential concerns around confidentiality and safety that may need to be addressed in treatment.

5 Ensure that your organization is familiar with LGBTQ+ specific resources, nationally and in your community. You can find a list of national resources at the end of this document. Organizations and providers should work to build partnerships with local resources for the purposes of referral and potential ongoing consultation and training. Resources in your community may include parent and family support groups, LGBTQ+ Community Centers, gender-affirming treatment providers, LGBTQ+ inclusive sexual health education, and school advocacy and support.

Clinical Considerations

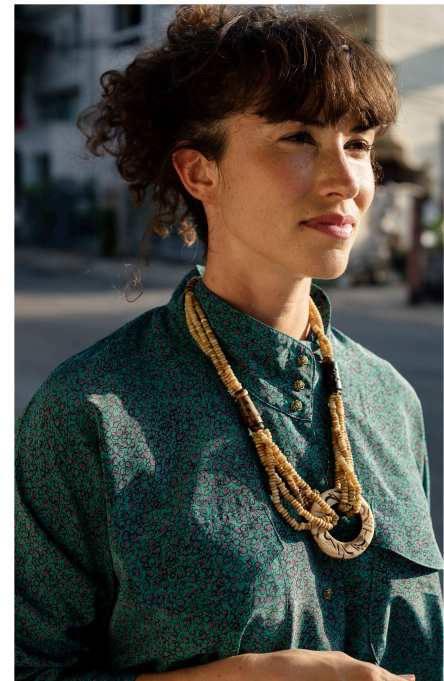
Just as organizations should provide a supportive environment for LGBTQ+ youth, you as an individual provider must provide a safe and supportive environment by respecting and valuing all aspects of youth's identities and experiences. You as a provider should consider the following guidance in order to continually reflect on, evaluate, and improve your practices prior to and throughout implementation of the screener.

Preparation:

Reflect on your own beliefs and potential biases and be mindful of how they may manifest in your verbal and non-verbal communication (e.g., facial expressions, body language, and tone of voice). How you ask questions about gender, sexual orientation, and trauma is as important as what questions you ask.

Ask questions about both how youth identify as well as their behaviors. The screener accounts for complexity in sexual orientation and gender identity.

Be especially mindful of the potential needs of youth with multiple and intersectional marginalized identities. Keep in mind that the experiences of LGBTQ+ youth are not one-dimensional and may vary significantly according to a youth's various identities. Be sensitive to potential negative experiences of discrimination and oppression based on race, ethnicity, culture, religion, ability, socioeconomic status, areas of residency (urban vs. rural), and other identities, as well as the ways in which these may intersect with youth's sexual orientation and gender identity.



Practice asking questions after reviewing the screener in its entirety. Familiarize yourself with any terms or concepts that are new to you or that you are not yet comfortable using. You can find a more in-depth and regularly updated glossary of terms related to sexual orientation and gender identity at https://www.thetrevorproject.org/trvr_support_center/glossary/. Terminology is constantly changing and may mean different things to different people, so it is important to be respectful of the terms each individual chooses to describe their identities. It can be a powerful point of engagement and trust building for the youth to share with you how they view and use this terminology in relation to their identities.

- Utilize the screener with youth beginning at age 7. You may want to begin conversations about gender identity and pronouns at earlier ages, as research shows that most children develop gender constancy between ages 3-5.^{11,12,13}

Implications for practice:

While **time to administer** will vary depending on youth's experiences, each part of the screener (youth and caregiver) will take approximately 20 minutes to administer.

Think about how you can create a space where youth feel respected and validated for who they are and empowered to open up about their sexual orientation and gender identity, which are integral to their overall identity. Here are some key points to consider:

- Ensure the safety of youth who identify as LGBTQ+. **Communicate with youth about confidentiality policies and practices**, including state laws and agency policies that may require providers to disclose or divulge client records.
- **Talk about how you will address any limitations of confidentiality**, such as threats of harm to self or others, while doing your best to maintain confidentiality of their LGBTQ+ identities. Let youth know that you will not record or share their sexual orientation or gender identity if it could potentially jeopardize their physical or emotional safety.
- **Allow youth to define their treatment goals and whether their LGBTQ+ identities are part of what they want to address in treatment.** Understand that this may change over the course of treatment. Assuming that a youth's LGBTQ+ identities are their primary reason for seeking treatment may be inaccurate and may cause you to miss other critical needs. Many youth are comfortable with their own identities and may live in homes, attend schools, and reside in communities that embrace and support their identities.
- **Assess youth's level of openness about their LGBTQ+ identities**, including the degree to which they have come out to others involved in their care. Respect and support youth's choice to come out when and to whom they choose. When this does happen, help youth assess for their safety, including a risk of maltreatment and/or rejection if a caregiver were to learn of their identities.

Understand that some youth might identify a "chosen family" and will not want to include their biological and/or primary caregiver(s) in treatment. Use your clinical judgment to determine how to respond to the youth's concerns and whether their biological or primary caregiver(s) can safely be included in treatment. If it is possible to include chosen and/or extended family members in treatment, it is recommended that you complete the screener with them to gather additional information about the youth's experiences and available support.

Remain curious and continue to inquire about family values and belief systems as opposed to making assumptions. Explore the family's understanding around sexual orientation and gender identity, as these concepts can have a variety of meanings in different families, cultures, and communities. Understand that there may be competing value systems within a family and even within individual family members themselves, including the youth being served. Youth may not experience providers' expressions of disapproval of particular beliefs or family members as supportive or affirming. As a provider, you can continue to engage in services with families when you are accepting of where all family members are in treatment.

Engage caregiver(s) in a conversation about why and how you are asking questions about sexual orientation and gender identity. It is important to explore with caregivers their own thoughts, feelings, behaviors, and access to resources related to their youth's sexual orientation and gender identity. Key points to consider during these conversations:

- All aspects of a youth's identities are important to integrate into care in order to treat their whole person effectively.

Administering the screener may uncover that the caregiver(s) are not affirming of the youth's identities and/or engaging in rejecting behaviors. This may include caregivers minimizing or denying a youth's identities in their answers or refusing to answer the questions. Providers should use clinical judgment about how and whether to proceed in asking screener questions depending on how caregivers respond. If these responses arise during the attempted administration of the screener, this provides more information about what may need to be addressed in treatment and why.

- Many youth have questions about sexual orientation and gender identity, but may not have places where they feel safe or comfortable to ask. It is important for youth to have safe spaces to access support and receive reliable and accurate information from trusted adults in a developmentally appropriate manner.
- It is critical to screen all youth for trauma and assess for risk factors that may impact their wellbeing. LGBTQ+ youth are at a disproportionately high risk for experiencing trauma, so it is important you ask all youth questions about sexual orientation and gender identity to determine if there are any potential associated risk factors.
- There are national and local resources available for caregivers of LGBTQ+ youth to provide support and information to address questions or concerns caregivers may have around their youth's identities. Providers need to have information readily available about local support resources, such as family support groups, to share with caregivers. Some national resources are listed below.

Post screener processes:

Following administration of the screener to both the youth and caregiver(s), additional considerations should be explored to assess for safety and ongoing treatment planning. Information discussed and shared during the administration of the screener has the ability to inform treatment, and with provider guidance can continue to build communication and connection between youth and caregiver(s).

- If the youth and/or caregiver(s) have endorsed experiencing PTEs related to the youth's actual or perceived sexual orientation or gender identity, conduct further assessment for the presence of PTSD, post-traumatic stress symptoms, and any other behavioral health challenges. It is crucial that you address any imminent risks or safety concerns that are raised.
- Any identified concerns regarding a youth's safety should be evaluated in line with organizational policy, ethical obligations, and legal requirements to determine if additional steps need to be taken.
- Allow yourself time to compare the answers given by the youth and their caregiver(s), identify any discrepancies, and determine whether to explore any discrepancies in treatment with the youth.
- Through this process, you as the provider should ensure you are centering the youth's confidentiality, safety, and needs within treatment.

RECOMMENDED RESOURCES

- **NCTSN LGBTQ+-related resources**
<https://www.nctsn.org/what-is-child-trauma/populations-at-risk/lgbtq-youth/nctsn-resources>
- **Family Acceptance Project** (<http://familyproject.sfsu.edu>): Develops research-based educational materials, assessment tools, and resources to help ethnically and religiously diverse families support their LGBTQ+ children
- **Gender Spectrum Education and Training** (www.genderspectrum.org): Information for parents and families with gender-diverse and transgender children and training and resources for schools
- **Gay, Lesbian and Straight Education Network** (www.glsen.org): National organization working to create safety and inclusion for LGBTQ+ youth and families in schools
- **InterAct** (<https://interactadvocates.org/>): National organization advocating and educating about the needs and rights of children born with intersex traits and those that care for them
- **SAMHSA: A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children**
(<https://store.samhsa.gov/product/A-Practitioner-s-Resource-Guide-Helping-Families-to-Support-Their-LGBT-Children/PEP14-LGBT-KIDS>): Offers information and resources to help practitioners in health and social service systems implement best practices to engage and help families and caregivers support their LGBT children
- **The Trevor Project** (www.thetrevorproject.org): National 24-hour, toll free, confidential suicide hotline for LGBTQ+ youth and resources for individuals and schools
- **Trans Student Educational Resources** (<http://transstudent.org/>): Youth-led organization dedicated to transforming the educational environment for trans and gender nonconforming students through advocacy and empowerment



REFERENCES

- ¹ Kosciw, J. G., Greytak, E. A., Zongrone, A. D., Clark, C. M., & Truong, N. L. (2018). *The 2017 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools*. New York, NY: GLSEN.
- ² Johns, M. M., Lowry, R., Hadenxhanaj, L. T., Rasberry, C. N., Robin, L., Scales, L., Stone, D., & Suarez, N. A. (2020). Trends in violence victimization and suicide risk by sexual identity among high school students — Youth Risk Behavior Survey, United States, 2015–2019. *Morbidity and Mortality Weekly Report Supplements*, 69(Suppl-1), 19–27. <http://dx.doi.org/10.15585/mmwr.su6901a3>
- ³ The Trevor Project (2020). *2020 National survey on LGBTQ youth mental health*. New York, NY: The Trevor Project.
- ⁴ Johns, M. M., Lowry, R., Andrzejewski, J., Barrios, L. C., Demissie, Z., McManus, T., Rasberry, C. N., Robin, L., & Underwood, J. M. (2019). Transgender identity and experiences of violence victimization, substance use, suicide risk, and sexual risk behaviors among high school students — 19 states and large urban school districts, 2017. *Morbidity and Mortality Weekly Report*, 68(3), 67–71. <http://dx.doi.org/10.15585/mmwr.mm6803a3>
- ⁵ Schneeberger, A. R., Dietl, M. F., Muenzenmaier, K. H., Huber, C. G., & Lang, U. E. (2014). Stressful childhood experiences and health outcomes in sexual minority populations: A systematic review. *Social Psychiatry and Psychiatric Epidemiology*, 49(9), 1427–1445. <https://doi.org/10.1007/s00127-014-0854-8>
- ⁶ Covenant House (2016). *Labor and sex trafficking among homeless youth: A ten-city executive summary*. New Orleans, LA: Loyola University.
- ⁷ Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults. *Pediatrics*, 123(1), 346–352. <https://doi.org/10.1542/peds.2007-3524>
- ⁸ Durso, L. E., & Gates, G. J. (2012). *Serving our youth: Findings from a national survey of service providers working with lesbian, gay, bisexual, and transgender youth who are homeless or at risk of becoming homeless*. Los Angeles, CA: The Williams Institute with True Colors Fund and The Palette Fund.
- ⁹ Mustanski, B. S., Garofalo, R., & Emerson, E. M. (2010). Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youths. *American Journal of Public Health*, 100(12), 2426–2432. <https://doi.org/10.2105/AJPH.2009.178319>
- ¹⁰ Kessler R. C., Avenevoli, S., Costello, J., Georgiades, K., Green, J. G., Gruber, M. J., He, J., Koretz, D., McLaughlin, K. A., Petukhova, M., Sampson, N. A., Zaslavsky, A. M., Merikangas, K. R. (2012). Prevalence, persistence, and sociodemographic correlates of DSM-IV disorders in the National Comorbidity Survey Replication Adolescent Supplement. *Archives of General Psychiatry*, 69(4), 372–80. <https://doi.org/10.1001/archgenpsychiatry.2011.160>
- ¹¹ American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist*, 70(9), 832–864. <https://doi.org/10.1037/a0039906>
- ¹² Kohlberg, L. (1966). A cognitive-developmental analysis of children's sex-role concepts and attitudes. In E. E. Maccoby (Ed.), *The development of sex differences* (pp. 82–173). Stanford University.
- ¹³ Ruble, D. N., Taylor, L. J., Cyphers, L., Greulich, F. K., Lurye, L. E., & Shrout, P. E. (2007). The role of gender constancy in early gender development. *Child Development*, 78(4), 1121–1136. <https://doi.org/10.1111/j.1467-8624.2007.01056.x>
- ¹⁴ Ryan, C. (2009). *Helping families support their lesbian, gay, bisexual, and transgender (LGBT) children*. Washington, DC: National Center for Cultural Competence at Georgetown University Center for Child and Human Development.

CITATION

Barba, A., Mooney, M., Giovanni, K., Clarke, M., Grady, J.B., and Cohen, J. A. *Identifying the Intersection of Trauma and Sexual Orientation and Gender Identity Part I: Key Considerations*. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.