

## Culture and Trauma Brief

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### Trauma Among Lesbian, Gay, Bisexual, Transgender, or Questioning Youth

The National Child Traumatic Stress Network promotes culturally competent trauma treatments and practices for children and adolescents exposed to trauma, and disseminates its findings through factsheets, culture and trauma briefs, and reports.

*A 16-year-old Mexican – American girl named Maria has been your client for several months. She was removed from her home as a result of domestic violence between her parents. Maria has been difficult to place due to her defiant behavior. Reluctantly, her maternal aunt and uncle agreed to accept Maria into their home. They report that Maria sneaks out at night and returns just before dawn. The aunt reports that Maria seems “obsessed” with Angelica, a 15-year-old girl in their neighborhood. The aunt has been taking her to church every night asking everyone to “pray for Maria.” Maria’s aunt will not let her stay if she does not end her friendship with Angelica. Maria disclosed to you that she is “in love” with Angelica. She pleaded with you to promise not to tell her aunt.*

#### Culture and LGBTQ Youth

45% of LGBTQ youth of color report experiencing physical violence related to their sexual orientation.  
-GLSEN, 2003

More and more, today’s youth are self identifying as Lesbian, Gay, Bisexual, Transgender or openly questioning (LGBTQ) their sexual attractions and gender identity. Because Maria’s story is not uncommon, there is an urgent need to ensure that comprehensive and culturally competent social and mental health services and resources are available for LGBTQ youth. The stressors and dangers of disclosing a non-heterosexual orientation (“coming out”) are compounded when LGBTQ youth are trauma victims.

Over the past ten years the child trauma treatment field has made significant inroads to increase awareness and competency in matters of culture and race. LGBTQ youth are oftentimes excluded from this discussion. This highly vulnerable population needs more informed, skilled, and culturally competent interventions. LGBTQ youth are not only vulnerable to the traumatic events of all youth but also have to contend with family rejection, school harassment, and physical, sexual, and/or emotional abuse in response to suspicion or declaration of their emerging sexual orientation and gender identity. For some this may result in higher rates of suicide, survival sex, HIV, sexually transmitted infections, unwanted pregnancy, and vulnerability to hate crimes.

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## Facts & Figures

The Gay, Lesbian Straight Education Network (GLSEN) surveys LGBTQ youth in American schools every two years. Because obtaining accurate information from LGBTQ youth is difficult, many experts believe that current statistics actually understate the frequency and severity of youth's daily fears. Nonetheless, the facts as we know them underscore the multiple risk factors faced by LGBTQ youth everyday. Their most recent 2003 survey found:

There is a difference between "same sex sexual encounters" and being gay or lesbian.

1. 33% of LGB students reported attempting suicide in the previous year. 8% of their heterosexual peers reported attempting suicide.
2. 84% of LGBTQ students were called names or had their safety threatened as a result of their sexual orientation or gender expression.
3. 45% of LGBTQ youth of color experienced verbal harassment and/or physical assault in response to perceived sexual orientation and race/ethnicity.
4. 39% of LGB students and 55 percent of transgender students were shoved or pushed. Transgender youth were one-third more likely to endure physical harassment than LGB students.
5. 64% of LGBTQ students feel unsafe at school. In the most recent month, 29% missed one or more days of school because they felt in danger.
6. 25-40% of homeless youth may identify as LGBTQ. Parents or caregivers often throw them out of their homes after they discover or are told of their child's sexual orientation.

*Gabe, a 14 year old boy, is sexually assaulted by a 31 year old adult male. His perpetrator "met" Gabe in a live Internet chat room. Gabe does not tell anyone about this crime. He is terrified of acknowledging his possible same sex attractions to any adult. He knows the response from his family, peers, or other community members may result in his being harmed.*

## LGBTQ Youth & Trauma

LGBTQ youth experience and are exposed to trauma in many ways. Many experience physical and emotional assaults for "coming out," or fear being found out on a daily basis. Others may engage in at-risk behaviors as a way to cope with confusion about their sexual identity. So many of these children and teens want to talk but finding a safe and trusted relationship can be a formidable challenge because the very acknowledgment of same sex attractions and desires may put them at further risk of harm. The trauma of this "double bind" underscores the need for confidentiality and safety from a trusted helper.

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## Considerations for Treatment

Many LGBTQ youth never self-identify or disclose their struggles related to gender expression, which presents a significant obstacle in a psychotherapeutic relationship. Mental health providers are cautioned to not expect or inadvertently pressure youth to "come out." The many reasons for a youth delaying or never disclosing his/her sexual orientation needs to be respected as a process over which the youth can maintain control. An ill-advised disclosure to a counselor may actually place the youth in an even more vulnerable and dangerous position. The following treatment recommendations provide a framework for counselor interventions regardless of the clinician's perception of the client's orientation.

1. **Use inclusive language.** Most of our language assumes heterosexuality. How many counselors would not think twice about asking a new adolescent male client, "Do you have a girlfriend?" This question will impose a significant dilemma for any LGBTQ youth. The question assumes a heterosexual orientation. A more inclusive LGBTQ question would be: "Is there anyone special in your life or anyone you feel attracted to?" This allows for a wider range of client responses. (It is important for the clinician to mirror the terms and language of the client when exploring these issues).
2. **Recognize that there is a difference between "same sex sexual encounters" and being gay or lesbian.** The former describes a behavior that may or may not describe sexual orientation. It is not uncommon for many individuals to have same sex sexual interactions and not develop a gay or lesbian identity.
3. **Connect youth with support groups or student organizations that allow them to interact with other LGBTQ youth.** This will go a long way towards diminishing feelings of alienation and isolation. The Internet should be used cautiously but, with a well-informed counselor, can be an important part of providing opportunities for safe connection.
4. **Learn about the stages of sexual identity development for LGBTQ individuals.** When counselors take the time to educate themselves, they are more likely to understand and respect wherever their client may be in this process. Counselors can explore safeguards with youth and help them lessen their personal risk factors through each of these stages.
5. **Remember that a counseling intervention has been successful whenever an adolescent is willing to be vulnerable and process challenging material.** If you have succeeded in providing a safe space for LGBTQ youth, this may very well be a life line and a vehicle to reducing risk of future traumas.

For further details regarding the information presented in this briefing, please contact Al Killen-Harvey, LCSW, [akillen-harvey@chsd.org](mailto:akillen-harvey@chsd.org) or Heidi Stern-Ellis, LCSW, [HStern-Ellis@chsd.org](mailto:HStern-Ellis@chsd.org).

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